A-Engrossed Senate Bill 210

Ordered by the Senate April 29 Including Senate Amendments dated April 29

Sponsored by Senator BATES (Presession filed.)

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.

Requires Oregon Health Authority to reimburse primary care practitioners directly or through prepaid managed care health services organizations based on Medicare reimbursement rate.

Declares emergency, effective on passage.

A BILL FOR AN ACT

2 Relating to the rate of reimbursement for primary care practitioners; and declaring an emergency.

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

SECTION 1. Section 2 of this 2011 Act is added to and made a part of ORS chapter 414.

SECTION 2. (1) As used in this section:

- (a) "Primary care practitioner" means a nurse practitioner who is certified by the Oregon State Board of Nursing under ORS 678.375 and who is acting within the scope of practice for a nurse practitioner, or a physician licensed under ORS chapter 677 whose specialty is family practice, general practice, internal medicine or pediatrics.
- (b) "Resource-based relative value scale" means the payment scale established by the Centers for Medicare and Medicaid Services under 42 C.F.R. 414.22.
- (2) The Oregon Health Authority shall reimburse primary care practitioners who are paid for providing health services to recipients of medical assistance on a fee-for-service basis at a rate equal to or greater than 150 percent of the resource-based relative value scale for the practitioners on July 1, 2011.
- (3) Amounts necessary to pay the reimbursements required by subsection (2) of this section shall be paid out of moneys available to the Oregon Health Authority for the budget period during which the reimbursement is to be made.
- (4) The Oregon Health Authority shall calculate the capitation rate for each prepaid managed care health services organization as defined in ORS 414.736 using a cost for reimbursing primary care practitioners providing services through the organization at the rate established under subsection (2) of this section. Prepaid managed care health services organizations shall expend the entire capitation rate payment made pursuant to this subsection on reimbursing contracted primary care practitioners.
 - SECTION 3. Section 2 of this 2011 Act is amended to read:
- **Sec. 2.** (1) As used in this section,[:]
 - [(a)] "primary care practitioner" means a nurse practitioner who is certified by the Oregon State Board of Nursing under ORS 678.375 and who is acting within the scope of practice for a nurse

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- practitioner, or a physician licensed under ORS chapter 677 whose specialty is family practice, general practice, internal medicine or pediatrics.
- [(b) "Resource-based relative value scale" means the payment scale established by the Centers for Medicare and Medicaid Services under 42 C.F.R. 414.22.]
- (2) The Oregon Health Authority shall reimburse primary care practitioners who are paid for providing health services to recipients of medical assistance on a fee-for-service basis at a rate equal to or greater than [150 percent of the resource-based relative value scale] the rate for the practitioners [on July 1, 2011] established under this section for the previous biennium, multiplied by the increase in the Portland-Salem Consumer Price Index for All Urban Consumers for Medical Care as reported by the United States Bureau of Labor Statistics.
- (3) Amounts necessary to pay the reimbursements required by subsection (2) of this section shall be paid out of moneys available to the Oregon Health Authority for the budget period during which the reimbursement is to be made.
- (4) The Oregon Health Authority shall calculate the capitation rate for each prepaid managed care health services organization as defined in ORS 414.736 using a cost for reimbursing primary care practitioners providing services through the organization at the rate established under subsection (2) of this section. Prepaid managed care health services organizations shall expend the entire capitation rate payment made pursuant to this subsection on reimbursing contracted primary care practitioners.
 - SECTION 4. Section 2 of this 2011 Act becomes operative July 1, 2011.
- SECTION 5. The amendments to section 2 of this 2011 Act by section 3 of this 2011 Act become operative July 1, 2013.
- SECTION 6. This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage.