HB 3008 B STAFF MEASURE SUMMARY

Carrier: Sen. Hayden

Senate Committee On Health Care

Action Date:	05/10/23
Action:	Do pass with amendments to the A-Eng bill. (Printed B-Eng.)
Vote:	3-0-1-2
Yeas:	3 - Campos, Patterson, President Wagner
Exc:	1 - Gorsek
Abs:	2 - Bonham, Hayden
Fiscal:	Fiscal impact issued
Revenue:	No revenue impact
Prepared By:	Daniel Dietz, LPRO Analyst
Meeting Dates:	4/19, 4/24, 5/10

WHAT THE MEASURE DOES:

Eliminates the requirement that health insurance plans must fully cover at least three primary care visits without requiring a copay. Allows the Department of Consumer and Business Services (DCBS) to adopt rules allowing a copayment of not more than $5 for primary care and behavioral health care visits. Requires dental insurers that contract with vendors who impose fees on providers to process claims to notify providers in advance and provide alternative payment methods without fees. Provides that dentists must "opt in" to payment methods that impose additional fees. Imposes conditions on the ability of a third party to access network contract between a carrier and a provider, requiring a dentist to "opt in" when the third party makes a material change to fee schedule or reimbursement.

ISSUES DISCUSSED:

- Requirements for dentists to "opt in" or "opt out" when third parties access contracts
- Interaction between Senate Bill 1529 (2022) and federal mental health parity laws
- Provisions of the measure

EFFECT OF AMENDMENT:

Directs the Department of Consumer and Business Services to make rules allowing for copays for primary care and behavioral health visits of not more than $5. Requires dentists to "opt in" when a third party makes a material change to a network contract.

BACKGROUND:

Beginning on January 1, 2024, specified health plans in Oregon are required to cover at least three primary care visits each plan year without copays (Senate Bill 1529 (2022)). Under the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), copays that apply to behavioral health visits must be no more restrictive than the predominant requirements that apply to substantially all medical/surgical benefits (45 CFR Parts 146 and 147). If “substantially all” primary care is “predominantly” covered without copays under SB 1529, the MHPAEA may require coverage of all behavioral health visits without copays.

Under the Affordable Care Act, beginning in 2014, health insurers are required to conduct electronic funds transfer (EFT) and electronic remittance advice (ERA) transactions according to the standards adopted by the Department of Health and Human Services. Despite this standardization, some insurers have utilized virtual credit cards to make one-time payments. Virtual credit card transactions can carry a fee, often a percentage of the transaction amount, that essentially reduce the providers' total reimbursement. Oregon restricts payment methods that impose fees on providers unless the insurer notifies the provider in advance and offers alternatives, and the provider agrees to the payment method (House Bill 3021 (2015)).

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House Bill 3008 B eliminates the requirement for health insurance plans to cover at least three primary care visits without copays and requires dental providers to opt in when a third party makes a material change to a network contract.