

**B-Engrossed**  
**House Bill 3008**

Ordered by the Senate May 17  
Including House Amendments dated March 24 and Senate Amendments  
dated May 17

Sponsored by Representatives PHAM H, JAVADI, BYNUM; Representative DEXTER (at the request of Oregon Dental Association) (Pre-session 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.

Limits ability of insurers offering dental benefit to require reimbursement of claims by credit card or electronic funds transfer.

Imposes conditions on third party **network** contracts for leasing of dental provider panels.

**Authorizes Department of Consumer and Business Services to adopt rules to allow individual or group policy or certificate of health insurance to impose copayment of no more than \$5 for primary care visit if necessary to comply with federal requirements for equal coverage of mental health and physical health care services in insurance.**

**A BILL FOR AN ACT**

1  
2 Relating to health insurance; creating new provisions; and amending section 6, chapter 37, Oregon  
3 Laws 2022.

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

5 **SECTION 1. Sections 2 and 3 of this 2023 Act are added to and made a part of the In-**  
6 **surance Code.**

7 **SECTION 2. (1) As used in this section, “dental insurer” means an insurer that offers a**  
8 **policy or certificate of insurance or other contract, that provides only a dental benefit.**

9 **(2) A dental insurer may pay a claim for reimbursement made by a dental care provider**  
10 **using a credit card or electronic funds transfer payment method that imposes on the pro-**  
11 **vider a fee or similar charge to process the payment if:**

12 **(a) The dental insurer notifies the provider, in advance, of the potential fees or other**  
13 **charges associated with the use of the credit card or electronic funds transfer payment**  
14 **method;**

15 **(b) The dental insurer offers the provider an alternative payment method that does not**  
16 **impose fees or similar charges on the provider; and**

17 **(c) The provider or a designee of the provider elects to accept a payment of the claim**  
18 **using the credit card or electronic funds transfer payment method.**

19 **(3) If a dental insurer contracts with a vendor to process payments of dental providers’**  
20 **claims, the dental insurer shall require the vendor to comply with the provisions of sub-**  
21 **section (2)(a) of this section.**

22 **SECTION 3. (1) As used in this section:**

23 **(a) “Dental insurer” means an insurer that offers a policy or certificate of insurance or**  
24 **other contract, that provides only a dental benefit.**

**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 (b)(A) "Material modification" includes, but is not limited to, changes to the terms or  
2 conditions of a contract that alter:

3 (i) Reimbursement rates paid to dental care providers;

4 (ii) Fee schedules for dental care providers; or

5 (iii) Dental benefits or covered procedures under a plan for which a dental care provider  
6 is a network provider.

7 (B) "Material modification" does not include adding a new third party to an existing third  
8 party network contract without any material modification to the third party network con-  
9 tract.

10 (c) "Provider network contract" means a contract entered into between a dental care  
11 provider and a dental insurer for the provision of services to enrollees in plans offered by the  
12 dental insurer.

13 (d) "Third party" means an entity that enters into a third party network contract with  
14 a dental insurer.

15 (e) "Third party network contract" means a contract entered into between a dental  
16 insurer and third party insurer to gain access to the dental care services and discounted  
17 rates of a dental care provider under the dental insurer's provider network contract with the  
18 dental care provider.

19 (2) A dental insurer may enter into a third party network contract to provide access to  
20 the dental care services and discounted rates of a dental care provider under a provider  
21 network contract only if:

22 (a) The dental care provider in the network chooses to allow the third party to access  
23 the dental care provider's services and discounted rates:

24 (A) At the time the contract is entered into or renewed; and

25 (B) Whenever there is a material modification to the third party network contract;

26 (b) The dental insurer allows the dental care provider to contract directly with the third  
27 party instead of allowing the third party to access the dental care provider's services and  
28 discounted rates; and

29 (c) The third party network contract obligates the third party to comply with all appli-  
30 cable terms, limitations and conditions of the provider network contract.

31 (3) A dental insurer may not cancel or otherwise terminate a network provider contract  
32 with a dental care provider on the grounds that the dental care provider refuses to allow  
33 access by a third party to the dental care services and discounted rates of the dental care  
34 provider.

