

CHAPTER 97

AN ACT

HB 4110

Relating to health care.

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

SECTION 1. Section 2 of this 2014 Act is added to and made a part of the Insurance Code.

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

(a) "Health benefit plan" has the meaning given that term in ORS 743.730.

(b) "Supervisory authority" has the meaning given that term in ORS 144.087.

(2) Except as provided in subsection (4) of this section, an insurer offering a health benefit plan may not deny reimbursement for any service or supply covered by the plan or cancel the coverage of an insured under the plan on the basis that:

(a) The insured is in the custody of a local supervisory authority, if the insured is in custody pending the disposition of charges;

(b) The insured receives publicly funded medical care while in the custody of a local supervisory authority; or

(c) The care was provided to the insured by an employee or contractor of a county or a local supervisory authority, if the employee or contractor meets the credentialing criteria of the health benefit plan.

(3) An insurer shall reimburse a county for the costs of covered services or supplies provided to an insured who is in the custody of the local supervisory authority, pending the disposition of charges, in an amount that is no less than 115 percent of the Medicare rate for the service or supply.

(4) An insurer offering a health benefit plan may:

(a) Deny coverage for the treatment of injuries resulting from a violation of law;

(b) Exclude from any requirements for reporting quality outcomes or performance, any covered services provided to an insured in the custody of a local supervisory authority;

(c) Impose utilization controls under the health benefit plan that apply to services provided to insureds who are not in custody by in-network providers, including a requirement for prior authorization;

(d) Impose the requirements for billing and medical coding for covered services provided to an insured in the custody of a local supervisory authority that the insurer imposes on other providers;

(e) Deny coverage of diagnostic tests or health evaluations required, as a matter of course, for all individuals who are in the custody of the local supervisory authority pending the disposition of charges;

(f) Limit coverage of hospital and ambulatory surgical center services provided to an insured in the custody of a local supervisory authority to services provided by in-network hospitals and ambulatory surgical centers; and

(g) Reimburse an out-of-network renal dialysis facility at either the in-network or the out-of-network rate paid by the insurer for dialysis provided to an insured in the custody of a local supervisory authority.

(5)(a) An insurer may not refuse to credential a health care provider who is an employee or contractor of a county or a local supervisory authority on the basis that the employee or contractor provides the services in a facility operated by the local supervisory authority.

(b) If an insurer refuses to credential a health care provider who is an employee or contractor of a county or a local supervisory authority, the insurer must give written notice to the provider explaining the reasons for the refusal.

(6) This section does not:

(a) Impair any right of an employer to remove an employee from coverage under a health benefit plan;

(b) Release carriers from the requirement to coordinate benefits for persons who are insured by more than one carrier; or

(c) Limit an insurer's right to rescind coverage in accordance with ORS 743.894.

(7) A public body, as defined in ORS 174.109, may not pay health benefit plan premiums on behalf of a person who is in the custody of a local supervisory authority.

SECTION 3. Section 2 of this 2014 Act applies to claims for reimbursement of health services that are provided on or after January 1, 2015.

Approved by the Governor April 1, 2014

Filed in the office of Secretary of State April 2, 2014

Effective date January 1, 2015