

# House Bill 2041

Sponsored by Representative NOSSE (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**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Makes certain health professionals be paid the same when performing the same work and tells insurers to treat certain claims the same as other claims. (Flesch Readability Score: 63.0).

Requires insurers to reimburse mental health professionals at the same rate as physicians and other mental health professionals for the same services. Requires insurers to treat certain mental health professional claims in the same way as claims from other health professionals. Exempts certain statutes from sunset provisions.

## A BILL FOR AN ACT

1  
2 Relating to mental health services parity; creating new provisions; and amending ORS 743A.024,  
3 743A.036, 743A.048, 743A.052 and 746.230.

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

5 **SECTION 1.** ORS 743A.024 is amended to read:

6 743A.024. Whenever any individual or group health insurance policy or blanket health insurance  
7 policy described in ORS 743.536 (3) provides for payment or reimbursement for any service within  
8 the lawful scope of service of a clinical social worker licensed under ORS 675.530:

9 (1) The insured under the policy shall be entitled to the services of a clinical social worker li-  
10 censed under ORS 675.530, upon referral by a physician or psychologist.

11 (2) The insured under the policy shall be entitled to have payment or reimbursement made to  
12 the insured or on behalf of the insured for the services performed. The payment or reimbursement  
13 shall be in accordance with the benefits provided in the policy and shall be *[computed in]* the same  
14 *[manner]* **amount** whether performed by a physician, by a psychologist or by a clinical social  
15 worker<sup>1</sup>, *according to the customary and usual fee of clinical social workers in the area served*.

16 **(3) The provisions of ORS 743A.001 do not apply to this section.**

17 **SECTION 2.** ORS 743A.036, as amended by section 154, chapter 73, Oregon Laws 2024, is  
18 amended to read:

19 743A.036. (1) Whenever any policy of health insurance provides for reimbursement for a primary  
20 care or mental health service provided by a licensed physician, the insured under the policy is en-  
21 titled to reimbursement for such service if provided by a licensed physician associate, *[or]* a licensed  
22 nurse practitioner **or a licensed mental health professional** if the service is within the lawful  
23 scope of practice of the physician associate, *[or]* nurse practitioner **or mental health**  
24 **professional**.

25 (2)(a) The reimbursement of a service described in subsection (1) of this section that is provided  
26 by a licensed physician associate, *[or]* a licensed nurse practitioner **or a licensed mental health**  
27 **professional** who is in an independent practice shall be in the same amount as the reimbursement  
28 paid under the policy to a licensed physician performing the service in the area served.

**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 (b) As used in this subsection, “independent practice” means **a practice in which** the licensed  
 2 physician associate, [or] the licensed nurse practitioner **or the licensed mental health profes-**  
 3 **sional** bills insurers for services provided by the physician associate, [or] nurse practitioner **or**  
 4 **mental health professional** using the:

5 (A) Diagnosis and procedure codes applicable to the services;

6 (B) Physician associate’s, [or] nurse practitioner’s **or mental health professional’s** own name;  
 7 and

8 (C) National provider identifier for:

9 (i) The physician associate, [or] nurse practitioner **or mental health professional**; and

10 (ii) If required by the insurer, the facility in which the physician associate, [or] nurse practi-  
 11 tioner **or mental health professional** provides the services.

12 (3) This section does not apply to group practice health maintenance organizations that are  
 13 federally qualified pursuant to Title XIII of the Health Maintenance Organization Act or other  
 14 insurers that employ physicians, licensed physician associates, [or] licensed nurse practitioners **or**  
 15 **licensed mental health professionals** to provide primary care or mental health services and do  
 16 not compensate such practitioners on a fee-for-service basis.

17 (4) An insurer may not reduce the reimbursement paid to a licensed physician in order to comply  
 18 with this section.

19 **(5) The provisions of ORS 743A.001 do not apply to this section.**

20 **SECTION 3.** ORS 743A.048 is amended to read:

21 743A.048. Whenever any provision of any individual or group health insurance policy or contract  
 22 provides for payment or reimbursement for any service which is within the lawful scope of a psy-  
 23 chologist licensed under ORS 675.010 to 675.150:

24 (1) The insured under such policy or contract shall be free to select, and shall have direct access  
 25 to, a psychologist licensed under ORS 675.010 to 675.150, without supervision or referral by a phy-  
 26 sician or another health practitioner, and wherever such psychologist is authorized to practice.

