

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
A-ENGROSSED SENATE BILL 1529**

1 On page 1 of the printed A-engrossed bill, line 2, after “ORS” delete the
2 rest of the line and delete lines 3 and 4 and insert “431A.015, 750.055 and
3 750.333 and section 5, chapter 575, Oregon Laws 2015, and section 5, chapter
4 526, Oregon Laws 2019; and declaring an emergency.”.

5 Delete lines 6 through 22 and delete pages 2 through 4.

6 On page 5, delete lines 1 through 18 and insert:

7

8 **“EMERGENCY HEALTH CARE PROVIDERS”.**

9

10 In line 19, delete “10” and insert “1”.

11 On page 6, line 33, delete “11” and insert “2” and delete “12” and insert
12 “3”.

13 In line 34, delete “12” and insert “3”.

14 On page 7, line 3, delete “13” and insert “4”.

15 After line 8, insert:

16

17 **“ACCESS TO PRIMARY CARE**

18

19 **“SECTION 5. Sections 6 to 8 of this 2022 Act are added to and made**
20 **a part of the Insurance Code.**

21 **“SECTION 6. (1) As used in this section, ‘primary care’ means**

1 outpatient behavioral health services, nonspecialty medical services
2 or the coordination of health care for the purpose of:

3 “(a) Promoting or maintaining behavioral and physical health and
4 wellness; and

5 “(b) Diagnosis, treatment or management of acute or chronic con-
6 ditions caused by disease, injury or illness.

7 “(2) An individual or group policy or certificate of health insurance
8 that is not offered on the health insurance exchange and that reim-
9 burse the cost of hospital, medical or surgical expenses, other than
10 coverage limited to expenses from accidents or specific diseases and
11 limited benefit coverage, shall, in each plan year, reimburse the cost
12 of at least three primary care visits for behavioral health or physical
13 health treatment.

14 “(3) The coverage under subsection (2) of this section:

15 “(a) May not be subject to copayments, coinsurance or deductibles,
16 except as provided in ORS 742.008; and

17 “(b) Is in addition to one annual preventive primary care visit that
18 must be covered without cost-sharing.

19 “(4) An insurer that offers a qualified health plan on the health
20 insurance exchange must offer at least one plan in each metal tier
21 offered by the insurer that provides the coverage described in sub-
22 sections (2) and (3) of this section.

23 “(5) This section does not apply to health benefit plans offered to
24 public employees by insurers that contract with the Public Employees’
25 Benefit Board or the Oregon Educators Benefit Board.

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

27 **“SECTION 7. (1) As used in this section:**

28 “(a) ‘Behavioral health home’ means an entity providing behavioral
29 health services that the Oregon Health Authority has found to meet
30 the core attributes established under ORS 413.259 for a behavioral

1 **health home.**

2 **“(b) ‘Patient centered primary care home’ means an entity provid-**
3 **ing health care services that the authority has found to meet the core**
4 **attributes established under ORS 413.259 for a patient centered primary**
5 **care home.**

6 **“(2) An individual or group policy or certificate of health insurance**
7 **that reimburses the cost of hospital, medical or surgical expenses,**
8 **other than coverage limited to expenses from accidents or specific**
9 **diseases and limited benefit coverage, may not:**

10 **“(a) Exclude coverage for a behavioral health service or a physical**
11 **health service on the basis that the behavioral health service and**
12 **physical health service were provided on the same day or in the same**
13 **facility.**

14 **“(b) Impose a copayment for physical health services provided by**
15 **an in-network provider in a behavioral health home on the same day**
16 **or in the same facility that a copayment was charged for behavioral**
17 **health services.**

18 **“(c) Impose a copayment for behavioral health services provided by**
19 **an in-network provider in a patient centered primary care home on the**
20 **same day or in the same facility that a copayment was charged for**
21 **physical health services.**

22 **“(d) Require prior authorization for a covered behavioral health**
23 **service provided by a specialist in a behavioral health home or a pa-**
24 **tient centered primary care home.**

25 **“(3) Subsection (2)(a) of this section does not apply to a health**
26 **benefit plan in which providers are reimbursed by payment of a fixed**
27 **global budget, using a value-based payment arrangement or using**
28 **other alternative payment methodologies.**

29 **“(4) This section is exempt from ORS 743A.001.**

30 **“SECTION 8. (1) As used in this section, ‘primary care provider’**

1 means an individual licensed or certified in this state to provide out-
2 patient, nonspecialty medical services or the coordination of health
3 care for the purpose of:

4 “(a) Promoting or maintaining mental and physical health and
5 wellness; and

6 “(b) Diagnosis, treatment or management of acute or chronic con-
7 ditions caused by disease, injury or illness.

