

Senate Bill 3

Sponsored by Senator COURTNEY (Pre-session filed.)

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 health benefit plans to cover emergency medical services transports.

A BILL FOR AN ACT

Relating to medical transports; creating new provisions; and amending ORS 743A.012.

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

SECTION 1. ORS 743A.012 is amended to read:

743A.012. (1) As used in this section:

(a) "Behavioral health assessment" means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

(b) "Behavioral health clinician" means:

(A) A licensed psychiatrist;

(B) A licensed psychologist;

(C) A licensed nurse practitioner with a specialty in psychiatric mental health;

(D) A licensed clinical social worker;

(E) A licensed professional counselor or licensed marriage and family therapist;

(F) A certified clinical social work associate;

(G) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or

(H) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

(c) "Behavioral health crisis" means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual's mental or physical health.

(d) "Emergency medical condition" means a medical condition:

(A) That manifests itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would:

(i) Place the health of a person, or an unborn child in the case of a pregnant woman, in serious jeopardy;

(ii) Result in serious impairment to bodily functions; or

(iii) Result in serious dysfunction of any bodily organ or part;

(B) With respect to a pregnant woman who is having contractions, for which there is inadequate time to effect a safe transfer to another hospital before delivery or for which a transfer may pose

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 a threat to the health or safety of the woman or the unborn child; or

2 (C) That is a behavioral health crisis.

3 (e) “Emergency medical screening exam” means the medical history, examination, ancillary tests
4 and medical determinations required to ascertain the nature and extent of an emergency medical
5 condition.

6 (f) **“Emergency medical service provider” has the meaning given that term in ORS
7 682.025.**

8 (g) **“Emergency medical services transport” means an emergency medical services
9 provider’s evaluation and stabilization of an individual experiencing a medical emergency and
10 the transportation of the individual to the nearest medical facility capable of meeting the
11 needs of the individual.**

12 [(f)] (h) “Emergency services” means, with respect to an emergency medical condition:

13 (A) **An emergency medical services transport;**

14 [(A)] (B) An emergency medical screening exam or behavioral health assessment that is within
15 the capability of the emergency department of a hospital, including ancillary services routinely
16 available to the emergency department to evaluate such emergency medical condition; and

17 [(B)] (C) Such further medical examination and treatment as are required under 42 U.S.C. 1395dd
18 to stabilize a patient, to the extent the examination and treatment are within the capability of the
19 staff and facilities available at a hospital.

20 [(g)] (i) “Grandfathered health plan” has the meaning given that term in ORS 743B.005.

21 [(h)] (j) “Health benefit plan” has the meaning given that term in ORS 743B.005.

22 [(i)] (k) “Prior authorization” has the meaning given that term in ORS 743B.001.

23 [(j)] (L) “Stabilize” means to provide medical treatment as necessary to:

24 (A) Ensure that, within reasonable medical probability, no material deterioration of an emer-
25 gency medical condition is likely to occur during or to result from the transfer of the patient **to**
26 **or** from a facility; and

27 (B) With respect to a pregnant woman who is in active labor, to perform the delivery, including
28 the delivery of the placenta.

29 (2) All insurers offering a health benefit plan shall provide coverage without prior authorization
30 for emergency services.

31 (3) A health benefit plan, other than a grandfathered health plan, must provide coverage re-
32 quired by subsection (2) of this section:

33 (a) For the services of participating providers, without regard to any term or condition of cov-
34 erage other than:

35 (A) The coordination of benefits;

36 (B) An affiliation period or waiting period permitted under part 7 of the Employee Retirement
37 Income Security Act, part A of Title XXVII of the Public Health Service Act or chapter 100 of the
38 Internal Revenue Code;

39 (C) An exclusion other than an exclusion of emergency services; or

40 (D) Applicable cost-sharing; and

41 (b) For the services of a nonparticipating provider:

42 (A) Without imposing any administrative requirement or limitation on coverage that is more
43 restrictive than requirements or limitations that apply to participating providers;

44 (B) Without imposing a copayment amount or coinsurance rate that exceeds the amount or rate
45 for participating providers;

1 (C) Without imposing a deductible, unless the deductible applies generally to nonparticipating
2 providers; and

3 (D) Subject only to an out-of-pocket maximum that applies to all services from nonparticipating
4 providers.

5 (4) All insurers offering a health benefit plan shall provide information to enrollees in plain
6 language regarding:

7 (a) What constitutes an emergency medical condition;

8 (b) The coverage provided for emergency services;

9 (c) How and where to obtain emergency services; and

10 (d) The appropriate use of 9-1-1.

11 (5) An insurer offering a health benefit plan may not discourage appropriate use of 9-1-1 and
12 may not deny coverage for emergency services [*solely because*] **when** 9-1-1 [*was*] **is** used.

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

14 **SECTION 2. The amendments to ORS 743A.012 by section 1 of this 2021 Act apply to**
15 **health benefit plans issued, renewed or extended on or after the effective date of this 2021**
16 **Act.**

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