

## A-Engrossed Senate Bill 716

Ordered by the Senate April 15  
Including Senate Amendments dated April 15

Sponsored by Senator GORSEK (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. The statement includes a measure digest written in compliance with applicable readability standards.

**Digest: Makes health insurers and OHA pay more for services at some urgent care centers than other urgent care centers until 2033. Tells DCBS to make some rules and submit a report about this Act. (Flesch Readability Score: 60.1).**

*[Digest: Tells OHA to make rules about registering urgent care centers and creates some standards. Tells some insurers to cover cost of care at registered urgent care centers at a set rate. (Flesch Readability Score: 65.5).]*

*[Requires the Oregon Health Authority to adopt rules for registering urgent care centers and specifies requirements.]*

*[Requires coverage of services provided by registered urgent care centers by health insurance that reimburses medical costs, plans offered by the Public Employees' Benefit Board and Oregon Educators Benefit Board, health maintenance organizations and multiple employer welfare arrangements and establishes requirements for rates of reimbursement.]*

*[Takes effect on the 91st day following adjournment sine die.]*

**Requires a policy or certificate of health insurance to reimburse medical care provided at an eligible urgent care center in an amount that is 20 percent higher for the same services when the services are provided at an urgent care center that is not eligible. Includes this coverage requirement for the state medical assistance program, Oregon Educators Benefit Board, Public Employees' Benefit Board, health care services contractors and trusts carrying out multiple employer welfare arrangements.**

**Requires the Department of Consumer and Business Services to make rules and submit a report on the implementation of this Act.**

**Sunsets the coverage requirements for eligible urgent care centers on January 2, 2033.**

### A BILL FOR AN ACT

Relating to urgent care centers; creating new provisions; and amending ORS 743A.036.

**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 the Insurance Code.**

**SECTION 2. (1) As used in this section:**

**(a) "Eligible urgent care center" means an urgent care center located in a rural area that provides services regardless of the form of reimbursement and has onsite radiology and laboratory services.**

**(b) "Urgent care center" means a facility or portion of a facility that is open to the public and provides medical care to individuals on a walk-in and episodic basis for illnesses or injuries that are acute but not life-threatening or do not require emergency medical services.**

**(2) A policy or certificate of health insurance issued in this state that reimburses the cost of medical care provided by an urgent care center must reimburse the cost of medical services provided by an eligible urgent care center in an amount that is 20 percent higher than the reimbursement paid for the same services when provided by an urgent care center that is not an eligible urgent care center.**

**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.

**(3) This section is exempt from ORS 743A.001.**

**(4) The Department of Consumer and Business Services shall adopt rules establishing the requirements for qualification as an eligible urgent care center.**

**SECTION 3.** ORS 743A.036, as amended by section 154, chapter 73, Oregon Laws 2024, is amended to read:

743A.036. (1) Whenever any policy of health insurance provides for reimbursement for a primary care or mental health service provided by a licensed physician, the insured under the policy is entitled to reimbursement for such service if provided by a licensed physician associate or a licensed nurse practitioner if the service is within the lawful scope of practice of the physician associate or nurse practitioner.

(2)(a) **Except as provided in section 2 of this 2025 Act**, the reimbursement of a service described in subsection (1) of this section that is provided by a licensed physician associate or a licensed nurse practitioner who is in an independent practice shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served.

(b) As used in this subsection, “independent practice” means the licensed physician associate or the licensed nurse practitioner bills insurers for services provided by the physician associate or nurse practitioner using the:

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

(B) Physician associate’s or nurse practitioner’s own name; and

(C) National provider identifier for:

(i) The physician associate or nurse practitioner; and

(ii) If required by the insurer, the facility in which the physician associate or nurse practitioner provides the services.