8 “(2) An insurer offering an individual or group policy or certificate
9 of health insurance that reimburses the cost of hospital, medical or
10 surgical expenses, other than coverage limited to expenses from acci-
11 dents or specific diseases and limited benefit coverage, must assign a
12 beneficiary under the policy or certificate to a primary care provider
13 if the beneficiary or a parent of a minor beneficiary has not selected
14 a primary care provider by the 90th day of the plan year. If the insurer
15 assigns the beneficiary to a primary care provider, the insurer shall
16 provide notice of the assignment to the beneficiary or parent and to
17 the primary care provider.

18 “(3) A beneficiary may select a different primary care provider at
19 any time.

20 “(4) The Department of Consumer and Business Services shall adopt
21 rules prescribing a methodology for assignment and attribution of
22 beneficiaries, to ensure accuracy and agreement between insurers and
23 providers. The rules must prioritize consumer choice, ensure collab-
24 oration between insurers and providers and be consistent with recom-
25 mendations of the primary care payment reform collaborative
26 described in section 2, chapter 575, Oregon Laws 2015.

27 “SECTION 9. Section 10 of this 2022 Act is added to and made a part
28 of ORS chapter 414.

29 “SECTION 10. (1) A claim for reimbursement for a behavioral
30 health service or a physical health service provided to a medical as-

1 **sistance recipient may not be denied by the Oregon Health Authority**
2 **or a coordinated care organization on the basis that the behavioral**
3 **health service and physical health service were provided on the same**
4 **day or in the same facility, unless required by state or federal law.**

5 **“(2) A coordinated care organization may not require prior author-**
6 **ization for specialty behavioral health services provided to a medical**
7 **assistance recipient at a behavioral health home or a patient centered**
8 **primary care home unless permitted to do so by the authority.**

9 **“(3) A coordinated care organization must assign a member of the**
10 **coordinated care organization to a primary care provider if the mem-**
11 **ber has not selected a primary care provider by the 90th day after en-**
12 **rollment in medical assistance. The coordinated care organization**
13 **shall provide notice of the assignment to the member and to the pri-**
14 **mary care provider.**

15 **“(4) A member may select a different primary care provider at any**
16 **time.**

17 **“(5) Subsection (1) of this section does not apply to coordinated care**
18 **organizations’ payments to providers using a value-based payment ar-**
19 **rangement or other alternative payment methodology.**

20 **“SECTION 11. ORS 750.055 is amended to read:**

21 **“750.055. (1) The following provisions apply to health care service con-**
22 **tractors to the extent not inconsistent with the express provisions of ORS**
23 **750.005 to 750.095:**

24 **“(a) ORS 705.137, 705.138 and 705.139.**

25 **“(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,**
26 **731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-**
27 **vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,**
28 **731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,**
29 **731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.**

30 **“(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and**

1 732.517 to 732.596, not including ORS 732.582.

2 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to
3 733.680 and 733.695 to 733.780.

4 “(e) ORS 734.014 to 734.440.

5 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to
6 742.162 and 742.518 to 742.542.

7 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022,
8 743.023, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109,
9 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522,
10 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689,
11 743.788 and 743.790 **and section 8 of this 2022 Act.**

12 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,
13 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
14 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
15 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
16 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
17 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.185, 743A.188,
18 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2, chapter
19 771, Oregon Laws 2013, **and sections 6 and 7 of this 2022 Act.**

20 “(i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130,
21 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
22 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
23 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
24 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,
25 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,
26 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
27 and 743B.800.

28 “(j) The following provisions of ORS chapter 744:

29 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation
30 of insurance producers;

1 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-
2 sultants; and

3 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-
4 ministrators.

5 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,
6 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,
7 746.668, 746.670, 746.675, 746.680 and 746.690.

8 “(2) The following provisions of the Insurance Code apply to health care
9 service contractors except in the case of group practice health maintenance
10 organizations that are federally qualified pursuant to Title XIII of the Public
11 Health Service Act:

12 “(a) ORS 731.485, if the group practice health maintenance organization
13 wholly owns and operates an in-house drug outlet.

