

SB 1529-1
(LC 102)
2/9/26 (DJ/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
SENATE BILL 1529**

1 After line 2 of the printed bill, insert:

2 “Whereas Oregon is facing a health care crisis that is affecting
3 Oregonians’ ability to access and receive affordable health care; and

4 “Whereas the for-profit nature of the commercial health care market has
5 resulted in an inadequate number of providers available to meet the health
6 care needs of Oregonians; and

7 “Whereas it is in the public interest that health insurers and health care
8 providers negotiate in good faith to ensure health care services remain
9 available and affordable for all; now, therefore,”.

10 Delete lines 4 through 8 and insert:

11 **“SECTION 1. Section 2 of this 2025 Act is added to and made a part**
12 **of the Insurance Code.**

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

14 **“(a) ‘Health insurer’ means an insurer that contracts with a pro-**
15 **vider to provide covered services under a policy or certificate of health**
16 **insurance that is not subject to regulation under the federal Employee**
17 **Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.).**

18 **“(b) ‘Provider’ means a person or entity that contracts with a**
19 **health insurer for the provision of covered health care services under**
20 **a policy or certificate of health insurance that is not subject to regu-**
21 **lation under the federal Employee Retirement Income Security Act of**

1 1974 (29 U.S.C. 1001 et seq.).

2 “(2) When a provider and a health insurer negotiate the renewal of
3 a contract that will affect the health care of more than 30,000
4 Oregonians, the provider and the health insurer shall agree to partic-
5 ipate in the mediation and binding arbitration process described in this
6 section if the contract has not been renewed and, taking into account
7 the timelines for cooling off, mediation and binding arbitration, there
8 is a substantial risk of a gap of coverage provided to Oregonians.

9 “(3) If, under subsection (2) of this section, a provider and a health
10 insurer must engage in mediation and binding arbitration, the pro-
11 vider and the health insurer must promptly both agree, in writing, to
12 engage in good faith in the mediation and binding arbitration process
13 described in this section, including the payment of any penalties.

14 “(4) The mediation and arbitration process shall be as follows:

15 “(a) Upon written agreement to enter the mediation and binding
16 arbitration process described in this subsection, the parties shall par-
17 ticipate in a 15-day cooling off period.

18 “(b) During the cooling off period described in paragraph (a) of this
19 subsection, the provider and the health insurer shall choose a
20 mediator, who must be a senior judge in good standing or a qualified
21 legal practitioner with extensive experience in health insurance and
22 mediation. If the parties cannot agree on a mediator within 10 days,
23 they shall each submit three names to the Governor during the cooling
24 off period described in paragraph (a) of this subsection, and the Gov-
25 ernor shall select a mediator from the proposed choices.

26 “(c) The provider and the health insurer shall engage in mediation
27 for up to 120 days, or until the mediator declares an impasse. The
28 terms, details and records of the mediation process shall be confiden-
29 tial and are exempt from disclosure under ORS 192.311 to 192.478.

30 “(d) If the parties do not reach an agreement through mediation

1 under paragraph (c) of this subsection, the parties shall participate in
2 a second 15-day cooling off period during which both parties shall de-
3 velop a final offer to present at arbitration.

4 “(e) Following the end of the cooling off period described in para-
5 graph (d) of this subsection, the provider and the health insurer shall
6 participate in arbitration with the Governor or a designee of the Gov-
7 ernor. The Governor, or the Governor’s designee, shall issue a final
8 determination within five days of the conclusion of arbitration. The
9 terms of the arbitration shall be binding on the provider and the
10 health insurer.

11 “(f)(A) The final determination issued under paragraph (e) of this
12 subsection shall set forth the terms of the contract and the amount
13 each party shall pay for mediation and arbitration.

14 “(B) Notwithstanding subparagraph (A) of this paragraph, if either
15 the provider or the health insurer fails to implement the final deter-
16 mination issued by the Governor under paragraph (e) of this sub-
17 section, that party shall pay the full cost of mediation and arbitration.

18 “(5) In addition to payment for mediation and arbitration as de-
19 scribed in subsection (4)(f) of this section, the arbitrator may also or-
20 der either party that fails to comply with the final determination to
21 forfeit and pay to the General Fund of the State Treasury a civil pen-
22 alty in an amount determined by the arbitrator that does not exceed
23 \$10,000 plus an additional \$1,000 per day for each day the party fails to
24 implement the final determination. This penalty shall be imposed in
25 accordance with the penalties described in ORS 731.988.

26 “SECTION 3. Section 2 of this 2026 Act becomes operative on Jan-
27 uary 1, 2028.”.