

# B-Engrossed House Bill 2020

Ordered by the Senate May 28  
Including House Amendments dated April 17 and Senate Amendments  
dated May 28

Sponsored by Representative NATHANSON, Senator KNOPP; Representatives CONGER, HUFFMAN, Senator SHIELDS

## 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 coordinated care organizations to accept credentials of mental health treatment providers and chemical dependency treatment providers found by another coordinated care organization to meet credentialing requirements.]*

**Requires Oregon Health Authority to convene committee to advise authority in adopting rules governing authority's on-site quality assessments of organizations that provide mental health or chemical dependency treatment. Requires coordinated care organization to accept assessment conducted by authority as evidence that provider meets on-site assessment requirements for credentialing. Provides civil immunity to coordinated care organization that relies in good faith, for credentialing purposes, on assessment conducted by authority. Requires authority to provide report of on-site quality assessment to insurer or health care service contractor upon request.**

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to standards for health care providers serving members of coordinated care organizations;  
3 and declaring an emergency.

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

5 **SECTION 1. (1) As used in this section:**

6 (a) **"Assessment" means an on-site quality assessment of an organizational provider that**  
7 **is conducted:**

8 (A) **If the provider has not been accredited by a national organization meeting the quality**  
9 **standards of the Oregon Health Authority;**

10 (B) **By the Oregon Health Authority, another state agency or a contractor on behalf of**  
11 **the authority or another state agency; and**

12 (C) **For the purpose of issuing a certificate of approval.**

13 (b) **"Organizational provider" means an organization that provides mental health treat-**  
14 **ment or chemical dependency treatment and is not a coordinated care organization.**

15 (2) **The Oregon Health Authority shall convene a committee, in accordance with ORS**  
16 **183.333, to advise the authority with respect to the adoption, by rule, of criteria for an as-**  
17 **essment. The advisory committee shall advise the authority during the development of the**  
18 **criteria. The advisory committee shall be reconvened as needed to advise the authority with**  
19 **respect to updating the criteria to conform to changes in national accreditation standards**  
20 **or federal requirements for health plans and to advise the authority on opportunities to im-**  
21 **prove the assessment process. The advisory committee shall include, but is not limited to:**

**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.

1 (a) A representative of each coordinated care organization certified by the authority;

2 (b) Representatives of organizational providers;

3 (c) Representatives of insurers and health care service contractors that have been ac-  
4 credited by the National Committee for Quality Assurance; and

5 (d) Representatives of insurers that offer Medicare Advantage Plans that have been ac-  
6 credited by the National Committee for Quality Assurance.

7 (3) The advisory committee described in subsection (2) of this section shall recommend:

8 (a) Objective criteria for a shared assessment tool that complies with national accredi-  
9 tation standards and federal requirements for health plans;

10 (b) Procedures for conducting an assessment;

11 (c) Procedures to eliminate redundant reporting requirements for organizational provid-  
12 ers; and

13 (d) A process for addressing concerns that arise between assessments regarding compli-  
14 ance with quality standards.

15 (4) If another state agency, or a contractor on behalf of the state agency, conducts an  
16 assessment that meets the criteria adopted by the authority under subsection (2) of this  
17 section, the authority may rely on the assessment as evidence that the organizational pro-  
18 vider meets the assessment requirement for receiving a certificate of approval.

19 (5) The authority shall provide a report of an assessment to the organizational provider  
20 that was assessed and, upon request, to a coordinated care organization, insurer or health  
21 care service contractor.

22 (6) If an organizational provider has not been accredited by a national organization that  
23 is acceptable to a coordinated care organization, the coordinated care organization shall rely  
24 on the assessment conducted in accordance with the criteria adopted under subsection (2)  
25 of this section as evidence that the organizational provider meets the assessment require-  
26 ment.

27 (7) This section does not:

28 (a) Prohibit a coordinated care organization from requesting information in addition to  
29 the report of the assessment if necessary to resolve questions about whether an organiza-  
30 tional provider meets the coordinated care organization's policies and procedures for cre-  
31 dentialing;

32 (b) Prevent a coordinated care organization from requiring its own on-site quality as-  
33 sessment if the authority, another state agency or a contractor on behalf of the authority  
34 or another state agency has not conducted an assessment in the preceding 36-month period;  
35 or

36 (c) Require a coordinated care organization to contract with an organizational provider.

37 **SECTION 2.** A coordinated care organization, insurer or health care service contractor  
38 that relies in good faith on an assessment conducted according to the criteria adopted under  
39 section 1 of this 2013 Act shall be immune from civil liability that might otherwise be in-  
40 curred or imposed.

41 **SECTION 3.** The Oregon Health Authority must:

42 (1) Adopt the criteria described in section 1 of this 2013 Act no later than January 1, 2014;  
43 and

44 (2) Report the progress in implementing section 1 of this 2013 Act to the appropriate in-  
45 terim committees of the Legislative Assembly beginning in September 2013 and at each

1 meeting of the interim committees until the criteria have been adopted and fully imple-  
2 mented.

3 **SECTION 4.** This 2013 Act being necessary for the immediate preservation of the public  
4 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect  
5 on its passage.  
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