

Requested by Representative NATHANSON

**PROPOSED AMENDMENTS TO
HOUSE BILL 3013**

1 On page 1 of the printed bill, line 3, delete “and 743A.062” and insert “,
2 743A.062 and 750.055”.

3 Delete lines 5 through 25.

4 On page 2, delete lines 1 through 30 and insert:

5 **“SECTION 1.** ORS 735.530 is amended to read:

6 “735.530. As used in ORS 735.530 to 735.552:

7 “(1) ‘Claim’ means a request from a pharmacy or pharmacist to be reim-
8 bursed for the cost of filling or refilling a prescription for a drug or for
9 providing a medical supply or service.

10 “(2) ‘Enrollee’ means an individual who has enrolled for coverage in a
11 health benefit plan for which a pharmacy benefit manager has contracted
12 with the insurer to reimburse claims submitted by pharmacies or pharmacists
13 for the costs of drugs prescribed for the individual.

14 “(3) ‘Health benefit plan’ has the meaning given that term in ORS
15 743B.005.

16 “(4) ‘Insurer’ has the meaning given that term in ORS 731.106.

17 “(5) ‘Long term care pharmacy’ means a pharmacy for which the primary
18 business is to serve a:

19 “(a) Licensed long term care facility, as defined in ORS 442.015;

20 “(b) Licensed residential facility, as defined in ORS 443.400; or

21 “(c) Licensed adult foster home, as defined in ORS 443.705.

1 “(6) ‘Mail order pharmacy’ means a pharmacy for which the primary
2 business is to receive prescriptions by mail, telephone or electronic trans-
3 mission and dispense drugs to patients through the use of the United States
4 Postal Service, a package delivery service or home delivery.

5 “(7) ‘Network pharmacy’ means a pharmacy that contracts with a phar-
6 macy benefit manager.

7 “(8) ‘Oregon Average Actual Acquisition Cost’ means the rate es-
8 tablished by the Oregon Health Authority, in accordance with 42
9 C.F.R. 447.518, that represents the average invoice amounts for indi-
10 vidual drug products based on surveys conducted by or on behalf of
11 the authority of pharmacies that participate in the state medical as-
12 sistance program.

13 “[8] (9) ‘Pharmacist’ has the meaning given that term in ORS 689.005.

14 “[9] (10) ‘Pharmacy’ includes:

15 “(a) A pharmacy as defined in ORS 689.005;

16 “(b) A long term care pharmacy; and

17 “(c) An entity that provides or oversees administrative services for two
18 or more pharmacies.

19 “[10] (11) ‘Pharmacy benefit’ means the payment for or reimbursement
20 of an enrollee’s cost for prescription drugs.

21 “[11(a)] (12)(a) ‘Pharmacy benefit manager’ means a person that con-
22 tracts with pharmacies on behalf of [*an insurer offering a health benefit plan,*
23 *a third party administrator*] **an insurer, an employer who is self-insured,**
24 **entities that accept risk, third-party payers of claims** or the Oregon
25 Prescription Drug Program established in ORS 414.312 to:

26 “(A) Process claims for prescription drugs or medical supplies or provide
27 retail network management for pharmacies or pharmacists;

28 “(B) Pay pharmacies or pharmacists for prescription drugs or medical
29 supplies; [*or*]

30 “(C) Negotiate rebates, **discounts or other financial incentives or ar-**

1 **rangements** with manufacturers for drugs paid for or procured as described
2 in this paragraph;

3 **“(D) Receive payments for pharmacy services;**

4 **“(E) Disburse or distribute rebates;**

5 **“(F) Manage or participate in incentive programs or arrangements**
6 **with manufacturers of drugs;**

7 **“(G) Negotiate or enter into contracts with pharmacies;**

8 **“(H) Develop formularies;**

9 **“(I) Design pharmacy benefit programs; or**

10 **“(J) Advertise or promote pharmacy services.**

11 **“(b) ‘Pharmacy benefit manager’ does not include a health care service**
12 **contractor as defined in ORS 750.005.**

