

REVENUE: No revenue impact

FISCAL: May have fiscal impact, statement not yet issued

Action:	Do Pass as Amended, Be Printed Engrossed, and Be Referred to the Committee on Ways and Means by prior reference
Vote:	5 - 0 - 4
Yeas:	Bruun, Flores, Maurer, Richardson, Greenlick
Nays:	0
Exc.:	Bonamici, Cannon, Gelser, Kotek
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	4/18 (Access sub), 4/25 (Access sub), 4/27 (Full)

WHAT THE MEASURE DOES: Creates the Primary Care Home Collaborative Demonstration Program to award grants to: 1) Create incentives to increase access to health care; 2) Test elements of primary care model; and 3) Support collaboratives that integrate primary care models with broader health systems. Outlines the elements that successful awards of grants must contain. Specifies that no less than 20 grants be awarded and that grants be of different sizes and vary in populations served. Establishes criteria that grantees must meet. Requires Department of Human Services (DHS) to expand knowledge base and dissemination of information from funded projects. Requires DHS to establish an advisory body for the project. Requires that not less than two grants be awarded to projects with specific rural care access goals. Outlines requirements of grantees in regard to applying for grants, reporting, provider reimbursement and outcomes. Encourages grantees to pay or reimburse for nursing services within project. Allows grantees to receive reimbursement from DHS for nursing services to medical assistance recipients and to collect and report data on services that are reimbursed. Requires DHS to evaluate impact of reimbursing nursing services on the Oregon Health Plan. Specifies that DHS may adopt rules to require that forms and contracts be fewer than 10 pages in length and comply with recognized standards for readability. Requires DHS to work with stakeholders to determine a methodology that would more accurately compensate an expanded role of nursing services in the primary care home model. Requires grantee providers that collect and report this data to receive Medicaid reimbursement for services provided after January 1, 2009. Requires DHS to seek federal waivers for implementation of grants. Requires DHS to seek federal approval of a waiver of the Emergency Medical Treatment and Active Labor Act to allow redirection of patients from emergency rooms to co-located urgent care services. Establishes the Primary Care Home Collaborative Demonstration Fund for the purpose of providing grants, and appropriates moneys from the General Fund. Declares an emergency effective July 1, 2007.

ISSUES DISCUSSED:

- Workgroup participants and process
- The measure incorporates three separate bills
- The need to provide incentives to communities and local health centers to create solutions
- Locally-based systems could result in cost savings and improved health outcomes
- The ability to leverage state, local and federal resources
- Review of current community health collaborative activities
- Importance of involving multiple, diverse, and public-private stakeholders
- Potential to be a model for statewide health care delivery system reform
- Fiscal impact

EFFECT OF COMMITTEE AMENDMENT: Replaces original measure.

BACKGROUND: Currently, there are no state-specific funds to award grants to test and increase models of primary care. Three measures before the 2007 Legislative Assembly—Senate Bill 562, House Bill 2850 and House Bill 3250—contain various provisions on expanding community collaboratives and primary care models. Proponents of these various measures formed a workgroup that blended portions of these bills into House Bill 3097-A.

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This summary has not been adopted or officially endorsed by action of the committee.