35 (4) A dental insurer that contracts with a third party to provide access to the services  
36 and discounted rates of a dental care provider under a provider network contract shall:

37 (a) At the time a provider network contract is entered into, renewed or extended, give  
38 to the provider, in writing or electronically, a list of all third parties known by the dental  
39 insurer to which the dental insurer has or will provide access to the dental care services and  
40 discounted rates of the provider under the provider network contract;

41 (b) Maintain an Internet website through which the provider may obtain a list, updated  
42 at least every 90 days, of all third parties that have access to the provider's dental care  
43 services and discounted rates under the provider network contract;

44 (c) Require a third party to identify on each remittance or explanation of payment sent  
45 to a provider the source of any contractual discount in rates taken by the third party under

1 **the provider network contract;**

2 **(d) Notify the provider no less than 30 days prior to the effective date of a new third**  
3 **party network contract;**

4 **(e) Notify each third party described under paragraph (a) or (b) of this subsection of the**  
5 **termination of the provider network contract no later than 30 days prior to the effective date**  
6 **of the termination; and**

7 **(f) Make available to a provider within 30 days of the provider's request a copy of the**  
8 **provider network contract currently in force that was relied upon by the dental insurer in**  
9 **the adjudication of the provider's claim.**

10 **(5) The notice required under subsection (4)(d) and (e) of this section can be provided by**  
11 **any reasonable means, including but not limited to written notice, electronic communication**  
12 **or an update to an electronic database.**

13 **(6) Subject to any applicable continuity of care requirements, agreements or contractual**  
14 **provisions, a third party's right to access a dental care provider's services and discounted**  
15 **rates under a provider network contract shall terminate on the date the provider network**  
16 **contract is terminated.**

17 **(7) The requirements of this section may not be waived by agreement. Any contract**  
18 **provision that purports to waive the requirements of this section or that conflicts with the**  
19 **requirements of this section is null and void.**

20 **(8) This section does not apply to:**

21 **(a) Contracts between a dental insurer and a licensee or affiliate of the dental insurer.**

22 **(b) The state medical assistance program.**

23 **(c) A dental insurer that relies only on employees of the insurer to provide dental care.**

24 **SECTION 4. Sections 2 and 3 of this 2023 Act apply to contracts entered into, renewed**  
25 **or extended on or after the effective date of this 2023 Act.**

26 **SECTION 5. Section 6, chapter 37, Oregon Laws 2022, is amended to read:**

27 **Sec. 6.** (1) As used in this section, "primary care" means outpatient behavioral health services,  
28 nonspecialty medical services or the coordination of health care for the purpose of:

29 (a) Promoting or maintaining behavioral and physical health and wellness; and

30 (b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, injury  
31 or illness.

32 (2) An individual or group policy or certificate of health insurance that is not offered on the  
33 health insurance exchange and that reimburses the cost of hospital, medical or surgical expenses,  
34 other than coverage limited to expenses from accidents or specific diseases and limited benefit cov-  
35 erage, shall, in each plan year, reimburse the cost of at least three primary care visits for behavioral  
36 health or physical health treatment.

37 (3) The coverage under subsection (2) of this section:

38 (a) May not be subject to copayments, coinsurance or deductibles, except as provided in ORS  
39 742.008 **and subsection (5) of this section;** and

40 (b) Is in addition to one annual preventive primary care visit that must be covered without  
41 cost-sharing.

42 (4) An insurer that offers a qualified health plan on the health insurance exchange must offer  
43 at least one plan in each metal tier offered by the insurer that provides the coverage described in  
44 subsections (2) and (3) of this section.

45 **(5) The Department of Consumer and Business Services may adopt rules to allow an in-**

1 **dividual or group policy or certificate of health insurance to impose a copayment of not more**  
2 **than \$5 for a primary care visit if necessary to comply with the requirements of the Paul**  
3 **Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L.**  
4 **110-343).**

5 [(5)] (6) This section does not apply to health benefit plans offered to public employees by  
6 insurers that contract with the Public Employees' Benefit Board or the Oregon Educators Benefit  
7 Board.

8 [(6)] (7) This section is exempt from ORS 743A.001.  
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