13 **“(13) ‘Pharmacy services’ means the provision of products, goods**
14 **or services in the course of the practice of pharmacy.**

15 **“[(12)] (14) ‘Specialty drug’ means a drug that:**

16 **“(a) Is subject to restricted distribution by the United States Food and**
17 **Drug Administration; or**

18 **“(b) Requires special handling, provider coordination or patient education**
19 **that cannot be provided by a retail pharmacy.**

20 **“[(13)] (15) ‘Specialty pharmacy’ means a pharmacy capable of meeting the**
21 **requirements applicable to specialty drugs.**

22 **“[(14)] (16) ‘Third party administrator’ means a person licensed under**
23 **ORS 744.702.**

24 **“[(15)] (17) ‘340B pharmacy’ means a pharmacy that is authorized to pur-**
25 **chase drugs at a discount under 42 U.S.C. 256b.**

26 **“(18) ‘Wholesale acquisition cost’ has the meaning given that term**
27 **in 42 U.S.C. 1395w-3a(c)(6)(B).”.**

28 On page 3, delete lines 36 through 45 and delete pages 4 and 5.

29 On page 6, delete lines 1 through 4 and insert:

30 **“SECTION 4. ORS 735.534 is amended to read:**

1 “735.534. (1) As used in this section:

2 “(a)(A) ‘Generally available for purchase’ means a drug is available for
3 purchase in this state by a pharmacy from a national or regional wholesaler
4 at the time a claim for reimbursement is submitted by a network pharmacy.

5 “(B) A drug is not ‘generally available for purchase’ if the drug:

6 “(i) May be dispensed only in a hospital or inpatient care facility;

7 “(ii) Is unavailable due to a shortage of the product or an ingredient;

8 “(iii) Is available to a pharmacy at a price that is at or below the maxi-
9 mum allowable cost only if purchased in substantial quantities that are in-
10 consistent with the business needs of a pharmacy;

11 “(iv) Is sold at a discount due to a short expiration date on the drug; or

12 “(v) Is the subject of an active or pending recall.

13 “(b) ‘List’ means the list of drugs for which maximum allowable costs
14 have been established.

15 “(c) ‘Maximum allowable cost’ means the maximum amount that a phar-
16 macy benefit manager will reimburse a pharmacy for the cost of a drug.

17 “(d) ‘Multiple source drug’ means a therapeutically equivalent drug that
18 is available from at least two manufacturers.

19 “(e) ‘Therapeutically equivalent’ has the meaning given that term in ORS
20 689.515.

21 “(2) A pharmacy benefit manager [*registered*] **licensed** under ORS 735.532:

22 “(a) May not place a drug on a list unless there are at least two multiple
23 source drugs, or at least one generic drug generally available for purchase.

24 “(b) Shall ensure that all drugs on a list are generally available for pur-
25 chase.

26 “(c) Shall ensure that no drug on a list is obsolete.

27 “(d) Shall make available to each network pharmacy at the beginning of
28 the term of a contract, and upon renewal of a contract, the specific author-
29 itative industry sources, other than proprietary sources, the pharmacy bene-
30 fit manager uses to determine the maximum allowable cost set by the

1 pharmacy benefit manager.

2 “(e) Shall make a list available to a network pharmacy upon request in
3 a format that:

4 “(A) Is electronic;

5 “(B) Is computer accessible and searchable;

6 “(C) Identifies all drugs for which maximum allowable costs have been
7 established; and

8 “(D) For each drug specifies:

9 “(i) The national drug code; and

10 “(ii) The maximum allowable cost.

11 “(f) Shall update each list maintained by the pharmacy benefit manager
12 every seven business days and make the updated lists, including all changes
13 in the price of drugs, available to network pharmacies in the format de-
14 scribed in paragraph (e) of this subsection.

15 “(g) Shall ensure that dispensing fees are not included in the calculation
16 of maximum allowable cost.

17 “(h) May not reimburse a 340B pharmacy differently than any other net-
18 work pharmacy based on its status as a 340B pharmacy.

