

## HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE

Coverage for specific conditions, services, persons, and reimbursement to providers

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
<b>DISEASES, CONDITIONS, AND SERVICES</b>										
Alcoholism	Coverage for alcoholism treatment, at the request of the insured.	ORS 743A.160, ORS 743.402	1978	No	Yes (except limited benefit coverage)	Yes	Yes	No	Yes	Mandate was effective prior to 1/1/12
Injuries resulting from alcohol, cannabis and controlled substances	Coverage for the medical treatment of injuries caused in whole or in part by the use of alcohol, cannabis or controlled substances subject to policy limitations for other injuries.	ORS 743A.164	2017	Yes	Yes (except disability policy)	Yes	Yes	Yes	Yes	Repealed
Applied behavior analysis	Health benefit plans must cover screening and diagnosis of autism spectrum disorder and for medically necessary treatment for autism spectrum disorder and the management of care.	Sections 2 and 22 c.771 Oregon Laws 2013	2014	Yes 1/2/22	No	Yes	Yes	Yes	Yes	This was on the 2012 benchmark plan
Breast examinations	Every health insurance policy that covers hospital, medical, or surgical expenses shall cover breast exams.	ORS 743A.108	2006	No	Yes (except accident or disease-specific plans)	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Chemical dependency and mental or nervous conditions	Group health insurance coverage for treatment of chemical dependency and mental or nervous conditions at the same level as those imposed for treatment of other medical conditions.	ORS 743A.168	2018 orig. 2007	No	Yes (except limited benefit coverage)	Yes	Yes	Yes	No	Mandate was effective prior to 1/1/12
Child abuse medical assessments	Health benefit plans must pay a community assessment center for services provided in conducting a child abuse medical assessment.	ORS 743A.252	2016	No	No	Yes	Yes	Yes	Yes	Partial Provider reimbursement plus approx.. \$300,000 annually
Clinical trials	Health benefit plans must cover the routine costs of care for patients enrolled and participating in approved clinical trials.	ORS 743A.192	2010	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Bilateral cochlear implants	Health benefit plans that cover cochlear implants must cover bilateral implants.	ORS 743A.140	2008	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Colorectal cancer screenings and laboratory tests	Health benefit plans shall provide coverage for specified colorectal cancer screening examinations and laboratory tests for insureds 50 years of age or older.	ORS 743A.124	2017	Yes 2023	No	Yes	Yes	Yes	Yes	Benchmark
Contraceptives	These plans must provide coverage for prescription contraceptives and, if covered for other drug benefits, must cover outpatient consultations, examinations, procedures and medical services that are necessary to prescribe, dispense, deliver, distribute, administer or remove a prescription contraceptive. Requires dispensing of contraceptives intended to last for a three-month period for the first dispensing and for twelve-month period for subsequent dispensing. A religious employer exemption applies to "religious employers" as defined in the statute.	ORS 743A.066	6-14-17 Orig 2008	No	Yes (Also applies to prescription drug programs, prescription drug benefits offered under health benefit plans and to	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12

## HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
					student health insurance policies- Note: Does not apply to short term major medical policies)					
Craniofacial anomalies	All health benefit plans providing coverage of hospital, surgical, or dental services shall provide coverage for dental and orthodontic services for the treatment of craniofacial anomalies if the services are medically necessary to restore function.	ORS 743A.150	2013	No	No	Yes	Yes	Yes	Yes	This was on the 2012 benchmark plan
Diabetes management for pregnant women	Health benefit plans may not require a copayment or impose a coinsurance requirement or a deductible on the covered health services, medications, and supplies that are medically necessary for a woman to manage her diabetes during the period of each pregnancy, beginning with conception and ending six weeks postpartum.	ORS 743A.082	2014	Yes 2020	No (Note: does not apply to high-deductible health plans)	Yes	Yes	Yes	Yes	AV Issue – not a mandate
Diethylstilbestrol use by mother	Insurers may not deny issuance of or cancel a health insurance policy solely because the mother of the insured used drugs containing diethylstilbestrol prior to the insured's birth.	ORS 743A.088	1980	No	Yes	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Disease Outbreak	Insurers must cover cost of necessary medical care specified in Ch. 719, 2017 Oregon Laws (HB 3276) when Public Health Director determines a disease outbreak exists. Insurers may not restrict coverage by requiring services be provided by an in-network provider, imposing cost-sharing requirements that are greater than cost-sharing for similar covered services, requiring prior authorization or other utilization management or limiting coverage in any manner that prevents enrollees from accessing necessary health services.	Ch. 719, 2017 Oregon Laws (HB 3276)	7-5-2017	TBD	No	Yes	Yes	Yes	Yes	Provider reimbursement
Emergency eye care services	Any health benefit plan that provides coverage of eye care services shall allow any enrollee to receive covered eye care services on an emergency basis without first receiving a referral or prior authorization from a primary care provider.	ORS 743A.250	Oct. 23, 1999	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Emergency services	All health benefit plans shall provide coverage without prior authorization for emergency services. HB 2339 (2017) added prohibition against balance billing in certain circumstances. HB 3091 (2017) clarifies services to be provided to patients experiencing a behavioral health crisis.	ORS 743A.012	2018, 6-22-2017, orig. 1998	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12 – subsequent changes are not new mandate because they are provider reimbursement issues
Hearing aids	Health benefit plans must provide coverage for one hearing aid per impaired ear to enrollees.	ORS 743A.141 OAR 836-053-0012	2017 orig. 2010	No	No	Yes	Yes	Yes	Yes	Cost could be approx. \$350,000 annually

## HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
Human papillomavirus vaccine (HPV)	Health benefit plans must provide coverage of the human papillomavirus vaccine for beneficiaries of the plan between the ages of 11 and 26.	ORS 743A.105 836-010-0155 836-053-0012	2010	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Inmates	Health benefit plans may not deny claims on basis that enrollee, including juvenile enrollees, is in custody of a local supervisory authority; received publicly funded medical care while in custody pending disposition of charges; or care was provided by an employee or contractor of a county or a local supervisory authority. Specific reasons for denial or limitation of benefits also included in this statute.	ORS 743A.260	2018 orig. 2015	Yes 2021	No	Yes	Yes	Yes	Yes	Not new specific care, treatment or services
Nonprescription elemental enteral formula for the treatment of severe intestinal malabsorption	Any policy providing health insurance, except accident only or specific disease only policies, must provide coverage if the formula is needed to treat severe intestinal malabsorption, a physician has issued a written order for the use of the formula, and the formula is at least an essential source of nutrition.	ORS 743A.070	1994	No	Yes (except accident or specific disease only plans)	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Mammogram	Every health insurance policy that covers hospital, medical, or surgical expenses shall provide coverage of mammograms.	ORS 743A.100	2000 orig. 1994	No	Yes (except accident and disease specific plans)	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Mastectomy-related services	All health benefit plans shall provide reimbursement for mastectomy-related services as determined by the attending physician.	ORS 743A.110	2004	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Maxillofacial prosthetic services	All health insurance policies providing hospital, medical, or surgical expense benefits must include coverage for maxillofacial prosthetic services considered necessary for adjunctive treatment...	ORS 743A.148	1982	No	Yes (other than limited benefit coverage)	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Inborn errors of metabolism	All health insurance policies shall include coverage for treatment of inborn errors of metabolism.	ORS 743A.188	1998	No	Yes (except accident and disease specific plans)	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Natural and adopted children	All individual and group health benefit plans shall provide coverage to the child of the insured at the moment of birth and to the adopted child upon placement for adoption.	ORS 743A.090	2013 Orig. 1976	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Oral anticancer medications	A health benefit plan that covers cancer chemotherapy must provide coverage for oral anticancer medication on a basis no less favorable than intravenous or injected medications.	ORS 743A.068	2008	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Pelvic and Pap smear examinations	All policies providing health insurance shall include coverage for pelvic and Pap smear examinations.	ORS 743A.104	1994	No	Yes (except accident or disease)	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12

## HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
					specific plans)					
Children with pervasive developmental disorder	A health benefit plan must cover medically necessary services for children who have been diagnosed with pervasive developmental disorder, including rehabilitation services.	ORS 743A.190 836-053-0012	2008	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Pregnancy and childbirth	All health benefit plans must provide payment or reimbursement for expenses associated with pregnancy care and childbirth.	ORS 743A.080	2000	No	No	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Prescription drugs	No health insurance policy providing coverage for a prescription drug shall exclude coverage because the drug is not FDA approved for a prescribed medical condition if the Health Evidence Review Commissioner or the Pharmacy and Therapeutics Committee determines the use is effective. HB 3340 (2017) prohibits prior authorization for cost of medication prescribed for treating opioid or opiate withdrawal during the first 30 days of treatment.	HB 3440 (2017) ORS 743A.062, ORS 743A.060	10-6-2017 1998	No	Yes	Yes	Yes	Yes	Yes	Not new specific care, treatment or services
90-day supply of prescription drug refills	Prescription drug benefit must allow for up to a 90-day supply of a prescription when certain conditions are met.	ORS 743A.063	2016	No	Yes (Applies to prescription drug benefit programs in addition to prescription drug benefits covered under health benefit plans)	Yes	Yes	Yes	Yes	Not new specific care, treatment or services
Prosthetic and Orthotic Devices	Health benefit plans must cover medically necessary prosthetic and orthotic devices as set forth in the base benchmark benefit plan.	OAR 836-053-0012	2017	No	No	Yes	Yes	Yes	Yes	In benchmark plan
Reproductive Health Services	Health benefit plans, including health benefit plans offering pharmacy benefit administered by a third party administrator or pharmacy benefit manager must provide coverage for all of the following services, drugs, devices, products and procedures: (a) Well-woman care prescribed by DCBS by rule under OAR 836-053-0435 (b) Counseling for sexually transmitted infections, including but not limited to human immunodeficiency virus and acquired immune deficiency syndrome. (c) Screening for: (A) Chlamydia; (B) Gonorrhea; (C) Hepatitis B; (D) Hepatitis C; (E) Human immunodeficiency virus and acquired immune deficiency syndrome;	ORS 743A.067 HB 3391 (2017)	2017	Yes	No	Yes	Yes	Yes	Yes	ACA requires well-woman visits for ages 18-64 but OR law does not restrict mandated coverage to this age bracket.  ACA provides STD screening and counseling for at risk adults and all sexually active adolescents. OR has no such limit.  ACA provides Hep. B screening for pregnant women.  We don't believe these are new mandates due to federal nondiscrimination requirements.  ACA requires the other screening requirements.

**HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE**

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
	<p>(F) Human papillomavirus;                      (G) Syphilis;                      (H) Anemia; ACA has gender-specific&amp; age limits                      (I) Urinary tract infection;                      (J) Pregnancy;                      (K) Rh incompatibility;                      (L) Gestational diabetes;                      (M) Osteoporosis;                      (N) Breast cancer; and                      (O) Cervical cancer.                      (d) Screening to determine whether counseling related to the BRCA1 or BRCA2 genetic mutations is indicated and counseling related to these genetic mutations, if indicated. ACA for high risk only                      (e) Screening and appropriate counseling or interventions for:                      (A) Tobacco use; and                      (B) Domestic and interpersonal violence.                      (f) Folic acid supplement;                      (g) Abortion; EHB                      (h) Breastfeeding comprehensive support, counseling and supplies. ACA                      (i) Breast cancer chemoprevention counseling. ACA for high-risk only                      (j) Any contraceptive drug, device or product approved by the U.S. FDA, subject to all of the following:                      (A) If there is a therapeutic equivalent of a contraceptive drug, device or product approved by the U.S. FDA, a health benefit plan may provide coverage for either the required contraceptive drug, device or product or for one or more therapeutic equivalents of the requested drug, device or product.                      (B) If a contraceptive drug, device or product covered by the health benefit plan is deemed medically inadvisable by the enrollee's provider, the health benefit plan must cover an alternative contraceptive drug, device or product prescribed by the provider.                      (C) A health benefit plan must pay pharmacy claims for reimbursement of all contraceptive drugs available for over-the-counter sale that are approved by the U.S. FDA.                      (D) A health benefit plan may not infringe upon an enrollee's choice of contraceptive drug, device or product and may not require prior authorization, step therapy or other utilization control techniques for medically appropriate covered contraceptive drugs, devices or other products approved by the U.S. FDA.                      (k) Voluntary sterilization. In benchmark plan</p>									<p>Pregnancy is an EHB.                      Contraceptives are required by the ACA for women only.                      Condoms would be a new mandated benefit.                      Oregon required benefits that are more expansive for age, risk, and gender are not new mandates because of the federal nondiscrimination requirement.</p>

**HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE**

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
	<p>(A) Services related to sterilization or the administration and monitoring of contraceptive drugs, devices and products, including but not limited to:</p> <p>(i) Management of side effects;</p> <p>(ii) Counseling for continued adherence to a prescribed regimen;</p> <p>(iii) Device insertion and removal; and</p> <p>(iv) Provision of alternative contraceptive drugs, devices or products deemed medically appropriate in the judgment of the enrollee's provider. ACA</p> <p>(l) Any additional preventive services for women that must be covered without cost sharing under 42 U.S.C. 300gg-13, as identified by the U.S. Preventive Services Task Force or the Health Resources and Services Administration of the U.S. Dept. of Health and Human Services as of January 1, 2017. ACA</p> <p>(3) A health benefit plan may not impose on an enrollee a deductible, coinsurance, copayment or any other cost-sharing requirement on the coverage required by this section. A health care provider shall be reimbursed for providing the services described in this section without any deduction for coinsurance copayments or any other cost-sharing amounts. Cost sharing requirements are not new mandates.</p>									
PreTelemedical services	Health benefit plans must provide coverage for services provided via two-way video communication if they would have been covered if provided in person, the services are medically necessary, and the services do not duplicate or supplant available in-person services.	ORS 743A.058	2016	Yes 2022	Yes	Yes	Yes	Yes	Yes	Not new specific care, treatment or services
Tobacco use cessation programs	Health benefit plans must cover tobacco use cessation programs for enrollees.	ORS 743A.170	2010	No	Yes	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Traumatic brain injury	Health benefit plans must cover medically necessary therapy and services for the treatment of traumatic brain injury.	ORS 743A.175	2010	No	Yes	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
Unmarried women and their children	All health insurers will provide unmarried women the same payment for maternity costs as married women and shall provide the same coverage for the child of an unmarried woman that it provides a married person's child.	ORS 743A.084	1974	No	Yes	Yes	Yes	Yes	Yes	Mandate was effective prior to 1/1/12
<b>PROVIDER REIMBURSEMENTS</b>										
Acupuncturist	An individual or group health insurance policy that covers acupuncture services performed by a physician shall cover acupuncture performed by an acupuncturist.	ORS 743A.020	2008	No	Yes	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Ambulance care and transport payments	Any insurance policy that provides coverage for ambulance care and transportation, the insurer shall indemnify directly the provider of the ambulance care and transportation.	ORS 743A.014	2017	Yes 2023	Yes – also applies to Medicare Supplement coverage	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate

**HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE**

Required Reimbursements	Description	Statute	Eff. Date	Repeal Date	Other Health Insurance (non-HBP)	Applicable to HCSCs?	Health Benefit Plans (HBP)	Group	Individual	Comments
Clinical social worker	Any individual, group, or blanket health insurance policy shall provide for clinical social worker services.	ORS 743A.024	1979	No	Yes	No	Yes	Yes	Yes	Mandate prior to 1/1/12
Expanded practice dental hygienist	Any policy covering dental health that provides for a dentist must also provide coverage for an expanded practice dental hygienist.	ORS 734A.034	2012	No	Yes	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Dentist	Coverage provides reimbursement for any surgical service that is within the lawful scope of practice of a licensed dentist, if policy provides benefits when a physician performs the service.	ORS 743A.032	1972	No	Yes	No	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Denturist	Notwithstanding any provisions of any insurance policy covering dental health, whenever such policy provides for reimbursement for any service that is within the lawful scope of practice of a denturist, shall be entitled to reimbursement for such service whether the service is performed by a licensed dentist or a licensed denturist.	ORS 743A.028	1980	No	Yes	No	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Licensed professional counselors and licensed marriage and family therapists	Health benefit plans that provide coverage for the services of nurse practitioners or clinical social workers must also provide coverage for the services of licensed professional counselors or licensed marriage and family therapists.	ORS 743A.052	2010	No	No	Yes	Yes	Yes	No	Provider reimbursement requirement – not an ACA mandate
Nurse practitioner or physician assistant	Reimbursement for services of certified nurse practitioner or licensed physician assistant, including prescribing or dispensing drugs, if the policy provides reimbursement when a licensed physician provides the service.	ORS 743A.036	1980	No	Yes	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Optometrist	Reimbursement for services when a health insurer contracts to provide eye care services under a policy.	ORS 743A.040, ORS 750.065	1968	No	Yes	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Physician assistant	Reimbursement for claims submitted by a physician assistant.	ORS 743A.044	1998	No	Yes	No	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Psychologist	Reimbursement for services provided by psychologist.	ORS 743A.048	1976	No	Yes	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
State hospital or state approved program services	No health insurance policy shall exclude from payment or reimbursement losses for service rendered at any hospital owned or operated by the State of Oregon or any state approved community mental health and developmental disability program.	ORS 743A.010	1972	No	Yes	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate
Services provided by pharmacists	Whenever the plan covers services within the lawful scope of practice of a pharmacist, the insurer must provide payment for the service when provided by a pharmacist.	ORS 743A.051	2016	Yes 2022	No	Yes	Yes	Yes	Yes	Provider reimbursement requirement – not an ACA mandate

## HEALTH INSURANCE: REQUIRED REIMBURSEMENTS IN OREGON STATUTE

### MANDATES DEEMED REPEALED (ORS 743A.001):

- 743A.050 Services provided by registered nurse first assistant –Repealed
- 743A.064 Prescription drugs dispensed at rural health clinics – Deemed Repealed 2009
- 743A.120 Prostate screening examinations –Repealed
- 743A.180 Tourette Syndrome – Deemed Repealed 1998
- 743A.184 Diabetes self-management programs –Repealed
- 743A.144 Prosthetic and orthotic devices – this statute deemed repealed in 2014; however, the 2017 base benchmark benefit plan covers prosthetic and orthotic devices under the Durable Medical Equipment benefit and are considered an essential health benefit for qualified health benefit plans.
- 743A.065 Prescription eye drops early refills – Deemed Repealed 2018
- 743A.185 Telemedical services for diabetes treatment – Deemed Repealed 2018