

**FISCAL IMPACT OF PROPOSED LEGISLATION**

**Measure: HB 4134 - B**

81st Oregon Legislative Assembly – 2022 Regular Session  
Legislative Fiscal Office

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

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**Measure Description:**

Requires insurer and health care service contractor to cover labor and delivery services provided at out-of-network health care facility if services provided at out-of-network facility due solely to diversion of patient from in-network health care facility for reasons related to state or federal declaration of public health emergency.

**Government Unit(s) Affected:**

Oregon Health Authority (OHA), Department of Consumer and Business Services (DCBS)

**Summary of Fiscal Impact:**

Costs related to the measure are expected to be minimal at this time - See explanatory analysis.

**Analysis:**

HB 4134 - B institutes payment requirements if labor and delivery services are provided by an out-of-network provider to an individual insured under a health benefit plan or a health care service contract, due solely to the diversion of the individual from an in-network health care facility during a state or federally declared public health emergency. The measure also requires emergency medical services transport between medical facilities for individuals presenting with signs of labor. These requirements apply to the Public Employees’ Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB). The measure declares an emergency and takes effect on passage.

The fiscal impact of this measure on PEBB and OEBB depend on whether a state or federal public health emergency has been declared, its duration, and the extent to which emergency services for all emergency medical conditions are provided without prior authorization during this time. Although changes to coverage requirements for health benefit plans are unlikely to impact the premiums for the employee health plans offered by PEBB and OEBB, the number of people who would be diverted to an out-of-network facility during a public health emergency is difficult to estimate. Likewise, it is difficult to anticipate the timing and duration of potential state and federal public health emergencies that might influence the diversion of patients from in-network to out-of-network facilities. For this reason, the long-term fiscal impact of this provision is assumed to be minimal.

There is no fiscal impact for the Department of Consumer and Business Services.