Seventy-Eighth Oregon Legislative Assembly - 2015 Regular Session MEASURE: SB 695 A

STAFF MEASURE SUMMARY Senate Committee On Health Care

Fiscal: Fiscal impact issued **Revenue:** No Revenue Impact

Action Date: 04/13/15

Action: Do Pass With Amendments And Requesting Referral To Ways And Means.

(Printed A-Engrossed.)

Meeting Dates: 04/13

Vote:

Yeas: 5 - Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward

Prepared By: Zena Rockowitz, Committee Administrator

WHAT THE MEASURE DOES:

Repeals sunset on authority of Oregon Health Authority (OHA) to contract with prepaid managed care health services organizations to provide care to medical assistance recipients. Defines prepaid managed care health services organization as managed dental care, mental health or chemical dependency organization that contracts with OHA or coordinated care organization on prepaid, capitated basis. Directs OHA to study effectiveness of dental care organizations in providing dental care and integration of dental care organizations into coordinated care organizations. Allows contract with private entity to conduct study. Requires OHA to report effects to interim committee of Legislative Assembly and appropriates \$150,000 for biennium. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Unintended consequences of Oregon Integrated and Coordinated Health Care Delivery System legislation
- Exceptions for specific populations from enrollment in coordinated care organizations
- Permission for dental care organizations to continue without insurer certificate

EFFECT OF COMMITTEE AMENDMENT:

Directs Oregon Health Authority (OHA) to study effectiveness of dental care organizations in providing dental care and integration of dental care organizations into coordinated care organizations. Allows contract with private entity to conduct study. Requires OHA to report effects to interim committee of Legislative Assembly and appropriates \$150,000 for biennium.

BACKGROUND:

House Bill 3650 (2011) and Senate Bill 1580 (2012) established the Oregon Integrated and Coordinated Health Care Delivery System to enroll individuals in the Oregon Health Plan (Medicaid program recipients) into coordinated care organizations. There are certain exceptions to enrollment in coordinated care organizations (e.g., people under age 18 years who are medically fragile) and about 50,000 members who are enrolled in prepaid managed care health services organizations. The legislation created a 2017 sunset on these organizations to provide medical care assistance on a prepaid capitated basis, which includes dental care organizations. Although these entities contract for the Oregon Health Plan enrollees, they do not hold an insurer certification from the Department of Consumer and Business Services.