

# House Bill 3108

Sponsored by Representative PRUSAK

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state medical assistance program to provide reimbursement for at least three primary care visits annually.

Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state medical assistance program from denying coverage for services provided by behavioral health home and patient centered primary care home because services were provided on same day or in same facility. Prohibits individual and group health insurance policies, health care services contractors and multiple employer welfare arrangements from imposing more than single copayment for services provided by behavioral health home and patient centered primary care home on same day.

Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state medical assistance program from requiring prior authorization for specialty behavioral health services provided at behavioral health home or patient centered primary care home.

## A BILL FOR AN ACT

1  
2 Relating to primary care; creating new provisions; and amending ORS 243.144, 243.877, 750.055 and  
3 750.333.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Sections 2 to 4 of this 2021 Act are added to and made a part of the Insur-**  
6 **ance Code.**

7 **SECTION 2. (1) As used in this section, "primary care" means outpatient, nonspecialty**  
8 **medical services or the coordination of health care for the purpose of:**

9 (a) **Promoting or maintaining mental and physical health and wellness; and**

10 (b) **Diagnosis, treatment or management of acute or chronic conditions caused by dis-**  
11 **ease, injury or illness.**

12 (2) **An individual or group policy or certificate of health insurance that reimburses the**  
13 **cost of hospital, medical or surgical expenses, other than coverage limited to expenses from**  
14 **accidents or specific diseases and limited benefit coverage, shall reimburse the cost of at**  
15 **least three primary care visits, in each plan year, with a practitioner licensed or certified to**  
16 **provide primary care in this state.**

17 (3) **Except as provided in ORS 742.008, the coverage under subsection (2) of this section**  
18 **may not be subject to copayments, coinsurance or deductibles.**

19 (4) **This section is exempt from ORS 743A.001.**

20 **SECTION 3. (1) As used in this section:**

21 (a) **"Behavioral health home" means an entity providing behavioral health services that**  
22 **the Oregon Health Authority has found to meet the core attributes established under ORS**  
23 **413.259 for a behavioral health home.**

24 (b) **"Patient centered primary care home" means an entity providing health care services**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 that the authority has found to meet the core attributes established under ORS 413.259 for  
 2 a patient centered primary care home.

3 (2) An individual or group policy or certificate of health insurance that reimburses the  
 4 cost of hospital, medical or surgical expenses, other than coverage limited to expenses from  
 5 accidents or specific diseases and limited benefit coverage, may not:

6 (a) Exclude coverage for a behavioral health service or a physical health service on the  
 7 basis that the behavioral health service and physical health service were provided on the  
 8 same day or in the same facility.

9 (b) Impose more than a single copayment for covered services provided on the same day  
 10 by a behavioral health home and a patient centered primary care home.

11 (c) Require prior authorization for a covered behavioral health service provided by a  
 12 specialist in a behavioral health home or a patient centered primary care home.

13 (3) This section is exempt from ORS 743A.001.

14 **SECTION 4.** (1) As used in this section, “primary care provider” means an individual li-  
 15 censed or certified in this state to provide outpatient, nonspecialty medical services or the  
 16 coordination of health care for the purpose of:

17 (a) Promoting or maintaining mental and physical health and wellness; and

18 (b) Diagnosis, treatment or management of acute or chronic conditions caused by dis-  
 19 ease, injury or illness.

20 (2) An insurer offering an individual or group policy or certificate of health insurance  
 21 that reimburses the cost of hospital, medical or surgical expenses, other than coverage lim-  
 22 ited to expenses from accidents or specific diseases and limited benefit coverage, must assign  
 23 a beneficiary under the policy or certificate to a primary care provider if the beneficiary or  
 24 a parent of a minor beneficiary has not selected a primary care provider by the 90th day of  
 25 the plan year. If the insurer assigns the beneficiary to a primary care provider, the insurer  
 26 shall provide notice of the assignment to the beneficiary or parent and to the primary care  
 27 provider.

28 (3) A beneficiary may select a different primary care provider at any time.

29 (4) The Department of Consumer and Business Services shall adopt rules, consistent with  
 30 rules adopted by the Oregon Health Authority under section 6 of this 2021 Act, prescribing  
 31 a protocol for a primary care provider to confirm or decline a patient assignment.

