

House Bill 3076

Sponsored by Representative SALINAS; Representative NOSSE, Senators FAGAN, MANNING JR, MONNES ANDERSON

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 **as introduced**.

Requires nonprofit hospitals and hospital systems to establish financial assistance policies meeting specified criteria. Establishes consumer rights with respect to billing and charges for hospital services. Requires each hospital to conduct assessment of community health care needs and develop three-year strategy to address community health care needs. Specifies requirements for needs assessment and development of strategy. Requires hospital to post certain information on website.

Requires Oregon Health Authority to establish community benefit spending floor for hospitals and hospital systems. Provides remedies and penalties for failing to meet spending floor.

Requires nonprofit hospital system to annually report to authority specified information regarding hospital system.

Prohibits insurer from prohibiting hospital from waiving all or part of copayments or deductibles as condition of reimbursement for services under policy or certificate of insurance.

A BILL FOR AN ACT

1
2 Relating to hospitals; creating new provisions; and amending ORS 441.025, 442.200 and 646.639.

3 **Be It Enacted by the People of the State of Oregon:**

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

5 (a) **“Health care facility” means a hospital, clinic or other setting where health services**
6 **are provided and that is part of a hospital system.**

7 (b) **“Hospital” has the meaning given that term in ORS 442.015.**

8 (c) **“Hospital system” means all affiliated health care facilities that are owned in part or**
9 **in full by a corporate entity or that operate under the same brand.**

10 (d) **“Household” means a single individual, spouses, domestic partners, parents and their**
11 **children under 18 years of age, who are living together, and other individuals for whom the**
12 **individual, spouse, domestic partner or parent is financially responsible.**

13 (e) **“Nonprofit” means:**

14 (A) **Organized not for profit, pursuant to ORS chapter 65 or any predecessor of ORS**
15 **chapter 65; or**

16 (B) **Organized and operated as described under section 501(c) of the Internal Revenue**
17 **Code as defined in ORS 305.842.**

18 (2) **A nonprofit hospital system must have a written financial assistance policy for dis-**
19 **counting, as follows, the charges for hospital services that are not reimbursed by health in-**
20 **surance or by any publicly financed health care programs:**

21 (a) **For a patient whose household income is not more than 200 percent of the federal**
22 **poverty guidelines, the charges shall be waived.**

23 (b) **For a patient whose household income is more than 200 percent of the federal poverty**
24 **guidelines and not more than 400 percent of the federal poverty guidelines, the hospital must**
25 **charge the Medicare rate and provide a discount of:**

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.

1 (A) 50 percent of the first \$1,000 of charges;

2 (B) 90 percent of the charges more than \$1,000 and not more than \$5,000;

3 (C) 95 percent of the charges more than \$5,000 and not more than \$10,000; and

4 (D) 100 percent of the charges more than \$10,000.

5 (c) The discounts described in paragraph (b) of this subsection apply to a patient whose
6 household income is more than 400 percent of the federal poverty guidelines and not more
7 than 600 percent of the federal poverty guidelines if the charges, along with all of the medical
8 bills for the patient and the patient's household incurred in a calendar year, exceed 10 per-
9 cent of the household's annual income.

10 (d) A patient whose household income is not more than 400 percent of the federal poverty
11 guidelines who receives financial assistance under this subsection may not, for 12 months
12 after receiving financial assistance, be charged, for services provided by the hospital system
13 during the 12-month period, a total of more than the lesser of:

14 (A) \$2,400; and

15 (B) 10 percent of the patient's household income.

16 (3) A nonprofit hospital system's financial assistance policy must apply to all health care
17 facilities in the hospital system.

18 (4) A financial assistance policy must be translated into each language spoken by the
19 lesser of 1,000 people or five percent of the population that resides in the hospital's service
20 area. For other languages, the hospital must have interpreter services available to translate
21 the policy.

22 (5) The charges for which financial assistance must be made available include:

23 (a) Charges for all medically necessary inpatient services provided in the hospital, in-
24 cluding charges from all health care providers providing care, whether employed, contracted
25 or otherwise authorized by the hospital to provide health services to a patient at the hospi-
26 tal; and

27 (b) Nonemergency preventive care and tests prescribed by the Oregon Health Authority
28 by rule including influenza treatment, strep tests and treatment for asthma and allergies.

29 (6) The authority shall adopt rules necessary to implement the provisions of this section.

