

Senate Bill 495

Sponsored by Senator PATTERSON; Senator ANDERSON (Presession filed.)

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 **as introduced**.

Requires Oregon Health Authority to adopt rules for licensing urgent care centers and specifies requirements.

Requires coverage of services provided by urgent care centers by health insurance that reimburses medical costs, plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board, health maintenance organizations and multiple employer welfare arrangements and establishes requirements for rates of reimbursement.

A BILL FOR AN ACT

1
2 Relating to urgent care centers; creating new provisions; and amending ORS 243.144, 243.877,
3 441.020, 442.015, 750.055 and 750.333.

4 Whereas Oregonians needing health care services and payers of the costs of health care services
5 will benefit from expanded access to urgent care facilities; now, therefore,

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

LICENSING OF URGENT CARE CENTERS

7
8
9
10 **SECTION 1.** Section 2 of this 2023 Act is added to and made a part of ORS 441.015 to
11 **441.087.**

12 **SECTION 2.** (1) The Oregon Health Authority shall adopt by rule criteria for licensing
13 an urgent care center under ORS 441.020. The rules must ensure that a licensed urgent care
14 center:

15 (a) Is certified or accredited by a nationally recognized organization or other entity ap-
16 proved by the authority under ORS 441.062;

17 (b) Has expanded hours of operation;

18 (c) Is equipped to diagnose and treat a broad spectrum of illnesses or injuries that are
19 not life threatening or so serious as to require emergency department services;

20 (d) Has onsite radiology and laboratory services;

21 (e) Operates in a location that is separate from a freestanding or hospital-based emer-
22 gency department;

23 (f) Provides services described in subsection (2) of this section that are delivered by
24 allopathic or osteopathic physicians; and

25 (g) Accepts unscheduled, walk-in patients during all hours of operation.

26 (2) An urgent care center licensed under ORS 441.020 must provide the following services:

27 (a) Medical examination, diagnosis and treatment and follow-up medical examinations,
28 procedures and treatments; and

29 (b) Same-day ambulatory health care, including on-demand and scheduled medical,

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 **wellness and screening services for:**

2 (A) **Employees of employers offering employer-sponsored insurance or that are self-**
 3 **insured;**

4 (B) **Injured workers with workers' compensation coverage;**

5 (C) **Individuals covered by commercial insurance, Medicare, medical assistance or**
 6 **TRICARE; and**

7 (D) **Individuals who wish to pay for their own care.**

8 **SECTION 3.** ORS 441.020 is amended to read:

9 441.020. (1) Licenses for health care facilities, except long term care facilities as defined in ORS
 10 442.015, must be obtained from the Oregon Health Authority.

11 (2) Licenses for long term care facilities must be obtained from the Department of Human Ser-
 12 vices.

13 (3) Applications shall be upon such forms and shall contain such information as the authority
 14 or the department may reasonably require, which may include affirmative evidence of ability to
 15 comply with such reasonable standards and rules as may lawfully be prescribed under ORS 441.025.

16 (4)(a) Each application submitted to the Oregon Health Authority must be accompanied by the
 17 license fee. If the license is denied, the fee shall be refunded to the applicant. If the license is issued,
 18 the fee shall be paid into the State Treasury to the credit of the Oregon Health Authority Fund for
 19 the purpose of carrying out the functions of the Oregon Health Authority under and enforcing ORS
 20 441.015 to 441.087; or

21 (b) Each application submitted to the Department of Human Services must be accompanied by
 22 the application fee or the annual renewal fee, as applicable. If the license is denied, the fee shall
 23 be refunded to the applicant. If the license is issued, the fee shall be paid into the State Treasury
 24 to the credit of the Department of Human Services Account for the purpose of carrying out the
 25 functions of the Department of Human Services under and enforcing ORS 431A.050 to 431A.080 and
 26 441.015 to 441.087.

27 (5) Except as otherwise provided in subsection (8) of this section, for hospitals with:

28 (a) Fewer than 26 beds, the annual license fee shall be \$1,250.

