

**HB 2540 A STAFF MEASURE SUMMARY**

**Carrier:** Rep. Diehl

**House Committee On Behavioral Health and Health Care**

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**Action Date:** 03/06/25

**Action:** Do pass with amendments. (Printed A-Eng.)

**Vote:** 9-0-0-0

**Yeas:** 9 - Diehl, Harbick, Isadore, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

**Fiscal:** Has minimal fiscal impact

**Revenue:** No revenue impact

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**Meeting Dates:** 2/25, 3/6

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**WHAT THE MEASURE DOES:**

The measure requires some health insurers to include direct payments made to a provider toward an enrollee's out-of-pocket and deductible costs in specified situations.

Detailed Summary

- Requires health benefit plans, including the Oregon Educators Benefit Board (OEBB), the Public Employees' Benefit Board (PEBB), as well as individual and group plans regulated by the Department of Consumer and Business Services (DCBS), to credit some payments made directly to a provider toward the out-of-pocket and deductible costs of a plan enrollee.
- Applies to situations in which
  - the service or item is medically necessary and would be covered by the plan,
  - a claim is not submitted to the insurance company for the service or item, and
  - the cost paid directly to the provider is less than the in-network provider payment for the same service or item if a claim were to be submitted.
- Directs health insurers to establish a process for enrollees to submit claims for direct payments or require enrollees to utilize insurer's claims processing system.

**ISSUES DISCUSSED:**

- The positive impact of direct payments on health care providers.
- Potential implications of direct payments on in- and out-of-network provider networks.
- Enforcement mechanism if a payer refuses to credit a valid direct payment to a plan member's deductible or out-of-pocket costs.
- The need for health care price transparency.
- Challenges related to claims processing and the potential for errors and/or fraud.

**EFFECT OF AMENDMENT:**

- Excludes health maintenance organizations.
- Specifies that an insurer may require a plan member to use existing claims submission processes.

**BACKGROUND:**

According to KFF ([2024](#)), nearly half of adults in the US report difficulty affording health care costs, with 73 percent reporting some level of worry about affording the cost of health services, including out-of-pocket expenses. According to data from the Oregon Health Insurance Survey ([2025](#)), 25 percent of Oregonians reported having an annual deductible of \$4,000 or more. Among Oregonians with group or individual health insurance plans, nearly 50 percent of enrollees reported annual out-of-pocket costs between \$2,000 and \$6000. Annual deductibles in Oregon have risen considerably over time, with high deductible plans gaining in popularity as a means of offsetting annual premium rates ([Oregon Health Authority, 2023](#)).

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While health insurance plans offer a means to help afford health care services for those who can access them, enrollees are often required to pay for some portion of the expense out-of-pocket through an upfront deductible and as an out-of-pocket maximum. In some situations, health care providers may offer lower rates to those patients who choose to pay out-of-pocket for services compared to rates billed to an insurance company. However, insurers often prohibit the application of direct payments toward an enrollee's plan deductible or out-of-pocket costs.

House Bill 2540 A requires some health insurers to include certain direct payments made to a provider toward an enrollee's out-of-pocket and deductible costs in some situations.