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

31 (a) "Financial assistance policy" means a financial assistance policy described in section
32 1 of this 2019 Act.

33 (b) "Health care facility" means a health care facility as defined in section 1 of this 2019
34 Act that is part of a nonprofit hospital system.

35 (c) "Health care provider" means:

36 (A) A health care facility; or

37 (B) A health care provider who provides health services at a health care facility whether
38 employed, contracted or otherwise authorized by the health care facility to provide health
39 services to a patient at the health care facility.

40 (d) "Hospital system" has the meaning given that term in section 1 of this 2019 Act.

41 (e) "Nonprofit" has the meaning given that term in section 1 of this 2019 Act.

42 (2) A health care facility shall screen each patient to determine whether the services
43 provided at the health care facility can be paid for by health insurance or whether the pa-
44 tient qualifies for other programs that could reimburse the cost of care including:

45 (a) State medical assistance;

1 (b) Medical hardship programs;

2 (c) State children's catastrophic illness funds; or

3 (d) Programs that provide assistance to individuals with specific physical or mental
4 health conditions.

5 (3) A health care facility shall post its financial assistance policy prominently in its ad-
6 mitting area and on its website and shall include the financial assistance policy in all billings
7 sent to patients.

8 (4) A health care facility must provide to each patient or individual financially responsible
9 for a patient its written financial assistance policy and, upon request, an application for fi-
10 nancial assistance.

11 (5)(a) If a patient qualifies for a discount under the financial assistance policy, the health
12 care facility may not charge interest on a debt owed by the patient.

13 (b) The interest that a health care facility may charge on a debt owed by a patient who
14 does not qualify for a discount under the financial assistance policy may not exceed the
15 weekly average one-year constant maturity Treasury yield, as published by the Board of
16 Governors of the Federal Reserve System, for the week preceding the date when the patient
17 was first billed, except that the interest may not be less than two percent per annum or
18 more than five percent per annum.

19 (6) A health care provider that has billed a patient or a person to whom a health care
20 facility has referred or transferred an unpaid charge for collection of the charge:

21 (a) Must provide detailed receipts of all payments made on the charge to permit payers
22 to keep track of payments and provide proof that a payment has been paid or discharged.

23 (b) May not attempt to collect a medical or nursing home charge owed by a patient from
24 the patient's spouse, children or other family members who are not financially responsible.

25 (7) Violation of this section is an unlawful collection practice under ORS 646.639.

26 SECTION 3. (1) As used in this section, "hospital" has the meaning given that term in
27 ORS 442.015.

28 (2) A hospital shall conduct a community health needs assessment every three years to
29 identify the health care needs of the community it serves and shall develop a three-year
30 strategy for meeting the health care needs. The hospital must provide the public an oppor-
31 tunity to have meaningful participation in the assessment and the development of the
32 strategy. The assessment and strategy must be integrated into all of the hospital's long term
33 planning.

34 (3) The hospital shall post to its website:

35 (a) The following information regarding its community health needs assessment:

36 (A) A description of the health care needs identified in its community health needs as-
37 sessment;

38 (B) The three-year strategy developed to address the health care needs of the commu-
39 nity;

40 (C) Annual progress on the implementation of the strategy; and

41 (D) Opportunities for public participation in the assessment and development of the
42 strategy; and

43 (b) The following information about the hospital's governing body:

44 (A) A list of the current members of the governing body, including each member's name,
45 town of residence, occupation, employer and job title;

1 (B) The compensation, if any, paid for serving on the governing body; and

2 (C) How to obtain a schedule of the meetings of the governing body including the times
3 when the governing body will be taking public testimony.

4 (4) A community health needs assessment and a three-year strategy developed in ac-
5 cordance with section 501(r)(3) of the Internal Revenue Code satisfies the requirement to
6 conduct a community health needs assessment and develop a strategy under subsection (1)
7 of this section. A community health needs assessment and three-year strategy developed
8 under section 501(r)(3) of the Internal Revenue Code must be posted the hospital's website
9 as required by subsection (2) of this section.

10 **SECTION 4.** (1) As used in this section:

11 (a) "Charity care" has the meaning given that term in ORS 442.200.

12 (b) "Community benefit" has the meaning given that term in ORS 442.200.

13 (c) "Days cash on hand" means the figure derived by dividing a hospital or hospital
14 system's available cash by the difference of its operating expenses minus its noncash ex-
15 penses and multiplying the quotient by 365.