29 (b) Twenty-six beds or more but fewer than 50 beds, the annual license fee shall be \$1,850.

30 (c) Fifty or more beds but fewer than 100 beds, the annual license fee shall be \$3,800.

31 (d) One hundred beds or more but fewer than 200 beds, the annual license fee shall be \$6,525.

32 (e) Two hundred or more beds, but fewer than 500 beds, the annual license fee shall be \$8,500.

33 (f) Five hundred or more beds, the annual license fee shall be \$12,070.

34 (6) A hospital shall pay an annual fee of \$750 for each hospital satellite indorsed under the
 35 hospital's license.

36 (7) The authority may charge a reduced hospital fee or hospital satellite fee if the authority
 37 determines that charging the standard fee constitutes a significant financial burden to the facility.

38 (8) For long term care facilities with:

39 (a) One to 15 beds, the application fee shall be \$2,000 and the annual renewal fee shall be \$1,000.

40 (b) Sixteen to 49 beds, the application fee shall be \$3,000 and the annual renewal fee shall be
 41 \$1,500.

42 (c) Fifty to 99 beds, the application fee shall be \$4,000 and the annual renewal fee shall be
 43 \$2,000.

44 (d) One hundred to 150 beds, the application fee shall be \$5,000 and the annual renewal fee shall
 45 be \$2,500.

1 (e) More than 150 beds, the application fee shall be \$6,000 and the annual renewal fee shall be
 2 \$3,000.

3 (9) For ambulatory surgical centers, the annual license fee shall be:

4 (a) \$1,750 for certified and high complexity noncertified ambulatory surgical centers with more
 5 than two procedure rooms.

6 (b) \$1,250 for certified and high complexity noncertified ambulatory surgical centers with no
 7 more than two procedure rooms.

8 (c) \$1,000 for moderate complexity noncertified ambulatory surgical centers.

9 (10) For birthing centers, the annual license fee shall be \$750.

10 (11) For outpatient renal dialysis facilities, the annual license fee shall be \$2,000.

11 (12) The authority shall prescribe by rule the fee for licensing an extended stay center, not to
 12 exceed:

13 (a) An application fee of \$25,000; and

14 (b) An annual renewal fee of \$5,000.

15 **(13) The authority shall prescribe by rule the fee for licensing an urgent care center,**
 16 **which may not exceed the authority's costs related to issuing the licenses.**

17 [(13)] (14) During the time the licenses remain in force, holders are not required to pay in-
 18 spection fees to any county, city or other municipality.

19 [(14)] (15) Any health care facility license may be indorsed to permit operation at more than one
 20 location. If so, the applicable license fee shall be the sum of the license fees that would be applicable
 21 if each location were separately licensed. The authority may include hospital satellites on a
 22 hospital's license in accordance with rules adopted by the authority.

23 [(15)] (16) Licenses for health maintenance organizations shall be obtained from the Director of
 24 the Department of Consumer and Business Services pursuant to ORS 731.072.

25 [(16)] (17) Notwithstanding subsection (4) of this section, all moneys received for approved ap-
 26 plications pursuant to subsection (8) of this section shall be deposited in the Quality Care Fund es-
 27 tablished in ORS 443.001.

28 [(17)] (18) As used in this section:

29 (a) "Hospital satellite" has the meaning prescribed by the authority by rule.

30 (b) "Procedure room" means a room where surgery or invasive procedures are performed.

31 **SECTION 4.** ORS 442.015, as amended by section 15, chapter 45, Oregon Laws 2022, is amended
 32 to read:

33 442.015. As used in ORS chapter 441 and this chapter, unless the context requires otherwise:

34 (1) "Acquire" or "acquisition" means obtaining equipment, supplies, components or facilities by
 35 any means, including purchase, capital or operating lease, rental or donation, for the purpose of
 36 using such equipment, supplies, components or facilities to provide health services in Oregon. When
 37 equipment or other materials are obtained outside of this state, acquisition is considered to occur
 38 when the equipment or other materials begin to be used in Oregon for the provision of health ser-
 39 vices or when such services are offered for use in Oregon.

