

SENATE AMENDMENTS TO SENATE BILL 1137

By COMMITTEE ON HEALTH CARE

April 15

1 On page 2 of the printed bill, line 14, after “necessary” insert “inpatient and outpatient”.

2 Delete lines 20 through 41 and insert:

3 “(4)(a) A carrier offering a health benefit plan shall:

4 “(A) Satisfy network adequacy standards as described in ORS 743B.505 relating to the coverage
5 required in subsection (2) of this section; and

6 “(B)(i) Contract with a network of providers that is sufficient in numbers and geographic lo-
7 cations to ensure that the services and procedures described in subsection (2) of this section are
8 accessible to all enrollees without unreasonable delay; or

9 “(ii) Contract with an out-of-network provider on a case-by-case basis to ensure that the services
10 and procedures described in subsection (2) of this section are provided to an enrollee without un-
11 reasonable delay.

12 “(b) If the carrier does not meet the requirements described in paragraph (a)(B) of this sub-
13 section, then the carrier:

14 “(A) May not impose a deductible, out-of-pocket maximum, copayment or coinsurance require-
15 ment that exceeds the deductible, out-of-pocket maximum, copayment or coinsurance applicable to
16 in-network providers of the coverage described in this section; and

17 “(B) Must reimburse out-of-network providers for the services and procedures specified in sub-
18 section (2) of this section at rates that are no less than the average amount of in-network re-
19 imbursement rates paid by the plan for comparable services and procedures.

20 “(c) As used in this subsection, ‘carrier’ has the meaning given that term in ORS 743B.005.”.

21 In line 42, delete “(8)” and insert “(5)”.

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