HB 2339-A11
(LC 707)
5/26/17 (LHF/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE

PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2339

On page 1 of the printed A-engrossed bill, delete lines 6 through 25.

On page 2, delete lines 1 through 26 and insert:

"SECTION 2. (1) As used in this section:

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

"(b) 'Enrollee' means:

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

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

"(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 term care facilities.

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

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

"(g) 'Out-of-network' has the meaning given that term in ORS 743B.280.

"(2) Except as provided in subsection (3) of this section, a provider who is an out-of-network provider for a health benefit plan or health

care service contract may not bill an enrollee in the health benefit plan or health care service contract for emergency services or other inpatient or outpatient services provided at an in-network health care facility.

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

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

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

"(4) 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.

"SECTION 3. (1) The Department of Consumer and Business Services shall convene an advisory group that includes health care providers, insurers and consumer advocates to develop recommendations for the reimbursement of services provided to enrollees by out-of-network providers at in-network health care facilities.

"(2) The advisory group shall provide its recommendations to the Director of the Department of Consumer and Business Services and the director shall, no later than December 31, 2017, report to the Legislative Assembly in the manner provided in ORS 192.245 any legislative changes needed to implement the recommendations of the advisory group.".

In line 27, delete "3" and insert "4".

On page 3, line 28, delete "4" and insert "5".

On page 4, line 32, delete "5" and insert "6".

On page 5, line 35, delete "6" and insert "7".

In line 36, delete "3 to 5" and insert "4 to 6" and delete "January 1,

2019" and insert "March 1, 2018".

Delete lines 37 through 40 and insert:

"SECTION 8. The Department of Consumer and Business Services shall, before the operative date specified in section 7 of this 2017 Act, take any actions necessary to implement section 2 of this 2017 Act and the amendments to ORS 750.055 by sections 4 to 6 of this 2017 Act on the operative date specified in section 7 of this 2017 Act.".

In line 41, delete "8" and insert "9".
