

HB 4134-3
(LC 93)
1/27/22 (LHF/ps)

Requested by Representative STARK

**PROPOSED AMENDMENTS TO
HOUSE BILL 4134**

1 On page 1 of the printed bill, line 2, after “ORS” insert “243.144, 243.877,
2 743A.012 and”.

3 On page 2, line 3, after “reimburse” insert “, at in-network rates,”.

4 Delete lines 11 through 13 and insert:

5 **“SECTION 2.** ORS 243.144 is amended to read:

6 “243.144. Benefit plans offered by the Public Employees’ Benefit Board
7 that reimburse the cost of medical and other health services and supplies
8 must comply with the requirements for health benefit plan coverage de-
9 scribed in:

10 “(1) ORS 743A.058;

11 “(2) ORS 743B.256;

12 “(3) ORS 743B.420;

13 “(4) ORS 743B.423;

14 “(5) ORS 743B.601; *[and]*

15 “(6) ORS 743B.810; **and**

16 **“(7) ORS 743B.287 (4).**

17 **“SECTION 3.** ORS 243.877 is amended to read:

18 “243.877. Benefit plans offered by the Oregon Educators Benefit Board
19 that reimburse the cost of medical and other health services and supplies
20 must comply with the requirements for health benefit plan coverage de-
21 scribed in:

- 1 “(1) ORS 743A.058;
2 “(2) ORS 743B.256;
3 “(3) ORS 743B.420;
4 “(4) ORS 743B.423;
5 “(5) ORS 743B.601; [and]
6 “(6) ORS 743B.810; **and**
7 “(7) **ORS 743B.287 (4)**.

8 “**SECTION 4.** ORS 743A.012 is amended to read:

9 “743A.012. (1) As used in this section:

10 “(a) ‘Behavioral health assessment’ means an evaluation by a behavioral
11 health clinician, in person or using telemedicine, to determine a patient’s
12 need for immediate crisis stabilization.

13 “(b) ‘Behavioral health clinician’ means:

14 “(A) A licensed psychiatrist;

15 “(B) A licensed psychologist;

16 “(C) A licensed nurse practitioner with a specialty in psychiatric mental
17 health;

18 “(D) A licensed clinical social worker;

19 “(E) A licensed professional counselor or licensed marriage and family
20 therapist;

21 “(F) A certified clinical social work associate;

22 “(G) An intern or resident who is working under a board-approved su-
23 pervisory contract in a clinical mental health field; or

24 “(H) Any other clinician whose authorized scope of practice includes
25 mental health diagnosis and treatment.

26 “(c) ‘Behavioral health crisis’ means a disruption in an individual’s men-
27 tal or emotional stability or functioning resulting in an urgent need for im-
28 mediate outpatient treatment in an emergency department or admission to
29 a hospital to prevent a serious deterioration in the individual’s mental or
30 physical health.

1 “(d) ‘Emergency medical condition’ means a medical condition:

2 “(A) That manifests itself by acute symptoms of sufficient severity, in-
3 cluding severe pain, that a prudent layperson possessing an average knowl-
4 edge of health and medicine would reasonably expect that failure to receive
5 immediate medical attention would:

6 “(i) Place the health of a person, or an unborn child in the case of a
7 pregnant woman, in serious jeopardy;

8 “(ii) Result in serious impairment to bodily functions; or

9 “(iii) Result in serious dysfunction of any bodily organ or part;

10 “(B) With respect to a pregnant woman who is having contractions, for
11 which there is inadequate time to effect a safe transfer to another hospital
12 before delivery or for which a transfer may pose a threat to the health or
13 safety of the woman or the unborn child; or

14 “(C) That is a behavioral health crisis.

15 “(e) ‘Emergency medical screening exam’ means the medical history, ex-
16 amination, ancillary tests and medical determinations required to ascertain
17 the nature and extent of an emergency medical condition.

18 “(f) ‘Emergency medical service provider’ has the meaning given that term
19 in ORS 682.025.