16 (d) "Hospital" has the meaning given that term in ORS 442.015.

17 (e) "Hospital system" has the meaning given that term in section 1 of this 2019 Act.

18 (2) The Oregon Health Authority shall establish a community benefit spending floor for
19 each hospital and hospital system based on:

20 (a) Historical expenditures on community benefits both before and after the implemen-
21 tation of the Patient Protection and Affordable Care Act (P.L. 111-148);

22 (b) Existing community needs identified in community health needs assessments under
23 section 3 of this 2019 Act and community health assessments under ORS 414.627;

24 (c) Strategies developed by hospitals to address community health needs under section 3
25 of this 2019 Act and community health improvement plans under ORS 414.627;

26 (d) The need for workforce development in the health care sector; and

27 (e) The hospital or hospital system's income margins, both operating and nonoperating,
28 and reserves.

29 (3) A hospital or hospital system that fails to meet the community benefit spending floor
30 established under subsection (2) of this section during a 12-month period shall:

31 (a) Spend, of the amount equal to the difference between its community benefit spending
32 and the community benefit spending floor, the maximum amount possible while retaining
33 sufficient days cash on hand to maintain the hospital or hospital system's current credit
34 rating, in improving community health, addressing health disparities or providing charity
35 care; and

36 (b) Not be exempt from taxation under ORS 307.130 for the next 24-month period.

37 (4) The Attorney General may issue a disqualification order under ORS 128.760 for a
38 hospital or hospital system's knowing and willful failure to meet the community benefit
39 spending floor.

40 **SECTION 5.** (1) As used in this section:

41 (a) "Charity care" has the meaning given that term in ORS 442.200.

42 (b) "Health care facility" has the meaning given that term in section 1 of this 2019 Act.

43 (c) "Hospital system" has the meaning given that term in section 1 of this 2019 Act.

44 (d) "Nonprofit" has the meaning given that term in section 1 of this 2019 Act.

45 (2) A nonprofit hospital system shall report annually to the Oregon Health Authority the

1 following information regarding all health care facilities that are majority-owned by the
 2 hospital system or operating under the brand of the hospital system:

3 (a) The address of each health care facility;

4 (b) Whether the hospital system's financial assistance policy, developed under section 1
 5 of this 2019 Act, is posted in the health care facility and available to patients of the facility;

6 (c) The total value of charity care provided to patients at the health care facility;

7 (d) The total operating expenses and net patient services revenue of the health care fa-
 8 cility; and

9 (e) The property tax exemption status of the health care facility.

10 (3) The authority shall prescribe the form and manner for reporting the information in
 11 subsection (2) of this section.

12 (4) A nonprofit hospital system that fails to file a timely report, as prescribed by the
 13 authority, may be subject to a civil penalty not to exceed \$500 per day. Civil penalties shall
 14 be imposed as provided in ORS 183.745.

15 **SECTION 6.** Section 7 of this 2019 Act is added to and made a part of the Insurance Code.

16 **SECTION 7.** An insurer offering a policy or certificate of health insurance may not pro-
 17 hibit a hospital, as a condition of reimbursing a claim for hospital services, from paying or
 18 waiving all or a portion of a copayment or deductible owed by an insured under the policy
 19 or certificate.

20 **SECTION 8.** ORS 441.025, as amended by section 12, chapter 50, Oregon Laws 2018, is amended
 21 to read:

22 441.025. (1)(a) Upon receipt of a license fee and an application to operate a health care facility
 23 other than a long term care facility, the Oregon Health Authority shall review the application and
 24 conduct an on-site inspection of the health care facility. The authority shall issue a license if it finds
 25 that the applicant and health care facility comply with ORS 441.015 to 441.087 and 441.196 **and**
 26 **sections 1, 2 and 3 of this 2019 Act**, and the rules of the authority provided that the authority does
 27 not receive within the time specified a certificate of noncompliance issued by the State Fire Mar-
 28 shal, deputy, or approved authority pursuant to ORS 479.215.

29 (b) The authority shall, following payment of the fee, annually renew each license issued under
 30 this subsection unless:

31 (A) The health care facility's license has been suspended or revoked; or

32 (B) The State Fire Marshal, a deputy or an approved authority has issued a certificate of non-
 33 compliance pursuant to ORS 479.215.