32 **SECTION 5.** Section 6 of this 2021 Act is added to and made a part of ORS chapter 414.

33 **SECTION 6.** (1) The medical assistance program must provide not less than three pri-  
 34 mary care visits in each 12-month period for each medical assistance recipient.

35 (2) A claim for reimbursement for a behavioral health service or a physical health service  
 36 provided to a medical assistance recipient may not be denied by the Oregon Health Authority  
 37 or a coordinated care organization on the basis that the behavioral health service and phys-  
 38 ical health service were provided on the same day or in the same facility.

39 (3) The authority or a coordinated care organization may not require prior authorization  
 40 for specialty behavioral health services provided to a medical assistance recipient at a be-  
 41 havioral health home or a patient centered primary care home.

42 (4) The authority must assign a medical assistance recipient who is not enrolled in a  
 43 coordinated care organization, and a coordinated care organization must assign a member  
 44 of the coordinated care organization, to a primary care provider if the recipient or member  
 45 has not selected a primary care provider by the 90th day after enrollment in medical assist-

1 **ance. The authority or the coordinated care organization shall provide notice of the assign-**  
 2 **ment to the recipient or member and to the primary care provider.**

3 **(5) A recipient or member may select a different primary care provider at any time.**

4 **(6) The authority shall adopt by rule a protocol for a primary care provider to confirm**  
 5 **or decline a patient assignment.**

6 **SECTION 7.** ORS 243.144 is amended to read:

7 243.144. Benefit plans offered by the Public Employees' Benefit Board that reimburse the cost  
 8 of medical and other health services and supplies must comply with the requirements for health  
 9 benefit plan coverage described in:

10 (1) ORS 743A.058;

11 (2) ORS 743B.601; *[and]*

12 (3) ORS 743B.810;

13 **(4) Section 2 of this 2021 Act;**

14 **(5) Section 3 of this 2021 Act; and**

15 **(6) Section 4 of this 2021 Act.**

16 **SECTION 8.** ORS 243.877 is amended to read:

17 243.877. Benefit plans offered by the Oregon Educators Benefit Board that reimburse the cost  
 18 of medical and other health services and supplies must comply with the requirements for health  
 19 benefit plan coverage described in:

20 (1) ORS 743A.058;

21 (2) ORS 743B.601; *[and]*

22 (3) ORS 743B.810;

23 **(4) Section 2 of this 2021 Act;**

24 **(5) Section 3 of this 2021 Act; and**

25 **(6) Section 4 of this 2021 Act.**

26 **SECTION 9.** ORS 750.055 is amended to read:

27 750.055. (1) The following provisions apply to health care service contractors to the extent not  
 28 inconsistent with the express provisions of ORS 750.005 to 750.095:

29 (a) ORS 705.137, 705.138 and 705.139.

30 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398  
 31 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS  
 32 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,  
 33 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

34 (c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not  
 35 including ORS 732.582.

36 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
 37 to 733.780.

38 (e) ORS 734.014 to 734.440.

39 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to  
 40 742.542.

41 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, **743.025,**  
 42 **743.028,** 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406,  
 43 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650  
 44 to 743.656, 743.680 to 743.689, 743.788 and 743.790 **and section 4 of this 2021 Act.**

45 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,

1 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,  
 2 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
 3 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,  
 4 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2,  
 5 chapter 771, Oregon Laws 2013, **and sections 2 and 3 of this 2021 Act.**

6 (i) ORS [743.025,] 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195 to 743B.204,  
 7 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256,  
 8 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330,  
 9 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423,  
 10 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601,  
 11 743B.602 and 743B.800.

12 (j) The following provisions of ORS chapter 744:

13 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-  
 14 ers;

15 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

16 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

17 (k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,  
 18 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

19 (2) The following provisions of the Insurance Code apply to health care service contractors ex-  
 20 cept in the case of group practice health maintenance organizations that are federally qualified  
 21 pursuant to Title XIII of the Public Health Service Act:

22 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-  
 23 ates an in-house drug outlet.

24 (b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse  
 25 practitioner associated with a group practice health maintenance organization.

26 (3) For the purposes of this section, health care service contractors are insurers.

27 (4) Any for-profit health care service contractor organized under the laws of any other state that  
 28 is not governed by the insurance laws of the other state is subject to all requirements of ORS  
 29 chapter 732.