19 “(i) **Shall comply with the provisions of ORS 743A.062.**

20 “(j) **Shall pay a solo network pharmacy or a network pharmacy**
21 **chain a professional dispensing fee in an amount no less than the**
22 **dispensing fee established by the Oregon Health Authority by rule and**
23 **reimburse the cost of the ingredients of the drug in an amount that**
24 **is the lesser of the following, but in no event less than the fee-for-**
25 **service rate paid by the authority in the medical assistance program:**

26 “(A) **The pharmacy’s usual charge to the public for the drug; and**

27 “(B)(i) **The Oregon Average Actual Acquisition Cost;**

28 “(ii) **If the drug is not on the Oregon Average Actual Acquisition**
29 **Cost rates list, the National Average Drug Acquisition Cost published**
30 **by the Centers for Medicare and Medicaid Services; or**

1 “(iii) **If the drug is not on the Oregon Average Actual Acquisition**
2 **Cost rates list or the National Average Drug Acquisition Cost rates**
3 **list, the wholesale acquisition cost.**

4 “[(i)] **(k)** May not retroactively deny or reduce **payment on** a claim for
5 reimbursement of the cost of services after the claim has been adjudicated
6 by the pharmacy benefit manager unless the:

7 “(A) Adjudicated claim was submitted fraudulently;

8 “(B) Pharmacy benefit manager’s payment on the adjudicated claim was
9 incorrect because the pharmacy [*or pharmacist*] had already been paid for the
10 services;

11 “(C) Services were improperly rendered by the pharmacy [*or pharmacist;*
12 *or*] **in violation of state or federal law.**

13 “[(D) *Pharmacy or pharmacist agrees to the denial or reduction prior to the*
14 *pharmacy benefit manager notifying the pharmacy or pharmacist that the claim*
15 *has been denied or reduced.*]

16 “(3) Subsection [(2)(i)] **(2)(k)** of this section may not be construed to limit
17 pharmacy claim audits under ORS 735.540 to 735.552.

18 “(4) A pharmacy benefit manager must establish a process by which a
19 network pharmacy may appeal its reimbursement for a drug [*subject to max-*
20 *imum allowable cost pricing*]. A network pharmacy may appeal [*a maximum*
21 *allowable cost if*] the reimbursement for the drug **if the reimbursement** is
22 less than the [*net amount that the network pharmacy paid to the supplier of*
23 *the drug*] **amount specified in subsection (2)(j) of this section.** The pro-
24 cess must allow a network pharmacy a period of no less than 60 days after
25 a claim is reimbursed in which to file the appeal. An appeal requested under
26 this section must be completed within 30 calendar days of the pharmacy
27 making the claim for which appeal has been requested.

28 “(5) A pharmacy benefit manager shall allow a network pharmacy to
29 submit the documentation in support of its appeal on paper or electronically
30 and may not:

1 “(a) Refuse to accept an appeal submitted by a person authorized to act
2 on behalf of the network pharmacy;

3 “(b) Refuse to adjudicate an appeal for the reason that the appeal is
4 submitted along with other claims that are denied; or

5 “(c) Impose requirements or establish procedures that have the effect of
6 unduly obstructing or delaying an appeal.

7 “(6) A pharmacy benefit manager must provide as part of the appeals
8 process established under subsection (4) of this section:

9 “(a) A telephone number at which a network pharmacy may contact the
10 pharmacy benefit manager and speak with an individual who is responsible
11 for processing appeals;

12 “(b) A final response to an appeal of [*a maximum allowable cost*] **the re-**
13 **imbursement for a drug** within seven business days; and

14 “(c) If the appeal is denied, the reason for the denial [*and the national*
15 *drug code of a drug that may be purchased by similarly situated pharmacies*
16 *at a price that is equal to or less than the maximum allowable cost*].

17 “(7)(a) If an appeal is upheld under this section, the pharmacy benefit
18 manager shall:

19 “(A) Make an adjustment for the pharmacy that requested the appeal from
20 the date of initial adjudication forward; and

21 “(B) Allow the pharmacy to reverse the claim and resubmit an adjusted
22 claim without any additional charges.