34 (2)(a) Upon receipt of a license fee and an application to operate a long term care facility, the
 35 Department of Human Services shall review the application and conduct an on-site inspection of the
 36 long term care facility. The department shall issue a license if the department finds that the appli-
 37 cant and long term care facility comply with ORS 441.015 to 441.087 and 441.196 and the rules of
 38 the department provided that it does not receive within the time specified a certificate of noncom-
 39 pliance issued by the State Fire Marshal, deputy, or approved authority pursuant to ORS 479.215.

40 (b) The department shall, following an on-site inspection and payment of the fee, annually renew
 41 each license issued under this subsection unless:

42 (A) The long term care facility's license has been suspended or revoked;

43 (B) The long term care facility is found not to be in substantial compliance following the on-site
 44 inspection; or

45 (C) The State Fire Marshal, a deputy or an approved authority has issued a certificate of non-

1 compliance pursuant to ORS 479.215.

2 (3) Each license shall be issued only for the premises and persons or governmental units named
3 in the application and shall not be transferable or assignable.

4 (4) Licenses shall be posted in a conspicuous place on the licensed premises as prescribed by
5 rule of the authority or the department.

6 (5) No license shall be issued or renewed for any health care facility or health maintenance
7 organization that is required to obtain a certificate of need under ORS 442.315 until a certificate
8 of need has been granted. An ambulatory surgical center is not subject to the certificate of need
9 requirements in ORS 442.315.

10 (6) No license shall be issued or renewed for any skilled nursing facility or intermediate care
11 facility, unless the applicant has included in the application the name and such other information
12 as may be necessary to establish the identity and financial interests of any person who has incidents
13 of ownership in the facility representing an interest of 10 percent or more thereof. If the person
14 having such interest is a corporation, the name of any stockholder holding stock representing an
15 interest in the facility of 10 percent or more shall also be included in the application. If the person
16 having such interest is any other entity, the name of any member thereof having incidents of own-
17 ership representing an interest of 10 percent or more in the facility shall also be included in the
18 application.

19 (7) A license may be denied to any applicant for a license or renewal thereof or any stockholder
20 of any such applicant who has incidents of ownership in the health care facility representing an
21 interest of 10 percent or more thereof, or an interest of 10 percent or more of a lease agreement for
22 the facility, if during the five years prior to the application the applicant or any stockholder of the
23 applicant had an interest of 10 percent or more in the facility or of a lease for the facility and has
24 divested that interest after receiving from the authority or the department written notice that the
25 authority or the department intends to suspend or revoke the license or to decertify the facility from
26 eligibility to receive payments for services provided under this section.

27 (8) The Department of Human Services may not issue or renew a license for a long term care
28 facility, unless the applicant has included in the application the identity of any person who has in-
29 cident of ownership in the long term care facility who also has a financial interest in any pharmacy,
30 as defined in ORS 689.005.

31 (9) The authority shall adopt rules for each type of health care facility, except long term care
32 facilities, to carry out the purposes of ORS 441.015 to 441.087 including, but not limited to:

33 (a) Establishing classifications and descriptions for the different types of health care facilities
34 that are licensed under ORS 441.015 to 441.087; and

35 (b) Standards for patient care and safety, adequate professional staff organizations, training of
36 staff for whom no other state regulation exists, suitable delineation of professional privileges and
37 adequate staff analyses of clinical records.

38 (10) The department shall adopt rules for each type of long term care facility to carry out the
39 purposes of ORS 441.015 to 441.087 including, but not limited to:

40 (a) Establishing classifications and descriptions for the different types of long term care facili-
41 ties that are licensed under ORS 441.015 to 441.087; and

42 (b) Standards for patient care and safety, adequate professional staff organizations, training of
43 staff for whom no other state regulation exists, suitable delineation of professional privileges and
44 adequate staff analyses of clinical records.

45 (11) The authority or department may not adopt a rule requiring a health care facility to serve

1 a specific food as long as the necessary nutritional food elements are present in the food that is
 2 served.

3 (12) A health care facility licensed by the authority or department may not:

4 (a) Offer or provide services beyond the scope of the license classification assigned by the au-
 5 thority or department; or

6 (b) Assume a descriptive title or represent itself under a descriptive title other than the classi-
 7 fication assigned by the authority or department.

8 (13) A health care facility must reapply for licensure to change the classification assigned or the
 9 type of license issued by the authority or department.

