

**A-Engrossed**  
**House Bill 2540**

Ordered by the House March 12  
Including House Amendments dated March 12

Sponsored by Representatives DIEHL, JAVADI, MCINTIRE, PHAM H; Representatives ANDERSEN, BOSCHART DAVIS, EVANS, HARBICK, NELSON, SKARLATOS (Pre-session 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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Makes certain health insurers credit certain costs to an enrollee's health plan. (Flesch Readability Score: 60.7).

Requires certain health insurers to credit any amount an enrollee pays directly to a provider toward out-of-pocket costs and deductibles in certain circumstances.

**A BILL FOR AN ACT**

Relating to medical out-of-pocket costs.

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

**SECTION 1. Section 2 of this 2025 Act is added to and made a part of ORS 743B.280 to 743B.285.**

**SECTION 2. (1) An insurer offering a health benefit plan as defined in ORS 743B.005 shall credit any amount an enrollee pays directly to a health care provider to the enrollee's deductible and annual out-of-pocket expenses if:**

**(a) The health care item or service is medically necessary and covered under the enrollee's health benefit plan;**

**(b) The enrollee does not submit the claim to the insurer; and**

**(c) The amount paid to the health care provider is less than the average discounted rate for the item or service paid to an in-network health care provider with the same license.**

**(2) An insurer shall:**

**(a) Establish a process for an enrollee to submit a claim for the credit described in subsection (1) of this section, including the necessary documentation the enrollee is required to submit in support of the claim; or**

**(b) Require an enrollee to utilize the system the insurer uses to process and adjudicate claims to submit a claim for the credit described in subsection (1) of this section.**

**(3) Notwithstanding ORS 750.055 (1)(i), this section does not apply to a health maintenance organization as defined in ORS 750.005.**

**SECTION 3. Section 2 of this 2025 Act applies to a health benefit plan issued, renewed or extended on or after the effective date of this 2025 Act.**

**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.