23 “(b) If the request for an adjustment has come from a critical access
24 pharmacy, as defined by the Oregon Health Authority by rule for purposes
25 related to the Oregon Prescription Drug Program, the adjustment approved
26 under paragraph (a) of this subsection shall apply only to critical access
27 pharmacies.

28 “[*(8) This section does not apply to the state medical assistance program.*]

29 “(8) **A pharmacy may file a complaint with the Department of**
30 **Consumer and Business Services to contest a finding of a pharmacy**

1 **benefit manager in response to an appeal under subsection (4) of this**
2 **section or a pharmacy benefit manager’s failure to comply with the**
3 **provisions of this section.**

4 “(9) The Department of Consumer and Business Services may adopt rules
5 to carry out the provisions of this section.”.

6 On page 7, delete lines 19 through 45.

7 On page 8, delete lines 1 through 7 and insert:

8 **“SECTION 7.** ORS 735.542 is amended to read:

9 “735.542. An entity that audits claims or an independent third party that
10 contracts with an entity to audit claims:

11 “(1) Must establish, in writing, a procedure for a pharmacy to appeal the
12 entity’s findings with respect to a claim and must provide a pharmacy with
13 a notice regarding the procedure, in writing or electronically, prior to con-
14 ducting an audit of the pharmacy’s claims;

15 **“(2) Must submit a request to a pharmacy for a record for the**
16 **purpose of an audit by:**

17 **“(a) Electronic mail; and**

18 **“(b) Facsimile or certified mail;**

19 “[2] (3) May not conduct an audit of a claim more than [24] **six** months
20 after the date the claim was adjudicated by the entity;

21 “[3] (4) Must give at least 15 days’ advance written notice of an
22 [on-site] audit to the pharmacy or corporate headquarters of the pharmacy
23 **by electronic mail;**

24 “[4] (5) May not conduct an on-site audit during the first five days of
25 any month without the pharmacy’s consent;

26 “[5] (6) Must conduct the audit in consultation with a pharmacist who
27 is licensed by this or another state if the audit involves clinical or profes-
28 sional judgment;

29 “[6] (7) May not conduct an [on-site] audit of more than 250 unique
30 prescriptions of a pharmacy in any 12-month period [*except in cases of alleged*

1 *fraud*] **except as prescribed by the Department of Consumer and Busi-**
2 **ness Services by rule;**

3 “[~~(7)~~] **(8)** May not conduct more than one [*on-site*] audit of a pharmacy in
4 any 12-month period;

5 **“(9) Must give a pharmacy at least 30 days to respond to an audit;**

6 “[~~(8)~~] **(10)** Must audit each pharmacy under the same standards and pa-
7 rameters that the entity uses to audit other similarly situated pharmacies;

8 “[~~(9)~~] **(11)** Must pay any outstanding claims of a pharmacy no more than
9 45 days after the earlier of the date all appeals are concluded or the date a
10 final report is issued under ORS 735.550 (3);

11 “[~~(10)~~] **(12)** May not include dispensing fees or interest in the amount of
12 any overpayment assessed on a claim unless the overpaid claim was for a
13 prescription that was not filled correctly;

14 “[~~(11)~~] **(13)** May not recoup costs associated with:

15 “(a) Clerical errors; or

16 “(b) Other errors that do not result in financial harm to the entity or a
17 consumer; and

18 “[~~(12)~~] **(14)** May not charge a pharmacy for a denied or disputed claim
19 until the audit and the appeals procedure established under subsection (1)
20 of this section are final.”.

21 In line 42, delete “or”.

22 Delete lines 43 through 45.

23 On page 9, delete line 1 and insert:

24 “(e) May not discriminate in the reimbursement of a prescription for 340B
25 drugs from other prescription drugs;

26 “(f) May not assess a fee, chargeback, clawback or other adjustment for
27 the dispensing of a 340B drug;

28 “(g) May not exclude a pharmacy from a pharmacy network on the basis
29 that the pharmacy dispenses a 340B drug;

30 “(h) May not restrict the methods by which a 340B drug may be dispensed

1 or delivered; or

2 “(i) May not restrict the number of pharmacies within a pharmacy net-
3 work that may dispense or deliver 340B drugs.”.

