



HB 2282 – Health insurance update

The Division of Financial Regulation at Oregon's Department of Consumer and Business Services (DCBS) is the state insurance regulator. House Bill 2282 is our biannual legislative concept to make non-controversial technical fixes to the health-related sections of the Oregon Insurance Code. Our 2023 concept includes two provisions, one in the introduced bill with the second to be introduced in a forthcoming -1 amendment.

IRO contracting limitation (Section 1)

Under Oregon law, when a patient disputes a benefit determination by a health insurer, the insurer must allow independent review of the claim by an Independent Review Organization (IRO). Insurers must use an IRO that is under contract with DCBS. Current law limits the number of IROs that DCBS can contract with to five. We are concerned that this will be insufficient to meet the needs of consumers in the future. HB 2282 would remove the five contract limit (see ORS 743B.252 - 258).

Protection of preventative care services

Under the Federal Patient Protection and Affordable Care Act (ACA), health benefit plans must cover preventative services without applying cost sharing – including claims made before the patient has met their deductible. Kelley v. Becarra, a lawsuit in U.S. District Court in Texas, challenges the preventative service requirements of the ACA. The U.S. District Court has already ruled that several elements of the law are unconstitutional, but the decision is likely to be appealed and litigation is ongoing.

Oregon law incorporates the ACA's preventative service requirements by reference to the relevant federal law and regulations as they were in effect in 2017 (ORS 743A.262). In a forthcoming -1 amendment, we propose updating this date reference to January 1, 2023. This change would ensure that Oregon patients can continue to receive preventative services without cost-sharing even in the event that some or all of the federal requirements are overturned.