14 “(b) ORS 743A.024, unless the patient is referred by a physician, physician
15 assistant or nurse practitioner associated with a group practice health
16 maintenance organization.

17 “(3) For the purposes of this section, health care service contractors are
18 insurers.

19 “(4) Any for-profit health care service contractor organized under the
20 laws of any other state that is not governed by the insurance laws of the
21 other state is subject to all requirements of ORS chapter 732.

22 “(5)(a) A health care service contractor is a domestic insurance company
23 for the purpose of determining whether the health care service contractor is
24 a debtor, as defined in 11 U.S.C. 109.

25 “(b) A health care service contractor’s classification as a domestic insur-
26 ance company under paragraph (a) of this subsection does not subject the
27 health care service contractor to ORS 734.510 to 734.710.

28 “(6) The Director of the Department of Consumer and Business Services
29 may, after notice and hearing, adopt reasonable rules not inconsistent with
30 this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary

1 for the proper administration of these provisions.

2 **“SECTION 12.** ORS 750.055, as amended by section 21, chapter 771,
3 Oregon Laws 2013, section 7, chapter 25, Oregon Laws 2014, section 82,
4 chapter 45, Oregon Laws 2014, section 9, chapter 59, Oregon Laws 2015, sec-
5 tion 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
6 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470,
7 Oregon Laws 2015, section 30, chapter 515, Oregon Laws 2015, section 10,
8 chapter 206, Oregon Laws 2017, section 6, chapter 417, Oregon Laws 2017,
9 section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon
10 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151,
11 Oregon Laws 2019, section 5, chapter 441, Oregon Laws 2019, and section 85,
12 chapter 97, Oregon Laws 2021, is amended to read:

13 “750.055. (1) The following provisions apply to health care service con-
14 tractors to the extent not inconsistent with the express provisions of ORS
15 750.005 to 750.095:

16 “(a) ORS 705.137, 705.138 and 705.139.

17 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,
18 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-
19 vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,
20 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,
21 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

22 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and
23 732.517 to 732.596, not including ORS 732.582.

24 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to
25 733.680 and 733.695 to 733.780.

26 “(e) ORS 734.014 to 734.440.

27 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to
28 742.162 and 742.518 to 742.542.

29 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022,
30 743.023, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109,

1 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522,
2 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689,
3 743.788 and 743.790 **and section 8 of this 2022 Act.**

4 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,
5 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
6 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
7 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
8 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
9 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.185, 743A.188,
10 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections 6 and 7**
11 **of this 2022 Act.**

12 “(i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130,
13 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
14 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
15 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
16 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,
17 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,
18 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
19 and 743B.800.

20 “(j) The following provisions of ORS chapter 744:

21 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation
22 of insurance producers;

23 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-
24 sultants; and

25 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-
26 ministrators.

27 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,
28 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,
29 746.668, 746.670, 746.675, 746.680 and 746.690.

30 “(2) The following provisions of the Insurance Code apply to health care

1 service contractors except in the case of group practice health maintenance
2 organizations that are federally qualified pursuant to Title XIII of the Public
3 Health Service Act:

4 “(a) ORS 731.485, if the group practice health maintenance organization
5 wholly owns and operates an in-house drug outlet.

6 “(b) ORS 743A.024, unless the patient is referred by a physician, physician
7 assistant or nurse practitioner associated with a group practice health
8 maintenance organization.

9 “(3) For the purposes of this section, health care service contractors are
10 insurers.

11 “(4) Any for-profit health care service contractor organized under the
12 laws of any other state that is not governed by the insurance laws of the
13 other state is subject to all requirements of ORS chapter 732.

14 “(5)(a) A health care service contractor is a domestic insurance company
15 for the purpose of determining whether the health care service contractor is
16 a debtor, as defined in 11 U.S.C. 109.

17 “(b) A health care service contractor’s classification as a domestic insur-
18 ance company under paragraph (a) of this subsection does not subject the
19 health care service contractor to ORS 734.510 to 734.710.

20 “(6) The Director of the Department of Consumer and Business Services
21 may, after notice and hearing, adopt reasonable rules not inconsistent with
22 this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary
23 for the proper administration of these provisions.

24 **“SECTION 13.** ORS 750.333 is amended to read:

25 “750.333. (1) The following provisions apply to trusts carrying out a mul-
26 tiple employer welfare arrangement:

27 “(a) ORS 705.137, 705.138 and 705.139.

28 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316,
29 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414,
30 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620,

1 731.640 to 731.652, 731.804, 731.808 and 731.844 to 731.992.

