

HB 2339-3
(LC 707)
3/23/17 (LHF/ps)

Requested by Representative BUEHLER

**PROPOSED AMENDMENTS TO
HOUSE BILL 2339**

- 1 On page 1 of the printed bill, line 3, delete “743B.450 and”.
- 2 In line 14, delete “a participating” and insert “an in-network”.
- 3 After line 14, insert:
 - 4 “(d) ‘Geographic area’ means the geographic boundaries described in a
 - 5 benchmarking database maintained by an independent nonprofit organization
 - 6 specified by the Department of Consumer and Business Services that is not
 - 7 affiliated with or established by an insurer or health care service
 - 8 contractor.”.
- 9 In line 15, delete “(d)” and insert “(e)”.
- 10 In line 16, delete “(e)” and insert “(f)”.
- 11 In line 18, delete “(f)” and insert “(g)”.
- 12 Delete lines 19 through 28.
- 13 Delete page 2.
- 14 On page 3, delete lines 1 through 4 and insert:
 - 15 “(h) ‘In-network’ means that a provider or health care facility has con-
 - 16 tracted with an insurer or a health care service contractor to be reimbursed
 - 17 at a negotiated rate for services provided to enrollees in a health benefit
 - 18 plan or health care service contract offered by the insurer or health care
 - 19 service contractor.
- 20 “(i) ‘Insurer’ means:
- 21 “(A) A person with a certificate of authority to transact insurance in this

1 state that offers a health benefit plan.

2 “(B) A third party administrator licensed under ORS 744.702.

3 “(j) ‘Out-of-network’ means that a provider or health care facility has not
4 contracted with an insurer or health care service contractor as described in
5 paragraph (h) of this subsection.

6 “(2) Except for applicable coinsurance, copayments or deductible amounts
7 that apply to services provided by an in-network health care facility or an
8 in-network provider, an in-network health care facility or an out-of-network
9 facility-based provider may not bill an enrollee for:

10 “(a) Emergency services; or

11 “(b) Other inpatient or outpatient services provided to the enrollee at an
12 in-network health care facility if the enrollee did not have the ability or
13 opportunity to choose an in-network provider at the health care facility who
14 was available to provide the services.

15 “(3) An insurer and a health care service contractor shall reimburse an
16 out-of-network facility-based provider for services rendered at an in-network
17 health care facility at the 80th percentile of charges paid by the insurer or
18 health care service contractor for the same service:

19 “(a) Performed by an in-network provider of the same or similar specialty;
20 and

21 “(b) Rendered in the same geographic area.

22 “(4) An insurer or health care service contractor may not communicate
23 to an enrollee or include in an explanation of benefits any false, misleading
24 or confusing information regarding:

25 “(a) The use of in-network or out-of-network providers;

26 “(b) The payment methodology used in the reimbursement of providers;
27 or

28 “(c) Whether a health care facility or a provider is an in-network health
29 care facility or provider if the network of the insurer or health care service
30 contractor does not comply with the requirements in ORS 743B.505.”.

1 In line 5, delete “4” and insert “3”.
2 On page 4, line 6, delete “5” and insert “4”.
3 On page 5, line 10, delete “6” and insert “5”.
4 On page 6, line 13, delete “7” and insert “6” and delete “743B.450 and”.
5 In line 14, delete “6” and insert “5”.
6 Delete lines 15 through 18 and insert:
7 **“SECTION 7. The Department of Consumer and Business Services**
8 **shall, before the operative date specified in section 6 of this 2017 Act,**
9 **take any actions necessary to implement section 2 of this 2017 Act and**
10 **the amendments to ORS 750.055 by sections 3 to 5 of this 2017 Act on**
11 **the operative date specified in section 6 of this 2017 Act.”.**
12 In line 19, delete “9” and insert “8”.
13