27 (2) The insured under such policy or contract shall be entitled to have payment or reimburse-  
 28 ment made to the insured or on the insured’s behalf for the services performed. Such payment or  
 29 reimbursement shall be in accordance with the benefits provided in the policy and shall be the same  
 30 **amount** whether performed by a physician or a psychologist licensed under ORS 675.010 to 675.150.

31 **(3) The provisions of ORS 743A.001 do not apply to this section.**

32 **SECTION 4.** ORS 743A.052 is amended to read:

33 743A.052. (1) If a group health benefit plan, as described in ORS 743B.005, provides for coverage  
 34 for services performed by a clinical social worker or nurse practitioner, the plan also must cover  
 35 services provided by a professional counselor or marriage and family therapist licensed under ORS  
 36 675.715 to 675.835 when the counselor or therapist is acting within the counselor’s or therapist’s  
 37 lawful scope of practice.

38 (2) Health maintenance organizations may limit the receipt of covered services performed by  
 39 professional counselors and marriage and family therapists to services provided by or upon referral  
 40 by providers contracting with the health maintenance organization. Health maintenance organiza-  
 41 tions and health care service contractors may create substantive plan benefit and reimbursement  
 42 differentials at the same level as, and subject to limitations not more restrictive than, those imposed  
 43 on coverage or reimbursement of expenses arising out of other medical conditions and apply them  
 44 to contracting and noncontracting providers.

45 **(3) An insured under such policy or contract shall be entitled to have payment or re-**

1 **imbursement made to the insured or on the insured's behalf for the services performed. Such**  
2 **payment or reimbursement shall be in accordance with the benefits provided in the policy**  
3 **or contract and shall be the same amount whether performed by a physician, clinical social**  
4 **worker, nurse practitioner, physician associate, professional counselor or marriage and**  
5 **family therapist.**

6 [(3)] (4) The provisions of ORS 743A.001 do not apply to this section.

7 **SECTION 5.** ORS 746.230, as amended by section 160, chapter 73, Oregon Laws 2024, is  
8 amended to read:

9 746.230. (1) An insurer or other person may not commit or perform any of the following unfair  
10 claim settlement practices:

11 (a) Misrepresenting facts or policy provisions in settling claims;

12 (b) Failing to acknowledge and act promptly upon communications relating to claims;

13 (c) Failing to adopt and implement reasonable standards for the prompt investigation of claims;

14 (d) Refusing to pay claims without conducting a reasonable investigation based on all available  
15 information;

16 (e) Failing to affirm or deny coverage of claims within a reasonable time after completed proof  
17 of loss statements have been submitted;

18 (f) Not attempting, in good faith, to promptly and equitably settle claims in which liability has  
19 become reasonably clear;

20 (g) Compelling claimants to initiate litigation to recover amounts due by offering substantially  
21 less than amounts ultimately recovered in actions brought by such claimants;

22 (h) Attempting to settle claims for less than the amount to which a reasonable person would  
23 believe a reasonable person was entitled after referring to written or printed advertising material  
24 accompanying or made part of an application;

25 (i) Attempting to settle claims on the basis of an application altered without notice to or consent  
26 of the applicant;

27 (j) Failing, after payment of a claim, to inform insureds or beneficiaries, upon request by them,  
28 of the coverage under which payment has been made;

29 (k) Delaying investigation or payment of claims by requiring a claimant or the claimant's phy-  
30 sician, naturopathic physician, physician associate, [or] nurse practitioner **or mental health pro-**  
31 **fessional** to submit a preliminary claim report and then requiring subsequent submission of loss  
32 forms when both require essentially the same information;

33 (L) Failing to promptly settle claims under one coverage of a policy where liability has become  
34 reasonably clear in order to influence settlements under other coverages of the policy;

35 (m) Failing to promptly provide the proper explanation of the basis relied on in the insurance  
36 policy in relation to the facts or applicable law for the denial of a claim; or

37 (n) Any of the practices described in ORS 746.233.

38 (2) No insurer shall refuse, without just cause, to pay or settle claims arising under coverages  
39 provided by its policies with such frequency as to indicate a general business practice in this state,  
40 which general business practice is evidenced by:

41 (a) A substantial increase in the number of complaints against the insurer received by the De-  
42 partment of Consumer and Business Services;

43 (b) A substantial increase in the number of lawsuits filed against the insurer or its insureds by  
44 claimants; or

45 (c) Other relevant evidence.

1        **SECTION 6.** The amendments to ORS 743A.024, 743A.036, 743A.048 and 743A.052 by  
2 sections 1 to 4 of this 2025 Act apply to policies or certificates issued, renewed or extended  
3 on or after January 1, 2026.

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