LC 1876 2013 Regular Session 2/11/13 (LHF/ps)

DRAFT

SUMMARY

Requires health care facility that contracts with or is represented on board of directors of coordinated care organization to provide coverage of health care services for its employees through coordinated care organization or insurance. Specifies requirements for coverage. Prohibits Oregon Health Authority from making global payment to coordinated care organization for services provided by facility that fails to comply with health coverage requirement.

A BILL FOR AN ACT

2 Relating to health care facilities.

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- 3 Be It Enacted by the People of the State of Oregon:
- 4 SECTION 1. (1) As used in this section:
- 5 (a) "Coordinated care organization" has the meaning given that 6 term in ORS 414.025.
- 7 (b) "Health care facility" has the meaning given that term in ORS 8 442.015.
 - (2) A health care facility may contract with a coordinated care organization to provide health services to medical assistance recipients or may be represented on the board of directors of a coordinated care organization if, with respect to the full-time and part-time employees of the facility, the facility offers:
 - (a) Membership in a coordinated care organization;
- 15 **(b)** A qualified health plan through the health insurance exchange; 16 **or**
 - (c) A health benefit plan that covers services that are actuarially equivalent to services offered through a coordinated care organization

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.

- and that is agreed to as part of a collective bargaining agreement between the facility and the employees.
 - (3) An employee's deductibles, coinsurance, copayments and similar charges for membership in the coordinated care organization or coverage under a plan may not exceed the limits established in 42 U.S.C. 18022(c).
 - (4) The Oregon Health Authority may not provide a global payment to a coordinated care organization for services provided by a health care facility that fails to comply with subsections (2) and (3) of this section.

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