30 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-  
 31 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

32 (b) A health care service contractor's classification as a domestic insurance company under  
 33 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510  
 34 to 734.710.

35 (6) The Director of the Department of Consumer and Business Services may, after notice and  
 36 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025  
 37 and 750.045 that are necessary for the proper administration of these provisions.

38 **SECTION 10.** ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section  
 39 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,  
 40 Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws  
 41 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section  
 42 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter  
 43 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon  
 44 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019,  
 45 and section 5, chapter 441, Oregon Laws 2019, is amended to read:

1 750.055. (1) The following provisions apply to health care service contractors to the extent not  
 2 inconsistent with the express provisions of ORS 750.005 to 750.095:

3 (a) ORS 705.137, 705.138 and 705.139.

4 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398  
 5 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS  
 6 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,  
 7 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

8 (c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not  
 9 including ORS 732.582.

10 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
 11 to 733.780.

12 (e) ORS 734.014 to 734.440.

13 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to  
 14 742.542.

15 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, **743.025,**  
 16 **743.028,** 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406,  
 17 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650  
 18 to 743.656, 743.680 to 743.689, 743.788 and 743.790 **and section 4 of this 2021 Act.**

19 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,  
 20 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,  
 21 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
 22 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,  
 23 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections 2**  
 24 **and 3 of this 2021 Act.**

25 (i) ORS [743.025,] 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195 to 743B.204,  
 26 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256,  
 27 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330,  
 28 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423,  
 29 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601,  
 30 743B.602 and 743B.800.

31 (j) The following provisions of ORS chapter 744:

32 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-  
 33 ers;

34 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

35 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

36 (k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,  
 37 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

38 (2) The following provisions of the Insurance Code apply to health care service contractors ex-  
 39 cept in the case of group practice health maintenance organizations that are federally qualified  
 40 pursuant to Title XIII of the Public Health Service Act:

41 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-  
 42 ates an in-house drug outlet.

43 (b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse  
 44 practitioner associated with a group practice health maintenance organization.

45 (3) For the purposes of this section, health care service contractors are insurers.

1 (4) Any for-profit health care service contractor organized under the laws of any other state that  
2 is not governed by the insurance laws of the other state is subject to all requirements of ORS  
3 chapter 732.

4 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-  
5 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

6 (b) A health care service contractor's classification as a domestic insurance company under  
7 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510  
8 to 734.710.

9 (6) The Director of the Department of Consumer and Business Services may, after notice and  
10 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025  
11 and 750.045 that are necessary for the proper administration of these provisions.

12 **SECTION 11.** ORS 750.333 is amended to read:

13 750.333. (1) The following provisions apply to trusts carrying out a multiple employer welfare  
14 arrangement:

15 (a) ORS 705.137, 705.138 and 705.139.

16 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,  
17 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,  
18 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, 731.808 and 731.844 to  
19 731.992.

20 (c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

21 (d) ORS 734.014 to 734.440.

22 (e) ORS 742.001 to 742.009, 742.013, 742.016, 742.061 and 742.065.

23 (f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023, 743.028, 743.029,  
24 743.053, 743.405, 743.406, 743.524, 743.526 and 743.535 **and section 4 of this 2021 Act.**

25 (g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034, 743A.036, 743A.040,  
26 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,  
27 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
28 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,  
29 743A.175, 743A.180, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and**  
30 **sections 2 and 3 of this 2021 Act.**

31 (h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127), 743B.195 to 743B.204,  
32 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256,  
33 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343,  
34 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.451, 743B.453,  
35 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601.

36 (i) The following provisions of ORS chapter 744:

37 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-  
38 ers;

39 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

40 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

41 (j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

42 (2) For the purposes of this section:

43 (a) A trust carrying out a multiple employer welfare arrangement is an insurer.

44 (b) References to certificates of authority are references to certificates of multiple employer  
45 welfare arrangement.

1 (c) Contributions are premiums.

2 (3) The provision of health benefits under ORS 750.301 to 750.341 is the transaction of health  
3 insurance.

4 (4) The Department of Consumer and Business Services may adopt rules that are necessary to  
5 implement the provisions of ORS 750.301 to 750.341.

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