FISCAL IMPACT OF PROPOSED LEGISLATION **Measure: HB 4083 - A**

81st Oregon Legislative Assembly – 2022 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

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Measure Description:
Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state medical assistance program to provide reimbursement for at least three primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing.

Government Unit(s) Affected:
Information Technology, Department of Consumer and Business Services (DCBS), Oregon Health Authority (OHA)

Analysis:
This fiscal impact statement is for the purpose of transmitting the measure from the House Committee on Health Care to the Joint Committee on Ways and Means.

The measure requires that an individual or group policy or certificate of health insurance that is not offered on the health insurance exchange, and that reimburses the cost of hospital, medical or surgical expenses, must reimburse the cost of at least three primary care visits for behavioral or physical health each year. This coverage may not be subject to copayments, coinsurance, or deductibles, and is in addition to the yearly preventive primary care visit that must be covered without cost sharing. Insurers that offer health plans on the health insurance exchange must offer at least one plan in each metal tier offered by the insurer that provides this coverage. This section of the measure does not apply to the Public Employees' Benefit Board or the Oregon Educators Benefit Board. This section is also exempt from ORS 743A.001 which requires certain health insurance provisions to sunset after six years.

This measure also prohibits an individual or group policy or certificate of health insurance from excluding coverage for a behavioral or physical health service on the basis that these services were provided on the same day or in the same facility; from imposing a copayment for physical or behavioral health services provided by an in-network provider if on the same day a copayment was imposed for other services; or from requiring prior authorization for a covered behavioral health service provided by a specialist in a behavioral health home or patient centered primary care home. The Department of Consumer and Business Services (DCBS) is to adopt rules for assignment of primary care providers by insurers.

The Oregon Health Authority (OHA) and coordinated care organizations (CCOs) may not deny a claim for reimbursement for a behavioral or physical health service provided to a medical assistance recipient on the basis that these services were provided on the same day or in the same facility, though this does not apply to CCO payments to providers using a value-based payment arrangement or other alternative payment methodology. CCOs may not require prior authorization for specialty behavioral health services provided to a medical assistance recipient unless permitted by OHA. OHA is to adopt rules consistent with the rules adopted by DCBS for assigning primary care providers, and OHA and CCOs are to assign primary care providers to people with medical assistance coverage. This portion of the measure becomes operative on January 1, 2024.

These changes to coverage apply to policies or certificates of insurance issued, renewed or extended on or after October 1, 2023, for coverage during the 2024 plan year.

This measure has no effective date so is assumed to be effective January 1, 2023.

A more complete fiscal analysis on the measure will be prepared as the measure is considered in the Joint Committee on Ways and Means.

Further Analysis Required