

Division of Financial Regulation update and 2021 legislative proposals



Division of Financial Regulation overview

- State regulator of insurance and financial services
 - All lines of insurance (health, auto, home, etc.)
 - State-chartered banks and credit unions
 - Securities
 - Consumer finance (e.g., payday loans)
- Complaints and consumer advocacy
- Product regulation and compliance

Balance billing

NNW HOSPITAL CENTER
12345 STREET, 21
NNW TOWN, 321

Account No.: 543 210

Name: John Joense
Address: 321
NNW

| Date of Service | Code | Professional | Amount | Amount Due |
|-----------------|--------|-----------------|--------|------------|
| 07/07/2016 | P-2098 | TSH | 54.00 | 54.00 |
| 08/07/2016 | P-3376 | Influenza A | 16.00 | 16.00 |
| 09/09/2016 | N-3456 | Lab Test | 32.00 | 32.00 |
| 10/09/2016 | N-6784 | Influenza B | 21.00 | 21.00 |
| 10/09/2016 | M-9546 | Blood Draw | 21.00 | 21.00 |
| 10/09/2016 | M-9823 | Lab Test/Office | 44.00 | 44.00 |
| 11/09/2016 | P-3364 | Lab Test/Office | 21.00 | 21.00 |
| 12/09/2016 | P-9812 | | | |
| 12/09/2016 | M-762 | | | |

Surprise out-of-network bills

Out-of-network balance billing can occur when consumers

- Receive care from an out-of-network provider at an in-network facility
- Receive emergency care from an out-of-network facility

It is difficult for consumers to avoid large medical bills in these situations.

Current law (ORS 743B.287)


- Protects Oregon consumers from balance bills from out-of-network providers at in-network facilities
- Benchmark reimbursement rate ensures reasonable payment
- Reimbursement provisions sunset in 2022
- HB 2042 addresses the sunset

No surprises act

- Prohibits out-of-network balance billing for health care services including:
 - Emergency services
 - Services provided by out-of-network providers at in-network health care facilities
 - Air ambulance services
- Arbitration process for reimbursement

Next steps

- Federal Act allows states to establish different reimbursement models – but only for state-regulated plans
- DCBS is consulting with stakeholders
- State legislation on this issue may no longer be necessary

A person in a white lab coat is holding a pill bottle in a pharmacy setting. The background shows shelves with various medications and a computer monitor. The image is overlaid with a blue tint, and a yellow vertical bar is on the left side.

Prescription Drug Price Transparency Program

Prescription Drug Price Transparency Program

HB 4005 (2018):

- Drug manufacturer reports
- Health insurer reports
- Notices from consumers
- Annual report and hearing

HB 2658 (2019):

- 60-day advance notice of large drug price increases

Drug price transparency program updates

- Approximately **400** manufacturers registered
- More than **1,400** reports filed.
- **650** new high-cost drug reports
- **759** annual price increase reports
- HB 2044 – Technical improvements to Prescription program

A person is holding a tablet computer. The screen of the tablet shows a smiling female doctor wearing a white lab coat and a stethoscope. The background of the image is a blurred scene of a medical office or hospital, with a person in a white coat visible in the background. The entire image has a blue tint, and there is a yellow vertical bar on the left side.

Telehealth

Before COVID-19

- Oregon law (ORS 743A.058) only requires commercial health insurance coverage for telehealth services delivered via two-way video conference

Guidance on telehealth coverage

On March 24, DCBS and OHA released joint guidance on telehealth for insurers and CCOs:

- Health plans must cover in-network telehealth services
- Providers may use all modes of telehealth delivery
- Cost-sharing may be no more than in-person services
- Telehealth provider networks must be adequate, and pay parity strongly encouraged
- Plans must waive requirements that could pose barriers

Implementation of the telehealth agreement

- Oregon health insurers expanded telehealth coverage and instituted pay parity
- In June, Gov. Brown announced a voluntary agreement with health insurers to continue expanded coverage and reimbursement through the Dec. 31, 2020
- In December, agreement was extended through June 30, 2021.

Listening sessions

- Health care providers: Nov. 17
- Health insurers: Nov. 20
- Consumers and consumer advocates: Dec. 5

Recordings and other materials available at:

<https://dfr.oregon.gov/help/committees-workgroups/Pages/index.aspx>

Listening session feedback - Providers

- Supportive of making expanded telehealth coverage and pay parity permanent
- Disagreements about best practices for telehealth provided via telephone or other non-visual media

Listening session feedback - Insurers

- Support for continued telehealth expansion during the COVID-19 outbreak
- Potential concerns about permanent policy changes, especially pay parity
- Interest in telehealth as a potential source of cost savings for the health system

Listening session feedback - Consumers

- Strong support for making telehealth available *as an option* for consumers on a permanent basis
 - Support for pay parity, noting telehealth enables consumer savings on other services
 - Concerns about access to in-network telehealth services
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- A laptop screen is shown in the background, displaying a telehealth session. A doctor in a white coat and stethoscope is visible on the screen, smiling. The screen also shows some medical icons like a calendar and a star. The laptop keyboard is partially visible below the screen.

Next Steps

- The National Association of Insurance Commissioners is pushing the federal government to make telehealth flexibilities permanent
- Medicare has made some of its telehealth expansion permanent – but larger changes may require action by Congress

2021 Legislation



Bills before the committee

- HB 2042 – Balance billing
- HB 2044 – Drug price transparency
- HB 2046 – ACA reconnect

Questions?

