

B-Engrossed
Senate Bill 523

Ordered by the House June 4
Including Senate Amendments dated April 23 and House Amendments
dated June 4

Sponsored by Senators STEINER HAYWARD, KRUSE; Senators BATES, KNOPP, Representatives BUEHLER,
HOLVEY, KENY-GUYER, LIVELY, OLSON, WEIDNER

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 to provide specified notifications to health care providers regarding coverage under qualified health plan offered by insurer through health insurance exchange.

A BILL FOR AN ACT

1
2 Relating to obligations of insurers offering qualified health plans through a health insurance ex-
3 change.

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

5 **SECTION 1. Sections 2 and 3 of this 2015 Act are added to and made a part of the In-**
6 **urance Code.**

7 **SECTION 2. (1) As used in sections 2 and 3 of this 2015 Act:**

8 (a) "Enrollee" means a person who is:

9 (A) Enrolled in a qualified health plan purchased through the health insurance exchange;

10 (B) Responsible for paying the premium on the qualified health plan and has paid at least
11 one premium; and

12 (C) Receiving an advance payment of the premium tax credit under section 36B of the
13 Internal Revenue Code.

14 (b) "Grace period" means the period of three consecutive months during which an
15 enrollee's coverage continues under a qualified health plan without the payment of premi-
16 ums.

17 (c) "Health insurance exchange" has the meaning given that term in ORS 741.300.

18 (d) "Qualified health plan" means a plan that is certified as a qualified health plan in
19 accordance with ORS 741.310.

20 (2) If an enrollee fails to pay a premium for a qualified health plan, the insurer shall
21 notify any health care provider that the enrollee is in a grace period if the provider requests
22 information from the insurer regarding the eligibility, coverage or benefits of the insureds
23 under the enrollee's plan.

24 (3) If an insurer terminates the coverage of an enrollee based on the nonpayment of
25 premiums during a grace period, the insurer shall pay a claim for reimbursement by a health
26 care provider of a service performed during the grace period if:

27 (a) The insurer fails to notify the health care provider as required by subsection (2) of

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 **this section;**

2 **(b) The service is covered by the enrollee's plan; and**

3 **(c) The health care provider requests the information described in subsection (2) of this**
4 **section not more than seven business days before providing the service and the insurer**
5 **provides the information to the health care provider no later than two business days after**
6 **the date of the provider's request.**

7 **(4) The requirements of this section may not be waived by agreement, and any provision**
8 **of a contract entered into on or after the effective date of this 2015 Act that purports to**
9 **waive the requirements of this section or that conflicts with the requirements of this section**
10 **is null and void.**

11 **SECTION 3. Upon receipt of any inquiry from a health care provider regarding the eligi-**
12 **bility, coverage or benefits of an insured under an enrollee's plan, an insurer shall notify the**
13 **health care provider, in the manner prescribed by the insurer, that the coverage is provided**
14 **through a qualified health plan.**

15 **SECTION 4. The Department of Consumer and Business Services shall produce written**
16 **materials containing information for consumers about the requirements for paying the pre-**
17 **miums for qualified health plans. The department shall distribute the materials to health**
18 **care providers upon request.**

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