## 76th OREGON LEGISLATIVE ASSEMBLY – 2011 Regular Session STAFF MEASURE SUMMARY

Senate Committee on Health Care, Human Services & Rural Health Policy

**REVENUE:** No revenue impact FISCAL: Fiscal statement issued

**Action:** Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and

**MEASURE: SB 210 A** 

**CARRIER:** 

Means

**Vote:** 3 - 2 - 0

Yeas: Bates, Shields, Monnes Anderson

Nays: Kruse, Morse

**Exc.:** 0

**Prepared By:** Brian Nieubuurt, Administrator

**Meeting Dates:** 2/23, 4/13, 4/18, 4/20

WHAT THE MEASURE DOES: Requires the Oregon Health Authority (OHA) to reimburse primary care practitioners providing health services to medical assistance recipients on a fee-for-service basis at a rate equal to or greater than 150 percent of the resource-based relative value scale (RBRVS) for practitioners on July 1, 2011. Beginning July 1, 2013, requires OHA to multiply payments by the increase in the Portland-Salem Consumer Price Index for All Urban Consumers for Medical Care as reported by the United States Bureau on Labor statistics. Requires reimbursement to be paid of moneys in OHA's budget. Requires prepaid managed care health services organizations (MCOs) to expend entire payment made by OHA on reimbursing contracted primary care practitioners. Declares emergency, effective on passage.

## **ISSUES DISCUSSED:**

- Reduction in number of primary care practitioners
- Problems with current payment methodology
- Purpose of the bill in the scope of health care reform
- Provisions in federal health care reform legislation
- Benefits of regular primary care visits
- Potential fiscal impact
- Services to be reimbursed

## **EFFECT OF COMMITTEE AMENDMENT:** Replaces measure.

**BACKGROUND:** The State of Oregon contracts with MCOs to provide health care coverage for low-income Oregonians under the Oregon Health Plan (OHP), the state's Medicaid program. MCOs provide medical and dental care to over 75 percent of OHP clients.

Senate Bill 210-A requires OHA to reimburse primary care practitioners providing health services to medical assistance recipients on a fee-for-service basis at a rate equal to or greater than 150 percent of the RBRVS for practitioners on July 1, 2011. The RBRVS is the standardized physician payment scale used by the federal government to make payments for services provided to Medicare patients.