40 (2) "Affected persons" has the same meaning as given to "party" in ORS 183.310.

41 (3)(a) "Ambulatory surgical center" means a facility or portion of a facility that operates ex-
 42 clusively for the purpose of providing surgical services to patients who do not require
 43 hospitalization and for whom the expected duration of services does not exceed 24 hours following
 44 admission.

45 (b) "Ambulatory surgical center" does not mean:

1 (A) Individual or group practice offices of private physicians or dentists that do not contain a
2 distinct area used for outpatient surgical treatment on a regular and organized basis, or that only
3 provide surgery routinely provided in a physician's or dentist's office using local anesthesia or
4 conscious sedation; or

5 (B) A portion of a licensed hospital designated for outpatient surgical treatment.

6 (4) "Delegated credentialing agreement" means a written agreement between an originating-site
7 hospital and a distant-site hospital that provides that the medical staff of the originating-site hospi-
8 tal will rely upon the credentialing and privileging decisions of the distant-site hospital in making
9 recommendations to the governing body of the originating-site hospital as to whether to credential
10 a telemedicine provider, practicing at the distant-site hospital either as an employee or under con-
11 tract, to provide telemedicine services to patients in the originating-site hospital.

12 (5) "Develop" means to undertake those activities that on their completion will result in the
13 offer of a new institutional health service or the incurring of a financial obligation, as defined under
14 applicable state law, in relation to the offering of such a health service.

15 (6) "Distant-site hospital" means the hospital where a telemedicine provider, at the time the
16 telemedicine provider is providing telemedicine services, is practicing as an employee or under
17 contract.

18 (7) "Expenditure" or "capital expenditure" means the actual expenditure, an obligation to an
19 expenditure, lease or similar arrangement in lieu of an expenditure, and the reasonable value of a
20 donation or grant in lieu of an expenditure but not including any interest thereon.

21 (8) "Extended stay center" means a facility licensed in accordance with ORS 441.026.

22 (9) "Freestanding birthing center" means a facility licensed for the primary purpose of per-
23 forming low risk deliveries.

24 (10) "Governmental unit" means the state, or any county, municipality or other political subdi-
25 vision, or any related department, division, board or other agency.

26 (11) "Gross revenue" means the sum of daily hospital service charges, ambulatory service
27 charges, ancillary service charges and other operating revenue. "Gross revenue" does not include
28 contributions, donations, legacies or bequests made to a hospital without restriction by the donors.

29 (12)(a) "Health care facility" means:

30 (A) A hospital;

31 (B) A long term care facility;

32 (C) An ambulatory surgical center;

33 (D) A freestanding birthing center;

34 (E) An outpatient renal dialysis facility; [or]

35 (F) An extended stay center; **or**

36 **(G) An urgent care center.**

37 (b) "Health care facility" does not mean:

38 (A) A residential facility licensed by the Department of Human Services or the Oregon Health
39 Authority under ORS 443.415;

40 (B) An establishment furnishing primarily domiciliary care as described in ORS 443.205;

41 (C) A residential facility licensed or approved under the rules of the Department of Corrections;

42 (D) Facilities established by ORS 430.335 for treatment of substance abuse disorders; or

43 (E) Community mental health programs or community developmental disabilities programs es-
44 tablished under ORS 430.620.

45 (13) "Health maintenance organization" or "HMO" means a public organization or a private

1 organization organized under the laws of any state that:

2 (a) Is a qualified HMO under section 1310(d) of the U.S. Public Health Services Act; or

3 (b)(A) Provides or otherwise makes available to enrolled participants health care services, in-
4 cluding at least the following basic health care services:

5 (i) Usual physician services;

6 (ii) Hospitalization;

7 (iii) Laboratory;

8 (iv) X-ray;

9 (v) Emergency and preventive services; and

10 (vi) Out-of-area coverage;

11 (B) Is compensated, except for copayments, for the provision of the basic health care services
12 listed in subparagraph (A) of this paragraph to enrolled participants on a predetermined periodic
13 rate basis; and

14 (C) Provides physicians' services primarily directly through physicians who are either employees
15 or partners of such organization, or through arrangements with individual physicians or one or more
16 groups of physicians organized on a group practice or individual practice basis.