10 **SECTION 9.** ORS 442.200 is amended to read:

11 442.200. As used in this section and ORS 442.205:

12 (1) “Charity care” means free or discounted health services provided to persons who cannot af-
 13 ford to pay and from whom a hospital has no expectation of payment. “Charity care” does not in-
 14 clude bad debt, contractual allowances or discounts for quick payment.

15 (2) “Community benefit” means a program or activity that provides treatment, [or] promotes
 16 health and healing **or addresses health disparities** in response to an identified community need.
 17 “Community benefit” includes:

18 (a) Charity care;

19 (b) Losses related to Medicaid, [*Medicare,*] State Children’s Health Insurance Program or other
 20 publicly funded health care program shortfalls **other than Medicare**;

21 (c) Community health improvement services;

22 (d) Research;

23 (e) Financial and in-kind contributions to the community; and

24 (f) Community building activities affecting health in the community.

25 **SECTION 10.** ORS 646.639, as amended by section 1, chapter 79, Oregon Laws 2018, is amended
 26 to read:

27 646.639. (1) As used in this section and ORS 646A.670:

28 (a) “Charged-off debt” means a debt that a creditor treats as a loss or expense and not as an
 29 asset.

30 (b) “Consumer” means a natural person who purchases or acquires property, services or credit
 31 for personal, family or household purposes.

32 (c) “Consumer transaction” means a transaction between a consumer and a person that sells,
 33 leases or provides property, services or credit to consumers.

34 (d) “Credit” means a right that a creditor grants to a consumer to defer payment of a debt, to
 35 incur a debt and defer payment of the debt, or to purchase or acquire property or services and defer
 36 payment for the property or services.

37 (e) “Creditor” means a person that, in the ordinary course of the person’s business, engages in
 38 consumer transactions that result in a consumer owing a debt to the person.

39 (f) “Debt” means an obligation or alleged obligation that arises out of a consumer transaction.

40 (g)(A) “Debt buyer” means a person that regularly engages in the business of purchasing
 41 charged-off debt for the purpose of collecting the charged-off debt or hiring another person to collect
 42 or bring legal action to collect the charged-off debt.

43 (B) “Debt buyer” does not include a person that acquires charged-off debt as an incidental part
 44 of acquiring a portfolio of debt that is predominantly not charged-off debt.

45 (h) “Debt collector” means a person that by direct or indirect action, conduct or practice col-

1 lects or attempts to collect a debt owed, or alleged to be owed, to a creditor or debt buyer.

2 (i) “Debtor” means a consumer who owes or allegedly owes a debt, including a consumer who
 3 owes an amount that differs from the amount that a debt collector attempts to collect or that a debt
 4 buyer purchased or attempts to collect.

5 (j) “Legal action” means a lawsuit, mediation, arbitration or any other proceeding in any court,
 6 including a small claims court.

7 (k) “Original creditor” means the last entity that extended credit to a consumer to purchase
 8 goods or services, to lease goods or as a loan of moneys.

9 (L) “Person” means an individual, corporation, trust, partnership, incorporated or
 10 unincorporated association or any other legal entity.

11 (2) A debt collector engages in an unlawful collection practice if the debt collector, while col-
 12 lecting or attempting to collect a debt, does any of the following:

13 (a) Uses or threatens to use force or violence to cause physical harm to a debtor or to the
 14 debtor’s family or property.

15 (b) Threatens arrest or criminal prosecution.

16 (c) Threatens to seize, attach or sell a debtor’s property if doing so requires a court order and
 17 the debt collector does not disclose that seizing, attaching or selling the debtor’s property requires
 18 prior court proceedings.

19 (d) Uses profane, obscene or abusive language in communicating with a debtor or the debtor’s
 20 family.

21 (e) Communicates with a debtor or any member of the debtor’s family repeatedly or continuously
 22 or at times known to be inconvenient to the debtor or any member of the debtor’s family and with
 23 intent to harass or annoy the debtor or any member of the debtor’s family.

24 (f) Communicates or threatens to communicate with a debtor’s employer concerning the nature
 25 or existence of the debt.

26 (g) Communicates without a debtor’s permission or threatens to communicate with the debtor
 27 at the debtor’s place of employment if the place of employment is other than the debtor’s residence,
 28 except that the debt collector may:

29 (A) Write to the debtor at the debtor’s place of employment if a home address is not reasonably
 30 available and if the envelope does not reveal that the communication is from a debt collector other
 31 than the person that provided the goods, services or credit from which the debt arose.

