House Bill 3243

Sponsored by Representative NOSSE; Representatives JAVADI, PHAM H, Senator PATTERSON (Presession 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.** The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Tells ambulance service providers not to balance bill some patients and makes them report local rates to DCBS. Makes some rules about health insurance for ambulance services. Tells DCBS to make a new database of local rates and allows for penalties. (Flesch Readability Score: 60.9).

Prohibits balance billing for ambulance ground transportation services and creates rules for health benefit plan coverage of ambulance services. Establishes a database of local rates for ambulance services and allows for penalties to be imposed for violations.

1 A BILL FOR AN ACT

- 2 Relating to billing for ground ambulance services; amending ORS 743A.014.
- 3 Be It Enacted by the People of the State of Oregon:
- 4 **SECTION 1.** ORS 743A.014 is amended to read:
- 5 743A.014. (1) As used in this section[,]:

6

9

10 11

12

13 14

15 16

17

18

19 20

21

22

23

24 25

26 27

28

- (a) "Enrollee" has the meaning given that term in ORS 743B.005.
 - (b) "Health benefit plan" has the meaning given that term in ORS 743B.005.
 - (c) "Health care facility" means a facility that provides health care services directly to patients, including but not limited to a hospital, clinic, health care provider's office, health maintenance organization, diagnostic or treatment center, mental health facility, hospice or nursing home.
 - (d) "In-network" has the meaning given that term in ORS 743B.280.
 - (e) "Out-of-network" means a provider or provider group that has not contracted or has indirectly contracted with the insurer or health care service contractor.
 - (2) Notwithstanding ORS 743.543, with respect to a health benefit plan or a Medicare supplement insurance policy that provides coverage for ambulance care and transportation, the insurer shall indemnify directly the provider of the ambulance care and transportation.
 - (3) An ambulance service may not bill an enrollee for covered ground transportation services, including nonemergency transportation between health care facilities, if the enrollee has paid the in-network cost-sharing amount specified in the enrollee's health benefit plan.
 - (4) For ambulance ground transportation services covered by a health benefit plan, the insurer:
 - (a) May not impose an out-of-pocket maximum that exceeds 100 dollars for in-network or out-of-network providers;
 - (b) Must apply any out-of-pocket costs toward any applicable deductible;
 - (c) May not impose a deductible, out-of-pocket maximum, copayment or coinsurance requirement on services provided by out-of-network providers that exceeds the deductible,

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.

out-of-pocket maximum, copayment or coinsurance requirement imposed on services provided by in-network providers; and

- (d) Must provide an explanation of benefits to the enrollee that reflects the cost-sharing amount.
- (5) Unless the health benefit plan and the ambulance service have a contracted rate, the health benefit plan must reimburse the ambulance service at the established local rate, as described in this section, or if an established local rate does not exist, in an amount no less than 400 percent of the Medicare rate.
- (6) The Department of Consumer and Business Services shall create a database of established local rates for ambulance ground transportation services. The department shall ensure this database is accessible by the public.
- (7) Ambulance services shall submit a catalog of local ground transportation rates to the department annually and within five calendar days of a change to the rates.
- (8) The provisions of this section apply to a self-funded group health plan whether governed by or exempt from the provisions of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.), as amended, only if the self-funded group health plan elects to participate in the provisions of this section by providing notice to the department in the form and manner described by the department by rule.
 - (9) This section is exempt from ORS 743A.001.
- (10) The department shall make rules to implement the provisions described in this section.
- (11) The department may impose civil penalties, as described in ORS 731.988, but not to exceed \$1,000 for repeated violations of this section.

1 2