

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2020**

1 On page 1 of the printed A-engrossed bill, line 3, delete “amending ORS
2 414.625;”.

3 Delete lines 5 through 27 and delete pages 2 and 3.

4 On page 4, delete lines 1 through 9 and insert:

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

6 **“(a) ‘Assessment’ means an on-site quality assessment of an or-**
7 **ganizational provider that is conducted:**

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

10 **“(B) By the Oregon Health Authority, another state agency or a**
11 **contractor on behalf of 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**
14 **mental health treatment or chemical dependency treatment and is not**
15 **a coordinated care organization.**

16 **“(2) The Oregon Health Authority shall convene a committee, in**
17 **accordance with ORS 183.333, to advise the authority with respect to**
18 **the adoption, by rule, of criteria for an assessment. The advisory**
19 **committee shall advise the authority during the development of the**
20 **criteria. The advisory committee shall be reconvened as needed to ad-**
21 **vice the authority with respect to updating the criteria to conform to**
22 **changes in national accreditation standards or federal requirements**

1 for health plans and to advise the authority on opportunities to im-
2 prove the assessment process. The advisory committee shall include,
3 but is not limited to:

4 “(a) A representative of each coordinated care organization certified
5 by the authority;

6 “(b) Representatives of organizational providers;

7 “(c) Representatives of insurers and health care service contractors
8 that have been accredited by the National Committee for Quality As-
9 surance; and

10 “(d) Representatives of insurers that offer Medicare Advantage
11 Plans that have been accredited by the National Committee for Quality
12 Assurance.

13 “(3) The advisory committee described in subsection (2) of this sec-
14 tion shall recommend:

15 “(a) Objective criteria for a shared assessment tool that complies
16 with national accreditation standards and federal requirements for
17 health plans;

18 “(b) Procedures for conducting an assessment;

19 “(c) Procedures to eliminate redundant reporting requirements for
20 organizational providers; and

21 “(d) A process for addressing concerns that arise between assess-
22 ments regarding compliance with quality standards.

23 “(4) If another state agency, or a contractor on behalf of the state
24 agency, conducts an assessment that meets the criteria adopted by the
25 authority under subsection (2) of this section, the authority may rely
26 on the assessment as evidence that the organizational provider meets
27 the assessment requirement for receiving a certificate of approval.

28 “(5) The authority shall provide a report of an assessment to the
29 organizational provider that was assessed and, upon request, to a co-
30 ordinated care organization, insurer or health care service contractor.

1 **“(6) If an organizational provider has not been accredited by a na-**
2 **tional organization that is acceptable to a coordinated care organiza-**
3 **tion, the coordinated care organization shall rely on the assessment**
4 **conducted in accordance with the criteria adopted under subsection (2)**
5 **of this section as evidence that the organizational provider meets the**
6 **assessment requirement.**

7 **“(7) This section does not:**

8 **“(a) Prohibit a coordinated care organization from requesting in-**
9 **formation in addition to the report of the assessment if necessary to**
10 **resolve questions about whether an organizational provider meets the**
11 **coordinated care organization’s policies and procedures for creden-**
12 **tialing;**

13 **“(b) Prevent a coordinated care organization from requiring its own**
14 **on-site quality assessment if the authority, another state agency or a**
15 **contractor on behalf of the authority or another state agency has not**
16 **conducted an assessment in the preceding 36-month period; or**

17 **“(c) Require a coordinated care organization to contract with an**
18 **organizational provider.**

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

24 **“SECTION 3. The Oregon Health Authority must:**

25 **“(1) Adopt the criteria described in section 1 of this 2013 Act no**
26 **later than January 1, 2014; and**

27 **“(2) Report the progress in implementing section 1 of this 2013 Act**
28 **to the appropriate interim committees of the Legislative Assembly**
29 **beginning in September 2013 and at each meeting of the interim com-**
30 **mittees until the criteria have been adopted and fully implemented.”.**

1 In line 10, delete “2” and insert “4”.

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