SENATE AMENDMENTS TO A-ENGROSSED HOUSE BILL 3008

By COMMITTEE ON HEALTH CARE

May 17

On page 1 of the printed A-engrossed bill, line 2, after "insurance" insert "; creating new provisions; and amending section 6, chapter 37, Oregon Laws 2022".

Delete lines 22 through 27 and insert:

"(a) 'Dental insurer' means an insurer that offers a policy or certificate of insurance or other contract, that provides only a dental benefit.

"(b)(A) 'Material modification' includes, but is not limited to, changes to the terms or conditions of a contract that alter:

"(i) Reimbursement rates paid to dental care providers;

"(ii) Fee schedules for dental care providers; or

"(iii) Dental benefits or covered procedures under a plan for which a dental care provider is a network provider.

"(B) 'Material modification' does not include adding a new third party to an existing third party network contract without any material modification to the third party network contract.

"(c) 'Provider network contract' means a contract entered into between a dental care provider and a dental insurer for the provision of services to enrollees in plans offered by the dental insurer.

"(d) 'Third party' means an entity that enters into a third party network contract with a dental insurer.

"(e) 'Third party network contract' means a contract entered into between a dental insurer and third party insurer to gain access to the dental care services and discounted rates of a dental care provider under the dental insurer's provider network contract with the dental care provider.

"(2) A dental insurer may enter into a third party network contract to provide access to the dental care".

On page 2, line 6, after "the" delete the rest of the line and delete line 7 and insert "third party network contract;".

In line 11, after the first "party" insert "network".

In line 30, after "party" insert "network".

On page 3, after line 7, insert:

"**SECTION 5.** Section 6, chapter 37, Oregon Laws 2022, is amended to read:

"**Sec. 6.** (1) As used in this section, 'primary care' means outpatient behavioral health services, nonspecialty medical services or the coordination of health care for the purpose of:

"(a) Promoting or maintaining behavioral and physical health and wellness; and

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

"(2) An individual or group policy or certificate of health insurance that is not offered on the health insurance exchange and that reimburses the cost of hospital, medical or surgical expenses,

other than coverage limited to expenses from accidents or specific diseases and limited benefit coverage, shall, in each plan year, reimburse the cost of at least three primary care visits for behavioral health or physical health treatment.

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

"(a) May not be subject to copayments, coinsurance or deductibles, except as provided in ORS 742.008 **and subsection (5) of this section**; and

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

"(4) An insurer that offers a qualified health plan on the health insurance exchange must offer at least one plan in each metal tier offered by the insurer that provides the coverage described in subsections (2) and (3) of this section.

"**(5) The Department of Consumer and Business Services may adopt rules to allow an individual or group policy or certificate of health insurance to impose a copayment of not more than $5 for a primary care visit if necessary to comply with the requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110-343).**

"[*(5)*] **(6)** This section does not apply to health benefit plans offered to public employees by insurers that contract with the Public Employees' Benefit Board or the Oregon Educators Benefit Board.

"[*(6)*] **(7)** This section is exempt from ORS 743A.001.".