17 (14) "Health services" means clinically related diagnostic, treatment or rehabilitative services,
18 and includes alcohol, drug or controlled substance abuse and mental health services that may be
19 provided either directly or indirectly on an inpatient or ambulatory patient basis.

20 (15) "Hospital" means:

21 (a) A facility with an organized medical staff and a permanent building that is capable of pro-
22 viding 24-hour inpatient care to two or more individuals who have an illness or injury and that
23 provides at least the following health services:

24 (A) Medical;

25 (B) Nursing;

26 (C) Laboratory;

27 (D) Pharmacy; and

28 (E) Dietary; or

29 (b) A special inpatient care facility as that term is defined by the authority by rule.

30 (16) "Institutional health services" means health services provided in or through health care
31 facilities and the entities in or through which such services are provided.

32 (17) "Intermediate care facility" means a facility that provides, on a regular basis, health-related
33 care and services to individuals who do not require the degree of care and treatment that a hospital
34 or skilled nursing facility is designed to provide, but who because of their mental or physical con-
35 dition require care and services above the level of room and board that can be made available to
36 them only through institutional facilities.

37 (18)(a) "Long term care facility" means a permanent facility with inpatient beds, providing:

38 (A) Medical services, including nursing services but excluding surgical procedures except as
39 may be permitted by the rules of the Director of Human Services; and

40 (B) Treatment for two or more unrelated patients.

41 (b) "Long term care facility" includes skilled nursing facilities and intermediate care facilities
42 but does not include facilities licensed and operated pursuant to ORS 443.400 to 443.455.

43 (19) "New hospital" means:

44 (a) A facility that did not offer hospital services on a regular basis within its service area within
45 the prior 12-month period and is initiating or proposing to initiate such services; or

1 (b) Any replacement of an existing hospital that involves a substantial increase or change in the
2 services offered.

3 (20) “New skilled nursing or intermediate care service or facility” means a service or facility
4 that did not offer long term care services on a regular basis by or through the facility within the
5 prior 12-month period and is initiating or proposing to initiate such services. “New skilled nursing
6 or intermediate care service or facility” also includes the rebuilding of a long term care facility, the
7 relocation of buildings that are a part of a long term care facility, the relocation of long term care
8 beds from one facility to another or an increase in the number of beds of more than 10 or 10 percent
9 of the bed capacity, whichever is the lesser, within a two-year period.

10 (21) “Offer” means that the health care facility holds itself out as capable of providing, or as
11 having the means for the provision of, specified health services.

12 (22) “Originating-site hospital” means a hospital in which a patient is located while receiving
13 telemedicine services.

14 (23) “Outpatient renal dialysis facility” means a facility that provides renal dialysis services
15 directly to outpatients.

16 (24) “Person” means an individual, a trust or estate, a partnership, a corporation (including as-
17 sociations, joint stock companies and insurance companies), a state, or a political subdivision or
18 instrumentality, including a municipal corporation, of a state.

19 (25) “Skilled nursing facility” means a facility or a distinct part of a facility, that is primarily
20 engaged in providing to inpatients skilled nursing care and related services for patients who require
21 medical or nursing care, or an institution that provides rehabilitation services for the rehabilitation
22 of individuals who are injured or sick or who have disabilities.

23 (26) “Telemedicine” means the provision of health services to patients by physicians and health
24 care practitioners from a distance using electronic communications, including synchronous technol-
25 ogies to facilitate an exchange of information between a patient and physician or health care prac-
26 titioner in real time or asynchronous technologies to facilitate an exchange of information between
27 a patient and a physician or health care practitioner in other than real time.