2 “(c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680
3 and 733.695 to 733.780.

4 “(d) ORS 734.014 to 734.440.

5 “(e) ORS 742.001 to 742.009, 742.013, 742.016, 742.061 and 742.065.

6 “(f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023,
7 743.028, 743.029, 743.053, 743.405, 743.406, 743.524, 743.526 and 743.535 **and**
8 **section 8 of this 2022 Act.**

9 “(g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034,
10 743A.036, 743A.040, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
11 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
12 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
13 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
14 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.180, 743A.185,
15 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections**
16 **6 and 7 of this 2022 Act.**

17 “(h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127),
18 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
19 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
20 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340, 743B.341, 743B.342,
21 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420,
22 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and
23 743B.601.

24 “(i) The following provisions of ORS chapter 744:

25 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation
26 of insurance producers;

27 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-
28 sultants; and

29 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-
30 ministrators.

1 “(j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

2 “(2) For the purposes of this section:

3 “(a) A trust carrying out a multiple employer welfare arrangement is an
4 insurer.

5 “(b) References to certificates of authority are references to certificates
6 of multiple employer welfare arrangement.

7 “(c) Contributions are premiums.

8 “(3) The provision of health benefits under ORS 750.301 to 750.341 is the
9 transaction of health insurance.

10 “(4) The Department of Consumer and Business Services may adopt rules
11 that are necessary to implement the provisions of ORS 750.301 to 750.341.

12 **“SECTION 14.** Section 8 of this 2022 Act is amended to read:

13 **“Sec. 8.** (1) As used in this section, ‘primary care provider’ means an in-
14 dividual licensed or certified in this state to provide outpatient, nonspecialty
15 medical services or the coordination of health care for the purpose of:

16 “(a) Promoting or maintaining mental and physical health and wellness;
17 and

18 “(b) Diagnosis, treatment or management of acute or chronic conditions
19 caused by disease, injury or illness.

20 “(2) An insurer offering an individual or group policy or certificate of
21 health insurance that reimburses the cost of hospital, medical or surgical
22 expenses, other than coverage limited to expenses from accidents or specific
23 diseases and limited benefit coverage, must assign a beneficiary under the
24 policy or certificate to a primary care provider if the beneficiary or a parent
25 of a minor beneficiary has not selected a primary care provider by the 90th
26 day of the plan year. If the insurer assigns the beneficiary to a primary care
27 provider, the insurer shall provide notice of the assignment to the benefi-
28 cary or parent and to the primary care provider.

29 “(3) A beneficiary may select a different primary care provider at any
30 time.

1 “(4) The Department of Consumer and Business Services shall adopt rules
2 prescribing a methodology for assignment and attribution of beneficiaries,
3 to ensure accuracy and agreement between insurers and providers. The rules
4 must prioritize consumer choice[,] **and** ensure collaboration between insurers
5 and providers [*and be consistent with recommendations of the primary care*
6 *payment reform collaborative described in section 2, chapter 575, Oregon Laws*
7 *2015*].

8 **“SECTION 15.** Section 5, chapter 575, Oregon Laws 2015, as amended by
9 section 8, chapter 26, Oregon Laws 2016, and section 19, chapter 489, Oregon
10 Laws 2017, is amended to read:

11 **“Sec. 5.** (1) Sections 1 to 4, chapter 575, Oregon Laws 2015, are repealed
12 on December 31, 2027.

13 **“(2)** Section 3 [*of this 2017 Act*], **chapter 489, Oregon Laws 2017**, is re-
14 pealed on December 31, 2027.

15 **“(3) The amendments to section 8 of this 2022 Act by section 14 of**
16 **this 2022 Act become operative on December 31, 2027.**

17

18 **“APPLICABILITY DATE**

19

20 **“SECTION 16.** Sections 6, 7 and 8 of this 2022 Act and the amend-
21 ments to ORS 750.055 and 750.333 by sections 11 to 13 of this 2022 Act
22 apply to policies or certificates of insurance issued, renewed or ex-
23 tended on or after October 1, 2023, for coverage during the 2024 plan
24 year.

25

26 **“OPERATIVE DATE**

27

28 **“SECTION 17.** Section 10 of this 2022 Act becomes operative on
29 **January 1, 2024.”.**

30 In line 12, delete “14” and insert “18”.

1 In line 18, delete “15” and insert “19”.

2 _____