## B-Engrossed House Bill 4134

Ordered by the Senate February 24 Including House Amendments dated February 16 and Senate Amendments dated February 24

Sponsored by Representative STARK, Senator STEINER HAYWARD, Representatives NOSSE, GRAYBER, MORGAN, NOBLE, POWER, REYNOLDS, SALINAS, Senators GELSER BLOUIN, KNOPP, MANNING JR; Representatives ALONSO LEON, BONHAM, BOSHART DAVIS, BYNUM, CAMPOS, DEXTER, GEORGE, GOMBERG, GOODWIN, HELM, HIEB, HUDSON, KROPF, LEVY, LIVELY, MARSH, MEEK, MOORE-GREEN, NELSON, OWENS, PHAM, PRUSAK, REARDON, RESCHKE, SCHARF, SCHOUTEN, SMITH DB, SMITH G, WALLAN, WEBER, WILDE, WILLIAMS, Senators BEYER, FINDLEY, FREDERICK, GOLDEN, HANSELL, KENNEMER, LAWRENCE SPENCE, LINTHICUM, PATTERSON, PROZANSKI, SOLLMAN, THOMSEN (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.

Requires insurer and health care service contractor to cover labor and delivery services provided at out-of-network health care facility, and medical transport of individual presenting with signs of labor from in-network facility to out-of-network facility, if services provided at outof-network facility due solely to diversion of patient from in-network health care facility for reasons related to state or federal declaration of public health emergency. Prescribes rate of reimbursement and prohibits deductible, out-of-pocket maximum, copayment or coinsurance requirement in excess of such requirements applicable to in-network providers. Exempts Public Employees' Benefit Board and Oregon Educators Benefit Board.

[Requires health benefit plan coverage of emergency medical services transport of pregnant woman presenting with signs of labor between medical facilities.]

Declares emergency, effective on passage.

## A BILL FOR AN ACT

- 2 Relating to insurance; creating new provisions; amending ORS 243.144, 243.877 and 743B.287; and
- 3 declaring an emergency.

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- 4 Be It Enacted by the People of the State of Oregon:
- 5 **SECTION 1.** ORS 743B.287 is amended to read:
- 6 743B.287. (1) As used in this section:
- 7 (a) "Emergency services" has the meaning given that term in ORS 743A.012.
- 8 (b) "Enrollee" means:

9 (A) An individual who is enrolled in a health benefit plan or a covered dependent or beneficiary

10 of the individual; or

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

- 13 (c) "Health benefit plan" has the meaning given that term in ORS 743B.005.
- (d) "Health care facility" has the meaning given that term in ORS 442.015, excluding long termcare facilities.
- 16 (e) "Health care service contractor" has the meaning given that term in ORS 750.005.
- 17 (f) "In-network" has the meaning given that term in ORS 743B.280.
- 18 (g) "Out-of-network" means a provider or provider group that has not contracted or has indi-

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1 rectly contracted with the insurer or health care service contractor.

2 (2) A provider who is an out-of-network provider may not bill an enrollee in the health benefit 3 plan or health care service contract for emergency services or other inpatient or outpatient services

4 provided at an in-network health care facility.

5 (3) Subsection (2) of this section does not apply:

6 (a) To applicable coinsurance, copayments or deductible amounts that apply to services provided 7 by an in-network provider; or

8 (b) To services, other than emergency services, provided to enrollees who choose to receive 9 services from an out-of-network provider.

(4)(a) If labor and delivery services are provided to an individual insured under a health
benefit plan or a health care service contract at an out-of-network health care facility due
solely to the diversion of the individual from an in-network health care facility during a state
or federally declared public health emergency, the health benefit plan or health care service
contract:

(A)(i) Shall reimburse the out-of-network provider in accordance with 42 U.S.C.
 300gg-111(c) or in accordance with a method adopted by the Department of Consumer and
 Business Services by rule; and

(ii) May not impose a deductible, out-of-pocket maximum, copayment or coinsurance re quirement that exceeds the deductible, out-of-pocket maximum, copayment or coinsurance
 applicable to in-network providers of labor and delivery services.

(B) Shall provide coverage, as prescribed in ORS 743A.012 (2) and (3), for emergency
 medical services transports of the individual between medical facilities if the individual pre sents with signs of labor.

(b) Paragraph (a)(A)(i) of this subsection does not apply to services provided by an in network provider at an out-of-network health care facility.

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

29 SECTION 2. ORS 243.144 is amended to read:

243.144. Benefit plans offered by the Public Employees' Benefit Board that reimburse the cost
 of medical and other health services and supplies must comply with the requirements for health
 benefit plan coverage described in:

33 (1) ORS 743A.058;

- 34 (2) ORS 743B.256;
- 35 (3) ORS 743B.420;

36 (4) ORS 743B.423;

37 (5) ORS 743B.601; [and]

38 (6) ORS 743B.810; and

39 (7) ORS 743B.287 (4).

40 **SECTION 3.** ORS 243.877 is amended to read:

243.877. Benefit plans offered by the Oregon Educators Benefit Board that reimburse the cost
of medical and other health services and supplies must comply with the requirements for health
benefit plan coverage described in:

44 (1) ORS 743A.058;

45 (2) ORS 743B.256;

1 (3) ORS 743B.420;

2 (4) ORS 743B.423;

3 (5) ORS 743B.601; [and]

4 (6) ORS 743B.810; and

5 (7) ORS 743B.287 (4).

6 <u>SECTION 4.</u> (1) As used in this section:

(a) "In-network provider" means an individual or facility that contracts with a health
benefit plan or health care service contractor to provide health care services to an individual
insured under the health benefit plan or health care service contract.

(b) "Out-of-network provider" means an individual or facility that does not contract with
a health benefit plan or health care service contractor to provide health care services to an
individual insured under the health benefit plan or health care service contract.

(2) An out-of-network provider that is licensed or certified in this state may not bill an individual insured under a health benefit plan or a health care service contract for the costs of labor or delivery services provided by the out-of-network provider if the services are provided by the out-of-network provider due solely to the diversion of the individual from an in-network provider during a state or federally declared public health emergency.

(3) Subsection (2) of this section does not prohibit any provider from billing an individual
insured under a health benefit plan or health care service contract for coinsurance,
copayments or deductibles applicable to labor and delivery services provided by in-network
providers under the terms of the health benefit plan or health care service contract.

22 <u>SECTION 5.</u> The amendments to ORS 243.144, 243.877 and 743B.287 by sections 1 to 3 of 23 this 2022 Act apply to policies or certificates issued, renewed or extended on or after the 24 effective date of this 2022 Act.

25 <u>SECTION 6.</u> This 2022 Act being necessary for the immediate preservation of the public 26 peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect 27 on its passage.

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