HOUSE AMENDMENTS TO A-ENGROSSED SENATE BILL 725

By COMMITTEE ON HEALTH CARE

May 31

1 In line 2 of the printed A-engrossed bill, after the semicolon insert "creating new provisions;
2 amending ORS 414.625 and section 13, chapter 8, Oregon Laws 2012;".
3 In line 10, delete "Shall" and insert "May".
4 In line 11, after "contract" insert "or is otherwise in breach of the contract".
5 After line 19, insert:
6 "**SECTION 3.** ORS 414.625, as amended by section 20, chapter 8, Oregon Laws 2012, is amended
7 to read:
8 "414.625. (1) The Oregon Health Authority shall adopt by rule the qualification criteria and re-
9 quirements for a coordinated care organization and shall integrate the criteria and requirements
10 into each contract with a coordinated care organization. Coordinated care organizations may be
11 local, community-based organizations or statewide organizations with community-based participation
12 in governance or any combination of the two. Coordinated care organizations may contract with
13 counties or with other public or private entities to provide services to members. The authority may
14 not contract with only one statewide organization. A coordinated care organization may be a single
15 corporate structure or a network of providers organized through contractual relationships. The cri-
16 teria adopted by the authority under this section must include, but are not limited to, the coordi-
17 nated care organization's demonstrated experience and capacity for:
18 "(a) Managing financial risk and establishing financial reserves.
19 "(b) Meeting the following minimum financial requirements:
20 "(A) Maintaining restricted reserves of $250,000 plus an amount equal to 50 percent of the co-
21 ordinated care organization's total actual or projected liabilities above $250,000.
22 "(B) Maintaining a net worth in an amount equal to at least five percent of the average com-
23 bined revenue in the prior two quarters of the participating health care entities.
24 "(c) Operating within a fixed global budget.
25 "(d) Developing and implementing alternative payment methodologies that are based on health
26 care quality and improved health outcomes.
27 "(e) Coordinating the delivery of physical health care, mental health and chemical dependency
28 services, oral health care and covered long-term care services.
29 "(f) Engaging community members and health care providers in improving the health of the
30 community and addressing regional, cultural, socioeconomic and racial disparities in health care
31 that exist among the coordinated care organization's members and in the coordinated care
32 organization's community.
33 "(2) In addition to the criteria specified in subsection (1) of this section, the authority must
34 adopt by rule requirements for coordinated care organizations contracting with the authority so
35 that:

1 "(a) Each member of the coordinated care organization receives integrated person centered care
2 and services designed to provide choice, independence and dignity.
3 "(b) Each member has a consistent and stable relationship with a care team that is responsible
4 for comprehensive care management and service delivery.
5 "(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion,
6 using patient centered primary care homes or other models that support patient centered primary
7 care and individualized care plans to the extent feasible.
8 "(d) Members receive comprehensive transitional care, including appropriate follow-up, when
9 entering and leaving an acute care facility or a long term care setting.
10 "(e) Members receive assistance in navigating the health care delivery system and in accessing
11 community and social support services and statewide resources, including through the use of certi-
12 fied health care interpreters, as defined in ORS 413.550, community health workers and personal
13 health navigators who meet competency standards established by the authority under ORS 414.665
14 or who are certified by the Home Care Commission under ORS 410.604.
15 "(f) Services and supports are geographically located as close to where members reside as pos-
16 sible and are, if available, offered in nontraditional settings that are accessible to families, diverse
17 communities and underserved populations.
18 "(g) Each coordinated care organization uses health information technology to link services and
19 care providers across the continuum of care to the greatest extent practicable and if financially vi-
20 able.
21 "(h) Each coordinated care organization complies with the safeguards for members described in
22 ORS 414.635.
23 "(i) Each coordinated care organization convenes a community advisory council that meets the
24 criteria specified in section 13, chapter 8, Oregon Laws 2012.
25 "(j) Each coordinated care organization prioritizes working with members who have high health
26 care needs, multiple chronic conditions, mental illness or chemical dependency and involves those
27 members in accessing and managing appropriate preventive, health, remedial and supportive care
28 and services to reduce the use of avoidable emergency room visits and hospital admissions.
29 "(k) Members have a choice of providers within the coordinated care organization's network and
30 that providers participating in a coordinated care organization:
31 "(A) Work together to develop best practices for care and service delivery to reduce waste and
32 improve the health and well-being of members.
33 "(B) Are educated about the integrated approach and how to access and communicate within the
34 integrated system about a patient's treatment plan and health history.
35 "(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-
36 making and communication.
37 "(D) Are permitted to participate in the networks of multiple coordinated care organizations.
38 "(E) Include providers of specialty care.
39 "(F) Are selected by coordinated care organizations using universal application and credential-
40 ing procedures, objective quality information and are removed if the providers fail to meet objective
41 quality standards.
42 "(G) Work together to develop best practices for culturally appropriate care and service delivery
43 to reduce waste, reduce health disparities and improve the health and well-being of members.
44 "(L) Each coordinated care organization reports on outcome and quality measures adopted under
45 ORS 414.638 and participates in the health care data reporting system established in ORS 442.464

and 442.466.

"(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.

"(n) Each coordinated care organization participates in the learning collaborative described in ORS 442.210 (3).

"(o) Each coordinated care organization has a [*governance structure*] **governing body** that includes:

"(A) Persons that share in the financial risk of the organization who must constitute a majority of the [*governance structure*] **governing body**;

"(B) The major components of the health care delivery system;

"(C) At least two health care providers in active practice, including:

"(i) A physician licensed under ORS chapter 677 or a nurse practitioner certified under ORS 678.375, whose area of practice is primary care; and

"(ii) A mental health or chemical dependency treatment provider;

"(D) At least two members from the community at large, to ensure that the organization's decision-making is consistent with the values of the members and the community; and

"(E) At least one member of the community advisory council.

"**(p) Each coordinated care organization's governing body establishes standards for publicizing the activities of the coordinated care organization and the organization's community advisory councils, as necessary, to keep the community informed.**

"(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

"(4) In selecting one or more coordinated care organizations to serve a geographic area, the authority shall:

"(a) For members and potential members, optimize access to care and choice of providers;

"(b) For providers, optimize choice in contracting with coordinated care organizations; and

"(c) Allow more than one coordinated care organization to serve the geographic area if necessary to optimize access and choice under this subsection.

"(5) On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.

"**SECTION 4.** Section 13, chapter 8, Oregon Laws 2012, is amended to read:

"**Sec. 13.** (1) A coordinated care organization must have a community advisory council to ensure that the health care needs of the consumers and the community are being addressed. The council must:

"(a) Include representatives of the community and of each county government served by the coordinated care organization, but consumer representatives must constitute a majority of the membership; **and**

"[*(b) Meet no less frequently than once every three months; and*]

"[*(c)*] **(b)** Have its membership selected by a committee composed of equal numbers of county representatives from each county served by the coordinated care organization and members of the governing body of the coordinated care organization.

"(2) The duties of the council include, but are not limited to:

"(a) Identifying and advocating for preventive care practices to be utilized by the coordinated care organization;

"(b) Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the coordinated care organization; and

"(c) Annually publishing a report on the progress of the community health improvement plan.

"(3) The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan may include, but are not limited to:

"(a) Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;

"(b) Health policy;

"(c) System design;

"(d) Outcome and quality improvement;

"(e) Integration of service delivery; and

"(f) Workforce development.

"**(4) The council shall meet at least once every three months. The council shall post a report of its meetings and discussions to the website of the coordinated care organization and other websites appropriate to keeping the community informed of the council's activities. The council, the governing body of the coordinated care organization or a designee of the council or governing body has discretion as to whether public comments received at meetings that are open to the public will be included in the reports posted to the website and, if so, which comments are appropriate for posting.**

"(5) If the regular council meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the council shall hold semiannual meetings:

"(a) That are open to the public and attended by the members of the council;

"(b) At which the council shall report on the activities of the coordinated care organization and the council;

"(c) At which the council shall provide written reports on the activities of the coordinated care organization; and

"(d) At which the council shall provide the opportunity for the public to provide written or oral comments.

"(6) The coordinated care organization shall post to the organization's website contact information for, at a minimum, the chairperson, a member of the community advisory council or a designated staff member of the organization.

"(7) Meetings of the council are not subject to ORS 192.610 to 192.710.

"**SECTION 5.** Section 13, chapter 8, Oregon Laws 2012, as amended by section 4 of this 2013 Act, is amended to read:

"**Sec. 13.** (1) A coordinated care organization must have a community advisory council to ensure that the health care needs of the consumers and the community are being addressed. The council must:

"(a) Include representatives of the community and of each county government served by the coordinated care organization, but consumer representatives must constitute a majority of the membership; and

"(b) Have its membership selected by a committee composed of equal numbers of county repre-

sentatives from each county served by the coordinated care organization and members of the governing body of the coordinated care organization.

"(2) The duties of the council include, but are not limited to:

"(a) Identifying and advocating for preventive care practices to be utilized by the coordinated care organization;

"(b) Overseeing a community health assessment and adopting a community health improvement plan to serve as a strategic population health and health care system service plan for the community served by the coordinated care organization; and

"(c) Annually publishing a report on the progress of the community health improvement plan.

"(3) The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan may include, but are not limited to:

"(a) Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;

"(b) Health policy;

"(c) System design;

"(d) Outcome and quality improvement;

"(e) Integration of service delivery; and

"(f) Workforce development.

"(4) The council shall meet at least once every three months. The council shall post a report of its meetings and discussions to the website of the coordinated care organization and other websites appropriate to keeping the community informed of the council's activities. The council, the governing body of the coordinated care organization or a designee of the council or governing body has discretion as to whether public comments received at meetings that are open to the public will be included in the reports posted to the website and, if so, which comments are appropriate for posting.

"(5) If the regular council meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the council shall hold [*semiannual*] **quarterly** meetings:

"(a) That are open to the public and attended by the members of the council;

"(b) At which the council shall report on the activities of the coordinated care organization and the council;

"(c) At which the council shall provide written reports on the activities of the coordinated care organization; and

"(d) At which the council shall provide the opportunity for the public to provide written or oral comments.

"(6) The coordinated care organization shall post to the organization's website contact information for, at a minimum, the chairperson, a member of the community advisory council or a designated staff member of the organization.

"(7) Meetings of the council are not subject to ORS 192.610 to 192.710.

"**SECTION 6. The amendments to section 13, chapter 8, Oregon Laws 2012, by section 5 of this 2013 Act become operative January 1, 2015.**".

In line 20, delete "3" and insert "7".