

House Bill 2042

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Department of Consumer and Business Services)

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**.

Prohibits surprise billing for emergency services provided at out-of-network facility. Prohibits out-of-network health care provider or health care facility from billing or attempting to collect from enrollee in health benefit plan or health care service contract for emergency services provided at in-network facility or out-of-network facility or for other inpatient or outpatient services provided at in-network facility.

Removes sunset on provisions related to surprise billing.

A BILL FOR AN ACT

1
2 Relating to health care provided to insured individuals at health care facilities; amending ORS
3 743B.287; and repealing section 7, chapter 43, Oregon Laws 2018.

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

5 **SECTION 1.** ORS 743B.287, as amended by section 6, chapter 43, Oregon Laws 2018, is amended
6 to read:

7 743B.287. (1) As used in this section:

8 [(a) "Emergency services" has the meaning given that term in ORS 743A.012.]

9 [(b) "Enrollee" means:]

10 [(A) An individual who is enrolled in a health benefit plan or a covered dependent or beneficiary
11 of the individual; or]

12 [(B) A subscriber to a health care service contract or a covered dependent or beneficiary of the
13 subscriber.]

14 [(c) "Health benefit plan" has the meaning given that term in ORS 743B.005.]

15 [(d) "Health care facility" has the meaning given that term in ORS 442.015, excluding long term
16 care facilities.]

17 [(e) "Health care service contractor" has the meaning given that term in ORS 750.005.]

18 [(f) "In-network" has the meaning given that term in ORS 743B.280.]

19 [(g) "Out-of-network" means a provider or provider group that has not contracted or has indirectly
20 contracted with the insurer or health care service contractor.]

21 [(2) A provider who is an out-of-network provider may not bill an enrollee in the health benefit plan
22 or health care service contract for emergency services or other inpatient or outpatient services provided
23 at an in-network health care facility.]

24 [(3) Subsection (2) of this section does not apply:]

25 [(a) To applicable coinsurance, copayments or deductible amounts that apply to services provided
26 by an in-network provider; or]

27 [(b) To services, other than emergency services, provided to enrollees who choose to receive services
28 from an out-of-network provider.]

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 *[(4) If an enrollee chooses to receive services from an out-of-network provider, the provider shall*
 2 *inform the enrollee that the enrollee will be financially responsible for coinsurance, copayments or other*
 3 *out-of-pocket expenses attributable to choosing an out-of-network provider.]*

4 **(a) “Allowed amount” means the reimbursement paid by an insurer or health care service**
 5 **contractor to a health care provider for a specified service or group of services covered by**
 6 **a health benefit plan or a health care service contract.**

7 **(b) “Emergency services” has the meaning given that term in ORS 743A.012.**

8 **(c) “Enrollee” means:**

9 **(A) An individual who is enrolled in a health benefit plan or a covered dependent or**
 10 **beneficiary of the individual; or**

11 **(B) A subscriber to a health care service contract or a covered dependent or beneficiary**
 12 **of the subscriber.**

13 **(d) “Health benefit plan” has the meaning given that term in ORS 743B.005.**

14 **(e) “Health care facility” has the meaning given that term in ORS 442.015, excluding long**
 15 **term care facilities.**

16 **(f) “Health care service contractor” has the meaning given that term in ORS 750.005.**

17 **(g) “In-network” has the meaning given that term in ORS 743B.280.**

18 **(h) “Out-of-network” has the meaning given that term in ORS 743B.280.**

19 **(2) A provider or a health care facility that is an out-of-network provider or facility for**
 20 **a health benefit plan or health care service contract may not bill or attempt to collect from**
 21 **an enrollee in the health benefit plan or health care service contract for:**

22 **(a) Emergency services provided at an in-network or out-of-network health care facility;**
 23 **or**

24 **(b) Other inpatient or outpatient services provided at an in-network health care facility.**

25 **(3) An insurer offering a health benefit plan and a health care service contractor shall**
 26 **reimburse an out-of-network provider in an amount established in accordance with rules**
 27 **adopted by the Department of Consumer and Business Services under subsection (6) of this**
 28 **section for:**

29 **(a) Emergency services provided at an in-network or out-of-network health care facility;**
 30 **and**

31 **(b) Other covered inpatient or outpatient services provided at an in-network health care**
 32 **facility.**

33 **(4) Subsections (2) and (3) of this section do not apply:**

34 **(a) To applicable coinsurance, copayments or deductible amounts that apply to services**
 35 **provided by an in-network provider; or**

36 **(b) To services, other than emergency services, provided to enrollees who choose to re-**
 37 **ceive services from an out-of-network provider.**

38 **(5) If an enrollee chooses to receive services from an out-of-network provider, the pro-**
 39 **vider shall inform the enrollee that the enrollee will be financially responsible for**
 40 **coinsurance, copayments or other out-of-pocket expenses attributable to choosing an out-**
 41 **of-network provider.**

42 **(6) The department shall adopt rules for calculating the reimbursement that must be paid**
 43 **to providers under subsection (3) of this section. The reimbursement must be equal to the**
 44 **median allowed amount paid to in-network health care providers by commercial insurers in**
 45 **this state, based on data collected under ORS 442.373 for the 2015 calendar year, adjusted**

1 annually using the U.S. City Average Consumer Price Index for All Urban Consumers (All
2 Items) as published by the Bureau of Labor Statistics of the United States Department of
3 Labor. The Department of Consumer and Business Services may adjust the amount of re-
4 imbursement based on the differences in allowed amounts paid to health care providers in
5 certain geographic areas of this state.

6 SECTION 2. Section 7, chapter 43, Oregon Laws 2018, is repealed.

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