

Senate Bill 1522

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires Oregon Health Authority to take into account psychological and social factors facing members of coordinated care organization in establishing quality measures and global budgets.
Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to health equities; amending ORS 414.065 and 414.638; and declaring an emergency.

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

4 **SECTION 1.** ORS 414.065 is amended to read:

5 414.065. (1)(a) With respect to health care and services to be provided in medical assistance
6 during any period, the Oregon Health Authority shall determine, subject to such revisions as it may
7 make from time to time and subject to legislative funding and paragraph (b) of this subsection:

8 (A) The types and extent of health care and services to be provided to each eligible group of
9 recipients of medical assistance.

10 (B) Standards, including outcome and quality measures, to be observed in the provision of health
11 care and services.

12 (C) The number of days of health care and services toward the cost of which public assistance
13 funds will be expended in the care of any person.

14 (D) Reasonable fees, charges, daily rates and global **budget** payments for meeting the costs of
15 providing health services to an applicant or recipient. **Global budget payments must reflect the**
16 **resources needed to serve patients with greater medical needs and with psychological, social**
17 **and physical barriers to receiving quality care.**

18 (E) Reasonable fees for professional medical and dental services [*which*] **that** may be based on
19 usual and customary fees in the locality for similar services.

20 (F) The amount and application of any copayment or other similar cost-sharing payment that the
21 authority may require a recipient to pay toward the cost of health care or services.

22 (b) The authority shall adopt rules establishing timelines for payment of health services under
23 paragraph (a) of this subsection, **using an advisory committee as provided in ORS 183.333. The**
24 **advisory committee membership must represent community providers that serve recipients**
25 **of medical assistance.**

26 (2) The types and extent of health care and services and the amounts to be paid in meeting the
27 costs thereof, as determined and fixed by the authority and within the limits of funds available
28 therefor, shall be the total available for medical assistance and payments for such medical assistance
29 shall be the total amounts from public assistance funds available to providers of health care and
30 services in meeting the costs thereof.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 (3) Except for payments under a cost-sharing plan, payments made by the authority for medical
 2 assistance shall constitute payment in full for all health care and services for which such payments
 3 of medical assistance were made.

4 (4) Notwithstanding subsections (1) and (2) of this section, the Department of Human Services
 5 shall be responsible for determining the payment for Medicaid-funded long term care services and
 6 for contracting with the providers of long term care services.

7 **SECTION 2.** ORS 414.638 is amended to read:

8 414.638. (1) The Oregon Health Authority through a public process shall identify objective out-
 9 come and quality measures and benchmarks, including measures of outcome and quality for
 10 ambulatory care, inpatient care, chemical dependency and mental health treatment, oral health care
 11 and all other health services provided by coordinated care organizations. **The measures must take**
 12 **into account the psychological and social factors affecting the members of the organization,**
 13 **including but not limited to:**

- 14 (a) **Urban or rural geographic distribution;**
- 15 (b) **Incidence of substance abuse;**
- 16 (c) **Incidence of severe and persistent mental illness;**
- 17 (d) **Cultural or language barriers to accessing care; and**
- 18 (e) **Homelessness.**

19 (2) The authority shall incorporate these measures into coordinated care organization contracts
 20 to hold the organizations accountable for performance and customer satisfaction requirements. **The**
 21 **authority may not enter into or renew a contract with a coordinated care organization un-**
 22 **less the organization demonstrates how the organization will:**

- 23 (a) **Ensure access and appropriate service delivery using best practices for members ex-**
 24 **periencing psychological or social barriers to care; and**
- 25 (b) **Measure the extent to which members have access to providers who possess the ex-**
 26 **pertise necessary to mitigate or remove the psychological and social barriers to care.**

27 [(2)] (3) The authority shall evaluate on a regular and ongoing basis key quality measures, in-
 28 cluding health status, experience of care and patient activation, along with key demographic vari-
 29 ables including race and ethnicity, for members in each coordinated care organization and for
 30 members statewide.

31 [(3)] (4) Quality measures identified by the authority under this section must be consistent with
 32 existing state and national quality measures. The authority shall utilize available data systems for
 33 reporting and take actions to eliminate any redundant reporting or reporting of limited value.

34 [(4)] (5) The authority shall publish the information collected under this section at aggregate
 35 levels that do not disclose information otherwise protected by law. The information published must
 36 report, by coordinated care organization:

- 37 (a) Quality measures;
- 38 (b) Costs;
- 39 (c) Outcomes; and
- 40 (d) Other information, as specified by the contract between the coordinated care organization
 41 and the authority, that is necessary for the authority, members and the public to evaluate the value
 42 of health services delivered by a coordinated care organization.

43 **SECTION 3. This 2012 Act being necessary for the immediate preservation of the public**
 44 **peace, health and safety, an emergency is declared to exist, and this 2012 Act takes effect**
 45 **on its passage.**