28 (27) “Urgent care center” means a medical clinic meeting the requirements of section 2
29 of this 2023 Act that accepts walk-in patients and is equipped to provide care for illnesses
30 or injuries that require prompt attention but typically are not so serious as to require
31 emergency department services.

32
33 **INSURANCE REIMBURSEMENT**
34

35 **SECTION 5. Section 6 of this 2023 Act is added to and made a part of the Insurance Code.**

36 **SECTION 6. (1) A policy or certificate of health insurance issued in this state that re-**
37 **imburses the cost of medical care must reimburse the cost of services provided by an urgent**
38 **care center licensed under ORS 441.020 in an amount 20 percent higher than the reimburse-**
39 **ment paid for the same services when provided by a medical clinic that is associated with a**
40 **licensed hospital.**

41 **(2) This section is exempt from ORS 743A.001.**

42 **SECTION 7. ORS 243.144, as amended by section 2, chapter 72, Oregon Laws 2022, is amended**
43 **to read:**

44 243.144. Benefit plans offered by the Public Employees’ Benefit Board that reimburse the cost
45 of medical and other health services and supplies must comply with the requirements for health

1 benefit plan coverage described in:

2 (1) ORS 743A.058;

3 (2) ORS 743B.256;

4 (3) ORS 743B.420;

5 (4) ORS 743B.423;

6 (5) ORS 743B.601;

7 (6) ORS 743B.810; *[and]*

8 (7) ORS 743B.287 (4); **and**

9 **(8) Section 6 of this 2023 Act.**

10 **SECTION 8.** ORS 243.877, as amended by section 3, chapter 72, Oregon Laws 2022, is amended
11 to read:

12 243.877. Benefit plans offered by the Oregon Educators Benefit Board that reimburse the cost
13 of medical and other health services and supplies must comply with the requirements for health
14 benefit plan coverage described in:

15 (1) ORS 743A.058;

16 (2) ORS 743B.256;

17 (3) ORS 743B.420;

18 (4) ORS 743B.423;

19 (5) ORS 743B.601;

20 (6) ORS 743B.810; *[and]*

21 (7) ORS 743B.287 (4); **and**

22 **(8) Section 6 of this 2023 Act.**

23 **SECTION 9.** ORS 750.055, as amended by section 11, chapter 37, Oregon Laws 2022, is amended
24 to read:

25 750.055. (1) The following provisions apply to health care service contractors to the extent not
26 inconsistent with the express provisions of ORS 750.005 to 750.095:

27 (a) ORS 705.137, 705.138 and 705.139.

28 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
29 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
30 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,
31 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

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

34 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
35 to 733.780.

36 (e) ORS 734.014 to 734.440.

37 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to
38 742.542.

39 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.028,
40 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417,
41 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to
42 743.656, 743.680 to 743.689, 743.788 and 743.790 and section 8, chapter 37, Oregon Laws 2022.

43 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,
44 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
45 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,

1 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
2 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2,
3 chapter 771, Oregon Laws 2013, and sections 6 and 7, chapter 37, Oregon Laws 2022, **and section**
4 **6 of this 2023 Act.**

5 (i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200,
6 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254,
7 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
8 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407,
9 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550,
10 743B.555, 743B.601, 743B.602 and 743B.800.

11 (j) The following provisions of ORS chapter 744:

12 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-
13 ers;

14 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

15 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

16 (k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,
17 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

18 (2) The following provisions of the Insurance Code apply to health care service contractors ex-
19 cept in the case of group practice health maintenance organizations that are federally qualified
20 pursuant to Title XIII of the Public Health Service Act:

21 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-
22 ates an in-house drug outlet.

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

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

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

29 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
30 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

31 (b) A health care service contractor's classification as a domestic insurance company under
32 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510
33 to 734.710.