32 (B) Telephone a debtor’s place of employment without informing any other person of the nature
 33 of the call or identifying the caller as a debt collector but only if the debt collector in good faith
 34 has made an unsuccessful attempt to telephone the debtor at the debtor’s residence during the day
 35 or during the evening between the hours of 6 p.m. and 9 p.m. The debt collector may not contact
 36 the debtor at the debtor’s place of employment more frequently than once each business week and
 37 may not telephone the debtor at the debtor’s place of employment if the debtor notifies the debt
 38 collector not to telephone at the debtor’s place of employment or if the debt collector knows or has
 39 reason to know that the debtor’s employer prohibits the debtor from receiving such communication.
 40 For the purposes of this subparagraph, any language in any agreement, contract or instrument that
 41 creates or is evidence of the debt and that purports to authorize telephone calls at the debtor’s place
 42 of employment does not give permission to the debt collector to call the debtor at the debtor’s place
 43 of employment.

44 (h) Communicates with a debtor in writing without clearly identifying the name of the debt
 45 collector, the name of the person, if any, for whom the debt collector is attempting to collect the

1 debt and the debt collector's business address, on all initial communications. In subsequent commu-
2 nications involving multiple accounts, the debt collector may eliminate the name of the person, if
3 any, for whom the debt collector is attempting to collect the debt and substitute the term
4 "various" in place of the person's name.

5 (i) Communicates with a debtor orally without disclosing to the debtor, within 30 seconds after
6 beginning the communication, the name of the individual who is initiating the communication and
7 the true purpose of the communication.

8 (j) Conceals the true purpose of the communication so as to cause any expense to a debtor in
9 the form of long distance telephone calls, telegram fees, additional charges for wireless communi-
10 cation or other charges the debtor might incur by using a medium of communication.

11 (k) Attempts or threatens to enforce a right or remedy while knowing or having reason to know
12 that the right or remedy does not exist, or threatens to take any action that the debt collector in
13 the regular course of business does not take.

14 (L) Uses any form of communication that simulates legal or judicial process or that appears to
15 be authorized, issued or approved by a governmental agency, governmental official or an attorney
16 at law if the corresponding governmental agency, governmental official or attorney at law has not
17 in fact authorized or approved the communication.

18 (m) Represents that an existing debt may be increased by the addition of attorney fees, investi-
19 gation fees or any other fees or charges if the fees or charges may not legally be added to the ex-
20 isting debt.

21 (n) Collects or attempts to collect interest or other charges or fees that exceed the actual debt
22 unless the agreement, contract or instrument that creates the debt expressly authorizes, or a law
23 expressly allows, the interest or other charges or fees.

24 (o) Threatens to assign or sell a debtor's account and misrepresents or implies that the debtor
25 would lose any defense to the debt or would be subjected to harsh, vindictive or abusive collection
26 tactics.

27 (p) Uses the seal or letterhead of a public official or a public agency, as those terms are defined
28 in ORS 171.725.

29 (q) Collects or attempts to collect any debt that the debt collector knows, or after exercising
30 reasonable diligence would know, arises from medical expenses that qualify for reimbursement under
31 the Oregon Health Plan or under Medicaid, except that:

32 (A) The debt collector does not engage in an unlawful collection practice if the debt collector
33 can produce an affidavit or certificate from the original creditor that shows that the original cred-
34 itor complied with Oregon Health Authority rules barring payments for services that Medicaid fee-
35 for-service plans or contracted health care plans cover; and

36 (B) For purposes of this paragraph, a prepaid managed care health services organization, a co-
37 ordinated care organization or a public body, as defined in ORS 174.109, or an agent or assignee of
38 the organization or public body, is not a debt collector if the organization or public body seeks to
39 collect a debt that arises under ORS 416.540.

40 (r) Files a legal action to collect or files a legal action to attempt to collect a debt if the debt
41 collector knows, or after exercising reasonable diligence would know, that an applicable statute of
42 limitations bars the collection or the collection attempt.

43 (s) Knowingly collects any amount, including any interest fee, charge or expense incidental to
44 the principal obligation, unless the amount is expressly authorized by the agreement creating the
45 debt or permitted by law.

1 (t) Collects or attempts to collect a debt if the debt collector is a debt buyer, or is acting on a
 2 debt buyer's behalf, and collects or attempts to collect purchased debt before providing to a debtor,
 3 within 30 days after the date of the debtor's request, all of the documents listed in subsection (4)(b)
 4 of this section.