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

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

**SECTION 4.** ORS 743A.036, as amended by section 154, chapter 73, Oregon Laws 2024, and section 3 of this 2025 Act, is amended to read:

743A.036. (1) Whenever any policy of health insurance provides for reimbursement for a primary care or mental health service provided by a licensed physician, the insured under the policy is entitled to reimbursement for such service if provided by a licensed physician associate or a licensed nurse practitioner if the service is within the lawful scope of practice of the physician associate or nurse practitioner.

(2)(a) *[Except as provided in section 2 of this 2025 Act,]* The reimbursement of a service described in subsection (1) of this section that is provided by a licensed physician associate or a licensed nurse practitioner who is in an independent practice shall be in the same amount as the reimbursement paid under the policy to a licensed physician performing the service in the area served.

(b) As used in this subsection, “independent practice” means the licensed physician associate or the licensed nurse practitioner bills insurers for services provided by the physician associate or nurse practitioner using the:

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

(B) Physician associate's or nurse practitioner's own name; and

(C) National provider identifier for:

(i) The physician associate or nurse practitioner; and

(ii) If required by the insurer, the facility in which the physician associate or nurse practitioner provides the services.

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

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

**SECTION 5.** Section 6 of this 2025 Act is added to and made a part of ORS chapter 414.

**SECTION 6.** (1) As used in this section:

(a) "Eligible urgent care center" has the meaning given that term in section 2 of this 2025 Act, as further defined by rule by the Department of Consumer and Business Services.

(b) "Urgent care center" has the meaning given that term in section 2 of this 2025 Act.

(2) The Oregon Health Authority and a coordinated care organization shall reimburse the cost of services provided by an eligible urgent care center in an amount that is 20 percent higher than the reimbursement paid for the same services when provided by an urgent care center that is not an eligible urgent care center.

**SECTION 7.** (1) In addition the requirements in ORS 243.144, benefit plans offered by the Public Employees' Benefit Board that reimburse the cost of medical and other health services and supplies must comply with the requirements for health benefit plan coverage described in section 2 of this 2025 Act.

(2) In addition to the requirements in ORS 243.877, benefit plans offered by the Oregon Educators Benefit Board that reimburse the cost of medical and other health services and supplies must comply with the requirements for health benefit plan coverage described in section 2 of this 2025 Act.

(3) In addition to the requirements in ORS 750.055, a health care service contractor shall comply with the requirements of section 2 of this 2025 Act to the extent it is not inconsistent with the express provisions of ORS 750.005 to 750.095.

(4) In addition to the requirements in ORS 750.333, the requirements of section 2 of this 2025 Act apply to trusts carrying out a multiple employer welfare arrangement.

**SECTION 8.** The Oregon Health Authority and the Department of Consumer and Business Services shall submit a report on the implementation of sections 2 and 6 of this 2025 Act in the manner provided by ORS 192.245 no later than January 1, 2031. The report shall include but is not limited to:

(1) An analysis of the cost and benefit.

(2) A summary of patient demographics that includes a reason for the patient visit to the eligible urgent care center.

(3) An analysis of reimbursement type.

**SECTION 9.** (1) Sections 2, 6 and 7 of this 2025 Act and the amendments to ORS 743A.036 by section 3 of this 2025 Act become operative on January 1, 2027.

(2) The amendments to ORS 743A.036 by section 4 of this 2025 Act become operative on January 1, 2033.

**SECTION 10.** (1) Section 2 of this 2025 Act applies to health benefit plans issued, renewed or extended on or after January 1, 2027.

(2) Section 6 of this 2025 Act applies to medical assistance provided on or after January 1, 2027, and to contracts with coordinated care organizations for periods beginning on or after January 1, 2027.

(3) Section 7 of this 2025 Act applies to benefit plans, health care services contracts and multiple employer welfare arrangements, issued, renewed or extended on or after January 1, 2027.

**SECTION 11.** (1) Sections 2, 6 and 7 of this 2025 Act are repealed on January 2, 2033.

(2) Section 8 of this 2025 Act is repealed on January 2, 2031.

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