

**SB 532 A STAFF MEASURE SUMMARY**

**Carrier:** Sen. Hayden

**Senate Committee On Health Care**

---

**Action Date:** 04/08/25

**Action:** Do pass with amendments. (Printed A-Eng.)

**Vote:** 5-0-0-0

**Yeas:** 5 - Campos, Hayden, Linthicum, Patterson, Reynolds

**Fiscal:** Fiscal impact issued

**Revenue:** No revenue impact

**Prepared By:** Katie Hart, LPRO Analyst

**Meeting Dates:** 4/1, 4/8

---

**WHAT THE MEASURE DOES:**

The measure directs dental insurers to pay dental providers for claims within a specified timeframe, limits post-payment refund requests, and requires direct payment from dental insurers to dental providers.

Detailed Summary:

Requires dental insurers to pay or deny a claim made by a dental provider within 30 days of receipt of the claim.

- Defines a clean claim as "a claim that has no defect or error, is understandable and reasonably legible, includes required substantiating documentation and does not require special treatment that delays timely payment on the claim."
- Requires dental insurers to provide written notice if additional information is needed to process the claim.
- Prohibits contracts between dental insurers and dental providers that limit rights to prompt payment.
- Directs dental insurers to report on their compliance with prompt payment requirements to the Director of the Department of Consumer and Business Services (DCBS).

Prohibits dental insurers from requiring a refund from dental providers for a previously paid claim unless certain criteria are met.

- Limits the timeframe in which dental insurers may request a refund to 18 months, except in the case of fraud, abuse, or other specified circumstances.
- Requires that requests for refunds are made in writing and include a justification for the refund request.
- Grants dental providers 30 days to contest a refund request made by a dental insurer.

Requires dental insurers to issue direct payments to dental providers for services rendered. Becomes operative January 1, 2027.

**ISSUES DISCUSSED:**

- Impact of the measure.

**EFFECT OF AMENDMENT:**

Replaces the definition of "clean claim" and sets the operative date of the measure.

**BACKGROUND:**

[Oregon Revised Statute \(ORS\) Chapter 743B](#) regulates individual and group health benefit plans, including dental insurance plans. The Division of Financial Regulation under the Department of Consumer and Business Services (DCBS) is responsible for regulating insurance plans and supporting consumers with education and assistance to access health insurance. The Director of DCBS also serves as the state's insurance commissioner.

Senate Bill 532 A directs dental insurers to pay dental providers for claims within a specified timeframe, limits post-payment refund requests, and requires direct payment from dental insurers to dental providers.