

HB 4134-6
(LC 93)
2/2/22 (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, delete lines 2 through 7 and insert:

4 “(4) If labor and delivery services are provided to an individual insured
5 under a health benefit plan or a health care service contract at an out-of-
6 network health care facility due solely to the diversion of the individual
7 from an in-network health care facility for a reason related to a state or
8 federal declaration of a public health emergency, the health benefit plan or
9 health care service contract:

10 “(a) Shall reimburse the out-of-network provider at in-network rates; and

11 “(b) May not impose a deductible, out-of-pocket maximum, copayment or
12 coinsurance requirement that exceeds the deductible, out-of-pocket maximum,
13 copayment or coinsurance applicable to in-network providers of labor and
14 delivery services.”.

15 Delete lines 11 through 13 and insert:

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

17 “243.144. Benefit plans offered by the Public Employees’ Benefit Board
18 that reimburse the cost of medical and other health services and supplies
19 must comply with the requirements for health benefit plan coverage de-
20 scribed in:

21 “(1) ORS 743A.058;

1 “(2) ORS 743B.256;

2 “(3) ORS 743B.420;

3 “(4) ORS 743B.423;

4 “(5) ORS 743B.601; [*and*]

5 “(6) ORS 743B.810; **and**

6 **“(7) ORS 743B.287 (4).**

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

8 “243.877. Benefit plans offered by the Oregon Educators Benefit Board
9 that reimburse the cost of medical and other health services and supplies
10 must comply with the requirements for health benefit plan coverage de-
11 scribed in:

12 “(1) ORS 743A.058;

13 “(2) ORS 743B.256;

14 “(3) ORS 743B.420;

15 “(4) ORS 743B.423;

16 “(5) ORS 743B.601; [*and*]

17 “(6) ORS 743B.810; **and**

18 **“(7) ORS 743B.287 (4).**

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

20 “743A.012. (1) As used in this section:

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

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

25 “(A) A licensed psychiatrist;

26 “(B) A licensed psychologist;

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

29 “(D) A licensed clinical social worker;

30 “(E) A licensed professional counselor or licensed marriage and family

1 therapist;

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

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

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

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

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

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

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

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

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

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

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

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

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

1 “(g) ‘Emergency medical services transport’ means an emergency medical
2 services provider’s evaluation and stabilization of an individual experiencing
3 a medical emergency and the transportation of the individual to the nearest
4 medical facility capable of meeting the needs of the individual.

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

7 “(A) An emergency medical services transport;

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

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

16 “(i) ‘Grandfathered health plan’ has the meaning given that term in ORS
17 743B.005.

18 “(j) ‘Health benefit plan’ has the meaning given that term in ORS
19 743B.005.

20 “(k) ‘Prior authorization’ has the meaning given that term in ORS
21 743B.001.

22 “(L) ‘Stabilize’ means to provide medical treatment as necessary to:

23 “(A) Ensure that, within reasonable medical probability, no material de-
24 terioration of an emergency medical condition is likely to occur during or
25 to result from the transfer of the patient to or from a facility; and

26 “(B) With respect to a pregnant woman who is in active labor, to perform
27 the delivery, including the delivery of the placenta.

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

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

1 **“(b) Emergency medical services transport for a pregnant woman**
2 **presenting with signs of labor.**

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

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

7 “(A) The coordination of benefits;

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

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

12 “(D) Applicable cost-sharing; and

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

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

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

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

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

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

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

26 “(b) The coverage provided for emergency services **and labor**;

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

28 “(d) The appropriate use of 9-1-1.

29 “(5) An insurer offering a health benefit plan may not discourage appro-
30 priate use of 9-1-1 and may not deny coverage for emergency services when

1 9-1-1 is used.

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

3 **“SECTION 5. (1) As used in this section:**

4 **“(a) ‘In-network provider’ means an individual or facility that con-**
5 **tracts with a health benefit plan or health care service contractor to**
6 **provide health care services to an individual insured under the health**
7 **benefit plan or health care service contract.**

8 **“(b) ‘Out-of-network provider’ means an individual or facility that**
9 **does not contract with a health benefit plan or health care service**
10 **contractor to provide health care services to an individual insured**
11 **under the health benefit plan or health care service contract.**

12 **“(2) An out-of-network provider that is licensed or certified in this**
13 **state may not bill an individual insured under a health benefit plan**
14 **or a health care service contract for the costs of labor or delivery**
15 **services provided by the out-of-network provider if the services are**
16 **provided by the out-of-network provider due solely to the diversion of**
17 **the individual from an in-network provider for a reason related to a**
18 **state or federal declaration of a public health emergency.**

19 **“SECTION 6. The amendments to ORS 243.144, 243.877, 743A.012 and**
20 **743B.287 by sections 1 to 4 of this 2022 Act apply to policies or certif-**
21 **icates issued, renewed or extended on or after the effective date of this**
22 **2022 Act.”.**

23 In line 14, delete “3” and insert “7”.

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