

SENATE AMENDMENTS TO A-ENGROSSED HOUSE BILL 2339

By COMMITTEE ON HEALTH CARE

June 6

- 1 On page 1 of the printed A-engrossed bill, delete lines 6 through 25.
- 2 On page 2, delete lines 1 through 26 and insert:
- 3 **“SECTION 2. (1) As used in this section:**
- 4 **“(a) ‘Emergency services’ has the meaning given that term in ORS 743A.012.**
- 5 **“(b) ‘Enrollee’ means:**
- 6 **“(A) An individual who is enrolled in a health benefit plan or a covered dependent or**
- 7 **beneficiary of the individual; or**
- 8 **“(B) A subscriber to a health care service contract or a covered dependent or beneficiary**
- 9 **of the subscriber.**
- 10 **“(c) ‘Health benefit plan’ has the meaning given that term in ORS 743B.005.**
- 11 **“(d) ‘Health care facility’ has the meaning given that term in ORS 442.015, excluding long**
- 12 **term care facilities.**
- 13 **“(e) ‘Health care service contractor’ has the meaning given that term in ORS 750.005.**
- 14 **“(f) ‘In-network’ has the meaning given that term in ORS 743B.280.**
- 15 **“(g) ‘Out-of-network’ has the meaning given that term in ORS 743B.280.**
- 16 **“(2) Except as provided in subsection (3) of this section, a provider who is an out-of-**
- 17 **network provider for a health benefit plan or health care service contract may not bill an**
- 18 **enrollee in the health benefit plan or health care service contract for emergency services or**
- 19 **other inpatient or outpatient services provided at an in-network health care facility.**
- 20 **“(3) Subsection (2) of this section does not apply:**
- 21 **“(a) To applicable coinsurance, copayments or deductible amounts that apply to services**
- 22 **provided by an in-network provider; or**
- 23 **“(b) To services, other than emergency services, provided to enrollees who choose to**
- 24 **receive services from an out-of-network provider.**
- 25 **“(4) If an enrollee chooses to receive services from an out-of-network provider, the pro-**
- 26 **vider shall inform the enrollee that the enrollee will be financially responsible for**
- 27 **coinsurance, copayments or other out-of-pocket expenses attributable to choosing an out-**
- 28 **of-network provider.**
- 29 **“SECTION 3. (1) The Department of Consumer and Business Services shall convene an**
- 30 **advisory group that includes health care providers, insurers and consumer advocates to de-**
- 31 **velop recommendations for the reimbursement of services provided to enrollees by out-of-**
- 32 **network providers at in-network health care facilities.**
- 33 **“(2) The advisory group shall provide its recommendations to the Director of the De-**
- 34 **partment of Consumer and Business Services, and the director shall, no later than December**
- 35 **31, 2017, report to the Legislative Assembly in the manner provided in ORS 192.245 any leg-**

1 **islative changes needed to implement the recommendations of the advisory group.”.**

2 In line 27, delete “3” and insert “4”.

3 On page 3, line 28, delete “4” and insert “5”.

4 On page 4, line 32, delete “5” and insert “6”.

5 On page 5, line 35, delete “6” and insert “7”.

6 In line 36, delete “3 to 5” and insert “4 to 6” and delete “January 1, 2019” and insert “March
7 1, 2018”.

8 Delete lines 37 through 40 and insert:

9 **“SECTION 8. The Department of Consumer and Business Services shall, before the op-
10 erative date specified in section 7 of this 2017 Act, take any actions necessary to implement
11 section 2 of this 2017 Act and the amendments to ORS 750.055 by sections 4 to 6 of this 2017
12 Act on the operative date specified in section 7 of this 2017 Act.”.**

13 In line 41, delete “8” and insert “9”.

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