

Requested by Representative LEVY E

**PROPOSED AMENDMENTS TO
SENATE BILL 1137**

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

3 Delete lines 20 through 41 and insert:

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

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

7 “(B)(i) Contract with a network of providers that is sufficient in numbers
8 and geographic locations to ensure that the services and procedures de-
9 scribed in subsection (2) of this section are accessible to all enrollees with-
10 out unreasonable delay; or

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

14 “(b) If the carrier does not meet the requirements described in paragraph
15 (a)(B) of this subsection, then the carrier:

16 “(i) May not impose a deductible, out-of-pocket maximum, copayment or
17 coinsurance requirement that exceeds the deductible, out-of-pocket maximum,
18 copayment or coinsurance applicable to in-network providers of the coverage
19 described in this section; and

20 “(ii) Must reimburse out-of-network providers for the services and proce-
21 dures specified in subsection (2) of this section at rates that are no less than

1 the average amount of in-network reimbursement rates paid by the plan for
2 comparable services and procedures.

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

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

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