77th OREGON LEGISLATIVE ASSEMBLY – 2013 Regular Session

STAFF MEASURE SUMMARY

House Committee on Health Care

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action: Do Pass as Amended and Be Printed Engrossed

Vote: 9 - 0 - 0

Yeas: Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Weidner, Greenlick

MEASURE: HB 2020 A

CARRIER: Rep. Nathanson

Nays: 0 Exc.: 0

Prepared By: Tyler Larson, Administrator

Meeting Dates: 4/10, 4/12

WHAT THE MEASURE DOES: Requires coordinated care organizations (CCOs) accept credentials of mental health and chemical dependency treatment providers found by another CCO to meet credentialing requirements and quality standards. Requires Oregon Health Authority (OHA) adopt by rule credentialing standards for mental health and chemical dependency treatment providers. Requires OHA adopt by rule requirements for programs to qualify as mental health or chemical dependency treatment providers. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Provisions of the bill
- Impact of redundant credentialing requirements on providers

EFFECT OF COMMITTEE AMENDMENT: Requires Oregon Health Authority (OHA) adopt by rule credentialing standards for mental health and chemical dependency treatment providers. Requires OHA adopt by rule requirements for programs to qualify as mental health or chemical dependency treatment providers.

BACKGROUND: In 2012, Senate Bill 1580 was enacted, which approves Oregon Health Authority's coordinated care organization (CCO) proposal. CCOs are local health entities that deliver health coverage to Oregon's Medicaid recipients, and are designed to more efficiently and effectively deliver health care by coordinating mental, physical and dental care. Currently, a provider must credential with each CCO with whom it contracts. Proponents assert that this process is cumbersome, costly and redundant.

House Bill 2020-A seeks to reduce costs for providers and increase access to mental health and chemical dependency treatment providers in CCOs by requiring CCOs to accept credentials found to be sufficient by another CCO. The bill also requires the Oregon Health Authority adopt standards for credentialing these providers to ensure uniformity.