

A-Engrossed
House Bill 2282

Ordered by the House February 22
Including House Amendments dated February 22

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Department of Consumer and Business Services)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Authorizes Department of Consumer and Business Services to contract with more than five independent review organizations at one time.

Requires certain health benefit plans to comply with federal rules in effect on January 1, 2023, regarding coverage of preventive health services.

A BILL FOR AN ACT

Relating to health insurance; amending ORS 743A.262 and 743B.253.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 743A.262 is amended to read:

743A.262. Notwithstanding any other provision of law, a health benefit plan that is not a grandfathered health plan:

(1) Must provide coverage of preventive health services as prescribed by the United States Department of Health and Human Services pursuant to 42 U.S.C. 300gg-13 in rules adopted and in effect on January 1, [2017] **2023**; and

(2) May not impose cost-sharing requirements on an enrollee for preventive health services, except as allowed by federal law.

SECTION 2. ORS 743B.253 is amended to read:

743B.253. (1) The Director of the Department of Consumer and Business Services shall contract with independent review organizations as provided in this section for the purpose of providing external review under ORS 743B.252. [*The director may have contracts with no more than five independent review organizations at any one time.*] Contracts shall be let with independent review organizations on a biennial basis. A contract may be renewed if both parties agree.

(2) The director shall seek public comment when the director proposes to enter into a contract with an independent review organization or proposes to renew or not renew a contract.

(3) When evaluating proposals to contract with independent review organizations, the director shall consider factors that include but are not limited to relative expertise, professionalism, quality of compliance with the rules established under subsection (4) of this section, cost and record of past performance.

(4) The director shall adopt rules governing independent review organizations, their composition and their conduct. The rules shall include but need not be limited to:

(a) Professional qualifications of health care providers, physicians or contract specialists making

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

- 1 external review determinations;
- 2 (b) Criteria requiring independent review organizations to demonstrate protections against bias
3 and conflicts of interest;
- 4 (c) Procedures for conducting external reviews;
- 5 (d) Procedures for complaint investigations;
- 6 (e) Procedures for ensuring the confidentiality of medical records transmitted to the independent
7 review organizations for use in external reviews;
- 8 (f) Fairness of procedures used by independent review organizations;
- 9 (g) Fees for external reviews;
- 10 (h) Timelines for decision making and notice to the parties; and
- 11 (i) Quality assurance mechanisms to ensure timeliness and quality of review.
- 12 (5) The director shall develop procedures for assigning cases filed by enrollees to independent
13 review organizations under contract with the director. The cases shall be assigned on a random
14 basis. The procedures shall allow an insurer only one opportunity to reject the assignment of an
15 independent review organization to a particular case.

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