HOUSE AMENDMENTS TO B-ENGROSSED SENATE BILL 1509 (INCLUDING AMENDMENTS TO RESOLVE CONFLICTS)

By COMMITTEE ON RULES

February 24

Ĺ	On page 1 of the printed B-engrossed bill, line 2, after "health;" delete the rest of the line and
2	insert "creating new provisions; amending ORS 679.025 and 680.020; repealing sections 7, 8, 9 and
3	10, chapter, Oregon Laws 2012 (Enrolled Senate Bill 1580); and declaring an emergency.".
1	On page 3 after line 25 insert

"SECTION 3. Section 4 of this 2012 Act is added to and made a part of ORS chapter 414. "SECTION 4. (1) A fully capitated health plan, physician care organization or coordinated care organization may not discriminate with respect to participation in the plan or organization or coverage against any health care provider who is acting within the scope of the provider's license or certification under applicable state law. This section does not require that a plan or organization contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or organization. This section does not prevent a plan or organization from establishing varying reimbursement rates based on quality or performance measures.

- "(2) A plan or organization may establish an internal review process for a provider aggrieved under this section, including an alternative dispute resolution or peer review process. An aggrieved provider may appeal the determination of the internal review to the Oregon Health Authority.
- "(3) The authority shall adopt by rule a process for resolving claims of discrimination under this section and, in making a determination of whether there has been discrimination, must consider the plan's or organization's:
 - "(a) Network adequacy;

- "(b) Provider types and qualifications;
- 23 "(c) Provider disciplines; and
 - "(d) Provider reimbursement rates.
 - "(4) A prevailing party in an appeal under this section shall be awarded the costs of the appeal.
 - "SECTION 5. Section 4 of this 2012 Act is amended to read:
 - "Sec. 4. (1) A [fully capitated health plan, physician care organization or] coordinated care organization may not discriminate with respect to participation in the [plan or] organization or coverage against any health care provider who is acting within the scope of the provider's license or certification under applicable state law. This section does not require that [a plan or] an organization contract with any health care provider willing to abide by the terms and conditions for participation established by the [plan or] organization. This section does not prevent [a plan or] an organization from establishing varying reimbursement rates based on quality or performance meas-

1 ures. 2 "(2) [A plan or] An organization may establish an internal review process for a provider 3 aggrieved under this section, including an alternative dispute resolution or peer review process. An aggrieved provider may appeal the determination of the internal review to the Oregon Health Au-4 thority. 5 6 "(3) The authority shall adopt by rule a process for resolving claims of discrimination under this section and, in making a determination of whether there has been discrimination, must consider the 7 [plan's or] organization's: 8 9 "(a) Network adequacy; 10 "(b) Provider types and qualifications; "(c) Provider disciplines; and 11 12 "(d) Provider reimbursement rates. "(4) A prevailing party in an appeal under this section shall be awarded the costs of the appeal. 13 "SECTION 6. The amendments to section 4 of this 2012 Act by section 5 of this 2012 Act 14 become operative July 1, 2017. 15 "SECTION 7. If Senate Bill 1580 becomes law, sections 7, 8, 9 and 10, chapter ___ 16 Oregon Laws 2012 (Enrolled Senate Bill 1580), are repealed.". 17

In line 26, delete "3" and insert "8".

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