

HOUSE AMENDMENTS TO HOUSE BILL 3418

By COMMITTEE ON HEALTH CARE

May 4

1 On page 1 of the printed bill, delete lines 4 through 29.

2 On page 2, delete lines 1 through 20 and insert:

3 “Whereas the Legislative Assembly directs the purchase of billions of dollars of health care and
4 state government is the biggest consumer of health care in Oregon, and it is time for the state to
5 pay for health care in an intelligent way; and

6 “Whereas starting with primary care, we need to reform what and how we pay for health ser-
7 vices, and it is time to see primary care as an investment with a financial return of fewer visits to
8 hospital emergency rooms and episodes of acute care; and

9 “Whereas it is time to buy primary care that is focused on prevention and case management that
10 will promote good health; and

11 “Whereas it is time to reward culturally competent, patient-centered health coordination; and

12 “Whereas it is time to integrate physical, behavioral and oral health; and

13 “Whereas it is time to include public health, school-based health centers and mental health
14 services in our insurance-based payment system; and

15 “Whereas people will make most of their health choices at home, but payment for health care
16 ends at the clinic door; and

17 “Whereas active case management is a way to maintain a connection between clinics and pa-
18 tients, from assisting patients in making choices as significant as follow-up on medication or physical
19 therapy, to coaching patients on good eating habits and coping with depression, encouraging exer-
20 cise and providing support for anger management; and

21 “Whereas effective case management brings health care into its most timely and appropriate
22 setting, namely the home and community, and reduces the costs associated with any health care
23 visit; and

24 “Whereas the current reimbursement structure rewards medical interventions as revenue gen-
25 erators and discourages primary and preventive care services by nonpayment or underpayment; and

26 “Whereas the current primary care workforce is in crisis, due in part to the reimbursement
27 levels for primary care; and

28 “Whereas reforming this system to reward primary and preventive care as revenue generators
29 will translate into better health outcomes, fewer medical interventions and a system with less
30 overall expense; and

31 “Whereas we have the research and evidence to know what works well, and Oregon has exam-
32 ples of primary care successes at the local level; and

33 “Whereas when primary care is well organized, a patient visit is an opportunity to spend time
34 assessing and addressing all of a patient’s needs, not just the need that prompted the visit, thereby
35 reducing the incidents of delayed care, which add cost to the system; and

1 “Whereas it is time to set a clear direction for the state to expect quality care to become the
2 norm; and

3 “Whereas any transition will take some time, as these reforms will need to be phased into any
4 purchasing strategy; and

5 “Whereas the current health care system in the United States is not sustainable due to rising
6 costs and an increasing number of uninsured individuals; and

7 “Whereas the number of visits to hospital emergency rooms continues to grow, and a significant
8 number of these visits are for nonurgent or preventable conditions; and

9 “Whereas the health care system is fragmented, access to care is episodic and relationships
10 between patients and providers are strained; and

11 “Whereas current systems for financing primary care emphasize 10- to 15-minute office visits and
12 fail to support patient-centered care that could improve patients’ health status and lower overall
13 costs to the broader health care system; now, therefore,”.

14 Delete lines 22 through 45 and delete pages 3 and 4 and insert:

15 **“SECTION 1. (1) As used in this section, ‘primary care home’ means a primary care de-**
16 **livery system, including, but not limited to, health care safety net clinics, private practice**
17 **clinics and clinics owned by hospitals that promote at least the following elements:**

18 **“(a) The patient and the patient-provider relationship are at the center of all health care**
19 **activities.**

20 **“(b) The patient may access care when and in the manner the patient needs in a variety**
21 **of ways, including by telephone, electronically and same-day visits.**

22 **“(c) A team approach to patient-centered care is maximized, supporting all provider team**
23 **members to utilize the full scope of the provider team members’ licenses.**

24 **“(d) Behavioral health providers are integrated into the primary care delivery system,**
25 **but are not necessarily in the same location as physical health services.**

26 **“(e) Provider teams provide care in a culturally competent manner. Translation and**
27 **other services that reflect cultural sensitivity are provided as needed.**

28 **“(f) The care is managed and coordinated across the system of community services, when**
29 **feasible, so that all of the patient’s health needs are met, including, but not limited to, fa-**
30 **cilitating access to necessary specialty and hospital care, nutrition and homeless services.**

31 **“(g) Proactive, comprehensive care is provided for the populations served.**

32 **“(h) Nursing services have an expanded role in the delivery of primary care, including,**
33 **but not limited to, care coordination, telephone outreach, school-based health, home visits,**
34 **telephone triage and clinical case management, and coordination of information-sharing**
35 **among various providers in communities.**

36 **“(i) Strategies designed to hold patients accountable for adhering to the patients’ health**
37 **goals are implemented.**

38 **“(j) Case management for managing chronic diseases, behavioral health and end-of-life**
39 **care is efficient and timely and is both population based and patient centered.**

40 **“(2) No later than June 30, 2010, the Department of Human Services shall report to the**
41 **appropriate interim committees of the Legislative Assembly on the feasibility of implemen-**
42 **tation of a system for reimbursement for health care delivered through primary care homes**
43 **in the Medicaid program. If feasible, the reimbursement system shall include:**

44 **“(a) Use of the existing Medicare codes or development of unique payment codes, in-**
45 **cluding valuing services performed by nurses and behaviorists;**

1 “(b) Payment for the establishment and use of team-based care that links the patient to
2 a personal health care provider who identifies the patient’s health needs, helps the patient
3 access appropriate care and works with a team of health professionals to address all of the
4 patient’s health care needs;

5 “(c) Preventive, educational, diagnostic care, care management and follow-up social ser-
6 vices coordination; and

7 “(d) Home visits for case management services and the use of technologies to allow pa-
8 tients to access to personal health care from remote locations.

9 “(3) The department may develop additional incentive improvement payments for man-
10 aged care capitation rates and payments for fee-for-service that are based on the goal of
11 transforming the current primary care delivery system to improve the population’s health
12 outcomes, including:

13 “(a) Incentives to encourage the integration of primary, oral and behavioral health care;

14 “(b) Performance payments that are based on the health of the entire patient population
15 of the provider or system;

16 “(c) Incentives to enable providers to utilize evidence-based best practices;

17 “(d) Incentives to enable and reward improved health outcomes; and

18 “(e) Incentives to participate in a learning collaborative.

19 “SECTION 2. The Department of Human Services shall apply to the Centers for Medicare
20 and Medicaid Services for any approval necessary to obtain federal financial participation for
21 implementing section 1 of this 2009 Act.

22 “SECTION 3. Sections 1 and 2 of this 2009 Act are repealed on January 2, 2012.

23 “SECTION 4. This 2009 Act being necessary for the immediate preservation of the public
24 peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect
25 on its passage.”.

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