4 On page 10, after line 32, insert:

5 “**SECTION 10.** ORS 750.055, as amended by section 11, chapter 37, Oregon
6 Laws 2022, is amended to read:

7 “750.055. (1) The following provisions apply to health care service con-
8 tractors to the extent not inconsistent with the express provisions of ORS
9 750.005 to 750.095:

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

11 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,
12 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-
13 vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,
14 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,
15 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

16 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and
17 732.517 to 732.596, not including ORS 732.582.

18 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to
19 733.680 and 733.695 to 733.780.

20 “(e) ORS 734.014 to 734.440.

21 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to
22 742.162 and 742.518 to 742.542.

23 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, **743.025**, 743.018,
24 743.020, 743.022, 743.023, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050,
25 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495,
26 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656,
27 743.680 to 743.689, 743.788 and 743.790 and section 8, chapter 37, Oregon Laws
28 2022.

29 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,
30 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,

1 [743A.062,] 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
2 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
3 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
4 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.185, 743A.188,
5 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2, chapter
6 771, Oregon Laws 2013, and sections 6 and 7, chapter 37, Oregon Laws 2022.

7 “(i) ORS [743.025,] 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130,
8 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
9 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
10 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
11 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,
12 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,
13 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
14 and 743B.800.

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

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

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

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

22 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,
23 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,
24 746.668, 746.670, 746.675, 746.680 and 746.690.

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

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

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

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

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

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

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

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

19 **“SECTION 11.** ORS 750.055, as amended by section 21, chapter 771,
20 Oregon Laws 2013, section 7, chapter 25, Oregon Laws 2014, section 82,
21 chapter 45, Oregon Laws 2014, section 9, chapter 59, Oregon Laws 2015, sec-
22 tion 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
23 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470,
24 Oregon Laws 2015, section 30, chapter 515, Oregon Laws 2015, section 10,
25 chapter 206, Oregon Laws 2017, section 6, chapter 417, Oregon Laws 2017,
26 section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon
27 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151,
28 Oregon Laws 2019, section 5, chapter 441, Oregon Laws 2019, section 85,
29 chapter 97, Oregon Laws 2021, and section 12, chapter 37, Oregon Laws 2022,
30 is amended to read:

1 “750.055. (1) The following provisions apply to health care service con-
2 tractors to the extent not inconsistent with the express provisions of ORS
3 750.005 to 750.095:

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

5 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,
6 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-
7 vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,
8 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,
9 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

10 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and
11 732.517 to 732.596, not including ORS 732.582.

12 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to
13 733.680 and 733.695 to 733.780.

14 “(e) ORS 734.014 to 734.440.

15 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to
16 742.162 and 742.518 to 742.542.

17 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022,
18 743.023, **743.025**, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to
19 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498,
20 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680
21 to 743.689, 743.788 and 743.790 and section 8, chapter 37, Oregon Laws 2022.

22 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,
23 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
24 [743A.062,] 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
25 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
26 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
27 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.185, 743A.188,
28 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and sections 6 and 7,
29 chapter 37, Oregon Laws 2022.

30 “(i) ORS [743.025,] 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130,

1 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
2 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
3 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
4 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,
5 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,
6 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
7 and 743B.800.

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

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

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

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

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

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

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

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

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

29 “(4) Any for-profit health care service contractor organized under the
30 laws of any other state that is not governed by the insurance laws of the

1 other state is subject to all requirements of ORS chapter 732.

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

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

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

12 In line 33, delete “10” and insert “12”.

13 In line 36, delete “11” and insert “13”.

14 In line 40, delete “12” and insert “14”.

15 In line 41, delete “and 743A.062” and insert “, 743A.062 and 750.055” and
16 delete “9” and insert “11”

17 On page 11, line 1, delete “13” and insert “15”.

18 In line 4, delete “10” and insert “12”.

19 In line 5, delete “14” and insert “16” and delete “10” and insert “12”.

20 In line 6, delete “15” and insert “17”.

21
