

CHAPTER 72

AN ACT

HB 4134

Relating to insurance; creating new provisions; amending ORS 243.144, 243.877 and 743B.287; and declaring an emergency.

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

SECTION 1. ORS 743B.287 is amended to read: 743B.287. (1) As used in this section:

(a) "Emergency services" has the meaning given that term in ORS 743A.012.

(b) "Enrollee" means:

(A) An individual who is enrolled in a health benefit plan or a covered dependent or beneficiary of the individual; or

(B) A subscriber to a health care service contract or a covered dependent or beneficiary of the subscriber.

(c) "Health benefit plan" has the meaning given that term in ORS 743B.005.

(d) "Health care facility" has the meaning given that term in ORS 442.015, excluding long term care facilities.

(e) "Health care service contractor" has the meaning given that term in ORS 750.005.

(f) "In-network" has the meaning given that term in ORS 743B.280.

(g) "Out-of-network" means a provider or provider group that has not contracted or has indirectly contracted with the insurer or health care service contractor.

(2) A provider who is an out-of-network provider may not bill an enrollee in the health benefit plan or health care service contract for emergency services or other inpatient or outpatient services provided at an in-network health care facility.

(3) Subsection (2) of this section does not apply:

(a) To applicable coinsurance, copayments or deductible amounts that apply to services provided by an in-network provider; or

(b) To services, other than emergency services, provided to enrollees who choose to receive services from an out-of-network provider.

(4)(a) If labor and delivery services are provided to an individual insured under a health benefit plan or a health care service contract at an out-of-network health care facility due solely to the diversion of the individual from an in-network health care facility during a state or federally declared public health emergency, the health benefit plan or health care service contract:

(A)(i) Shall reimburse the out-of-network provider in accordance with 42 U.S.C. 300gg-111(c) or in accordance with a method adopted by the Department of Consumer and Business Services by rule; and

(ii) May not impose a deductible, out-of-pocket maximum, copayment or coinsurance requirement that exceeds the deductible, out-of-

pocket maximum, copayment or coinsurance applicable to in-network providers of labor and delivery services.

(B) Shall provide coverage, as prescribed in ORS 743A.012 (2) and (3), for emergency medical services transports of the individual between medical facilities if the individual presents with signs of labor.

(b) Paragraph (a)(A)(i) of this subsection does not apply to services provided by an in-network provider at an out-of-network health care facility.

~~[(4)]~~ **(5)** If an enrollee chooses to receive services from an out-of-network provider, the provider shall inform the enrollee that the enrollee will be financially responsible for coinsurance, copayments or other out-of-pocket expenses attributable to choosing an out-of-network provider.

SECTION 2. ORS 243.144 is amended to read:

243.144. Benefit plans offered by the Public Employees' Benefit Board that reimburse the cost of medical and other health services and supplies must comply with the requirements for health benefit plan coverage described in:

- (1) ORS 743A.058;
- (2) ORS 743B.256;
- (3) ORS 743B.420;
- (4) ORS 743B.423;
- (5) ORS 743B.601; *[and]*
- (6) ORS 743B.810; **and**
- (7) ORS 743B.287 (4).**

SECTION 3. ORS 243.877 is amended to read:

243.877. Benefit plans offered by the Oregon Educators Benefit Board that reimburse the cost of medical and other health services and supplies must comply with the requirements for health benefit plan coverage described in:

- (1) ORS 743A.058;
- (2) ORS 743B.256;
- (3) ORS 743B.420;
- (4) ORS 743B.423;
- (5) ORS 743B.601; *[and]*
- (6) ORS 743B.810; **and**
- (7) ORS 743B.287 (4).**

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

(a) "In-network provider" means an individual or facility that contracts with a health benefit plan or health care service contractor to provide health care services to an individual insured under the health benefit plan or health care service contract.

(b) "Out-of-network provider" means an individual or facility that does not contract with a health benefit plan or health care service contractor to provide health care services to an individual insured under the health benefit plan or health care service contract.

(2) An out-of-network provider that is licensed or certified in this state may not bill an individual insured under a health benefit plan

or a health care service contract for the costs of labor or delivery services provided by the out-of-network provider if the services are provided by the out-of-network provider due solely to the diversion of the individual from an in-network provider during a state or federally declared public health emergency.

(3) Subsection (2) of this section does not prohibit any provider from billing an individual insured under a health benefit plan or health care service contract for coinsurance, copayments or deductibles applicable to labor and delivery services provided by in-network providers under the terms of the health benefit plan or health care service contract.

SECTION 5. The amendments to ORS 243.144, 243.877 and 743B.287 by sections 1 to 3 of this 2022 Act apply to policies or certificates issued, renewed or extended on or after the effective date of this 2022 Act.

SECTION 6. This 2022 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect on its passage.

Approved by the Governor March 23, 2022

Filed in the office of Secretary of State March 30, 2022

Effective date March 23, 2022