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

37 **SECTION 10.** ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section
38 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,
39 Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
40 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section
41 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter
42 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon
43 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019,
44 section 5, chapter 441, Oregon Laws 2019, section 85, chapter 97, Oregon Laws 2021, and section
45 12, chapter 37, Oregon Laws 2022, is amended to read:

1 750.055. (1) The following provisions apply to health care service contractors to the extent not
2 inconsistent with the express provisions of ORS 750.005 to 750.095:

3 (a) ORS 705.137, 705.138 and 705.139.

4 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
5 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
6 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,
7 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

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

10 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
11 to 733.780.

12 (e) ORS 734.014 to 734.440.

13 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to
14 742.542.

15 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.028,
16 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417,
17 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to
18 743.656, 743.680 to 743.689, 743.788 and 743.790 and section 8, chapter 37, Oregon Laws 2022.

19 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,
20 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
21 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
22 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
23 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and sections 6
24 and 7, chapter 37, Oregon Laws 2022, **and section 6 of this 2023 Act.**

25 (i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200,
26 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254,
27 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
28 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407,
29 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550,
30 743B.555, 743B.601, 743B.602 and 743B.800.

31 (j) The following provisions of ORS chapter 744:

32 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-
33 ers;

34 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

35 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

36 (k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,
37 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

38 (2) The following provisions of the Insurance Code apply to health care service contractors ex-
39 cept in the case of group practice health maintenance organizations that are federally qualified
40 pursuant to Title XIII of the Public Health Service Act:

41 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-
42 ates an in-house drug outlet.

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

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

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

4 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
5 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

6 (b) A health care service contractor's classification as a domestic insurance company under
7 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510
8 to 734.710.

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

12 **SECTION 11.** ORS 750.333, as amended by section 13, chapter 37, Oregon Laws 2022, is
13 amended to read:

14 750.333. (1) The following provisions apply to trusts carrying out a multiple employer welfare
15 arrangement:

16 (a) ORS 705.137, 705.138 and 705.139.

17 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
18 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
19 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, 731.808 and 731.844 to
20 731.992.

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

22 (d) ORS 734.014 to 734.440.

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

24 (f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023, 743.028, 743.029,
25 743.053, 743.405, 743.406, 743.524, 743.526 and 743.535 and section 8, chapter 37, Oregon Laws 2022.

26 (g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034, 743A.036, 743A.040,
27 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
28 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
29 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
30 743A.175, 743A.180, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and
31 sections 6 and 7, chapter 37, Oregon Laws 2022, **and section 6 of this 2023 Act.**

32 (h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127), 743B.195, 743B.197,
33 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253,
34 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340,
35 743B.341, 743B.342, 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420,
36 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601.

37 (i) The following provisions of ORS chapter 744:

38 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-
39 ers;

40 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

41 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

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

43 (2) For the purposes of this section:

44 (a) A trust carrying out a multiple employer welfare arrangement is an insurer.

45 (b) References to certificates of authority are references to certificates of multiple employer

1 welfare arrangement.

2 (c) Contributions are premiums.

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

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

7

8

CAPTIONS

9

10 **SECTION 12. The unit captions used in this 2023 Act are provided only for the conven-**
11 **ience of the reader and do not become part of the statutory law of this state or express any**
12 **legislative intent in the enactment of this 2023 Act.**

13

14

OPERATIVE DATE

15

16 **SECTION 13. (1) Sections 2 and 6 of this 2023 Act and the amendments to ORS 243.144,**
17 **243.877, 441.020, 442.015, 750.055 and 750.333 by sections 3, 4 and 7 to 11 of this 2023 Act be-**
18 **come operative on January 1, 2025.**

19

20

21

22

23

**(2) The Oregon Health Authority shall take all steps prior to the operative date specified
in subsection (1) of this section that are necessary to carry out the provisions of section 2
of this 2023 Act and the amendments to ORS 441.020 and 442.015 by sections 3 and 4 of this
2023 Act on and after the operative date specified in subsection (1) of this section.**