20 “(g) ‘Emergency medical services transport’ means an emergency medical
21 services provider’s evaluation and stabilization of an individual experiencing
22 a medical emergency and the transportation of the individual to the nearest
23 medical facility capable of meeting the needs of the individual.

24 “(h) ‘Emergency services’ means, with respect to an emergency medical
25 condition:

26 “(A) An emergency medical services transport;

27 “(B) An emergency medical screening exam or behavioral health assess-
28 ment that is within the capability of the emergency department of a hospital,
29 including ancillary services routinely available to the emergency department
30 to evaluate such emergency medical condition; and

1 “(C) Such further medical examination and treatment as are required
2 under 42 U.S.C. 1395dd to stabilize a patient, to the extent the examination
3 and treatment are within the capability of the staff and facilities available
4 at a hospital.

5 “(i) ‘Grandfathered health plan’ has the meaning given that term in ORS
6 743B.005.

7 “(j) ‘Health benefit plan’ has the meaning given that term in ORS
8 743B.005.

9 “(k) ‘Prior authorization’ has the meaning given that term in ORS
10 743B.001.

11 “(L) ‘Stabilize’ means to provide medical treatment as necessary to[:]

12 “[A)] ensure that, within reasonable medical probability, no material
13 deterioration of an emergency medical condition is likely to occur during or
14 to result from the transfer of the patient to or from a facility.[:; and]

15 “[B) *With respect to a pregnant woman who is in active labor, to perform*
16 *the delivery, including the delivery of the placenta.*]

17 “(2) All insurers offering a health benefit plan shall provide coverage
18 without prior authorization for:

19 “(a) **Emergency services for all emergency medical conditions; and**

20 “(b) **With respect to a pregnant woman who presents with signs of**
21 **labor:**

22 “(A) **An emergency medical screening exam;**

23 “(B) **Such further medical examination and treatment as are re-**
24 **quired under 42 U.S.C. 1395dd to stabilize a patient; and**

25 “(C) **Delivery, including delivery of the placenta.**

26 “(3) A health benefit plan, other than a grandfathered health plan, must
27 provide coverage required by subsection (2) of this section:

28 “(a) For the services of participating providers, without regard to any
29 term or condition of coverage other than:

30 “(A) The coordination of benefits;

1 “(B) An affiliation period or waiting period permitted under part 7 of the
2 Employee Retirement Income Security Act, part A of Title XXVII of the
3 Public Health Service Act or chapter 100 of the Internal Revenue Code;

4 “(C) An exclusion other than an exclusion of emergency services; or

5 “(D) Applicable cost-sharing; and

6 “(b) For the services of a nonparticipating provider:

7 “(A) Without imposing any administrative requirement or limitation on
8 coverage that is more restrictive than requirements or limitations that apply
9 to participating providers;

10 “(B) Without imposing a copayment amount or coinsurance rate that ex-
11 ceeds the amount or rate for participating providers;

12 “(C) Without imposing a deductible, unless the deductible applies gener-
13 ally to nonparticipating providers; and

14 “(D) Subject only to an out-of-pocket maximum that applies to all services
15 from nonparticipating providers.

16 “(4) All insurers offering a health benefit plan shall provide information
17 to enrollees in plain language regarding:

18 “(a) What constitutes an emergency medical condition;

19 “(b) The coverage provided for emergency services, **labor and delivery**;

20 “(c) How and where to obtain emergency services; and

21 “(d) The appropriate use of 9-1-1.

22 “(5) An insurer offering a health benefit plan may not discourage appro-
23 priate use of 9-1-1 and may not deny coverage for emergency services when
24 9-1-1 is used.

25 “(6) This section is exempt from ORS 743A.001.

26 **“SECTION 5. The amendments to ORS 243.144, 243.877, 743A.012 and**
27 **743B.287 by sections 1 to 4 of this 2022 Act apply to policies or certifi-**
28 **icates issued, renewed or extended on or after the effective date of this**
29 **2022 Act.”.**

30 In line 14, delete “3” and insert “6”.