5 **(u) Collects or attempts to collect a debt without complying with the requirements of**
 6 **section 2 of this 2019 Act.**

7 (3) A debt collector engages in an unlawful collection practice if the debt collector, by use of
 8 any direct or indirect action, conduct or practice, enforces or attempts to enforce an obligation
 9 made void and unenforceable by the provisions of ORS 759.720 (3) to (5).

10 (4) A debt buyer or debt collector acting on behalf of a debt buyer engages in an unlawful col-
 11 lection practice if the debt buyer or debt collector:

12 (a) Files legal action against a debtor or files legal action to attempt to collect a debt if the debt
 13 buyer or debt collector knows or after exercising reasonable diligence would know that an applica-
 14 ble statute of limitations bars the legal action to collect or the legal action to attempt to collect the
 15 debt;

16 (b) Brings a legal action against a debtor or otherwise brings a legal action to attempt to collect
 17 a debt without possessing business records that satisfy the requirements of ORS 40.460 (6), or of
 18 ORS 24.115, if the record is a foreign judgment, that establish the nature and the amount of the debt
 19 and that include:

20 (A) The original creditor's name, written as the original creditor used the name in dealings with
 21 the debtor;

22 (B) The name and address of the debtor;

23 (C) The name, address and telephone number of the person that owns the debt and a statement
 24 as to whether the person is a debt buyer;

25 (D) The last four digits of the original creditor's account number for the debt, if the original
 26 creditor's account number for the debt had four or more digits;

27 (E) A detailed and itemized statement of:

28 (i) The amount the debtor last paid on the debt, if the debtor made a payment, and the date of
 29 the payment;

30 (ii) The amount and date of the debtor's last payment on the debt before the debtor defaulted
 31 or before the debt became charged-off debt;

32 (iii) The balance due on the debt on the date on which the debt became charged-off debt;

33 (iv) The amount and rate of interest, any fees and any charges that the original creditor im-
 34 posed, if the debt buyer or debt collector knows the amount, rate, fee or charge;

35 (v) The amount and rate of interest, any fees and any charges that the debt buyer or any pre-
 36 vious owner of the debt imposed, if the debt buyer or debt collector knows the amount, rate, fee or
 37 charge;

38 (vi) The attorney fees the debt buyer or debt collector seeks, if the debt buyer or debt collector
 39 expects to recover attorney fees; and

40 (vii) Any other fee, cost or charge the debt buyer seeks to recover;

41 (F) Evidence that the debt buyer and only the debt buyer owns the debt;

42 (G) The date on which the debt buyer purchased the debt; and

43 (H) A copy of the agreement between the original creditor and the debtor that is either:

44 (i) The contract or other writing the debtor signed that created and is evidence of the original
 45 debt; or

1 (ii) A copy of the most recent monthly statement that shows a purchase transaction or balance
2 transfer or the debtor's last payment, if the debtor made a payment, if the debt is a credit card debt
3 or other debt for which a contract or other writing that is evidence of the debt does not exist;

4 (c) Fails to provide to a debtor, after the debt buyer or debt collector receives payment in cash
5 or the debtor requests the receipt, a receipt that:

6 (A) Shows the name of the creditor or creditors for whom the debt buyer or debt collector re-
7 ceived the payment and, if the creditor is not the original creditor, the account number that the
8 original creditor assigned; and

9 (B) States clearly whether the debt buyer or debt collector accepts the payment as payment in
10 full or as a full and final compromise of the debt and, if not, the balance remaining on the debt after
11 the payment;

12 (d) Collects or attempts to collect a debt before providing, in response to a debtor's request, the
13 documents required under paragraph (b) of this subsection. A debt buyer or a debt collector that
14 acts on the debt buyer's behalf does not engage in an unlawful collection practice under this para-
15 graph if the debt buyer or debt collector collects or attempts to collect a debt after providing the
16 required documents to the debtor; or

17 (e) Uses any direct or indirect action, conduct or practice to violate a provision of this section
18 or ORS 646A.670.

19 (5) A debt collector is not acting on a debt buyer's behalf, and is not subject to the duties to
20 which a debt buyer is subject under this section and ORS 646A.670, if the debt collector collects or
21 attempts to collect a debt on behalf of an owner that retains a direct interest in the debt or if the
22 debt is not a debt that a debt buyer purchased.

23