

SENATE AMENDMENTS TO SENATE BILL 231

By COMMITTEE ON HEALTH CARE

April 23

- 1 On page 1 of the printed bill, delete lines 4 through 28 and delete page 2.
- 2 On page 3, delete lines 1 through 21 and insert:
- 3 **“SECTION 1. (1) As used in this section:**
- 4 **“(a) ‘Carrier’ means an insurer that offers a health benefit plan, as defined in ORS**
- 5 **743.730.**
- 6 **“(b) ‘Prominent carrier’ means:**
- 7 **“(A) A carrier with annual premium income at a threshold established by the Depart-**
- 8 **ment of Consumer and Business Services by rule.**
- 9 **“(B) The Public Employees’ Benefit Board.**
- 10 **“(C) The Oregon Educators Benefit Board.**
- 11 **“(2) All prominent carriers shall, and carriers other than prominent carriers may, report**
- 12 **to the Department of Consumer and Business Services, no later than December 31, 2015, the**
- 13 **proportion of the carrier’s total medical expenses that are allocated to primary care.**
- 14 **“(3) The department shall share with the Oregon Health Authority the information re-**
- 15 **ported so that the authority may prepare the evaluation and report described in section 2**
- 16 **of this 2015 Act.**
- 17 **“(4) The department, in collaboration with the authority, shall adopt rules prescribing the**
- 18 **primary care services for which costs must be reported under subsection (2) of this section.**
- 19 **“SECTION 2. (1) As used in this section:**
- 20 **“(a) ‘Carrier’ means an insurer that offers a health benefit plan, as defined in ORS**
- 21 **743.730.**
- 22 **“(b) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.**
- 23 **“(c) ‘Primary care’ means family medicine, general internal medicine, naturopathic**
- 24 **medicine, obstetrics and gynecology, pediatrics or general psychiatry.**
- 25 **“(d) ‘Primary care provider’ includes:**
- 26 **“(A) A physician, naturopath, nurse practitioner, physician assistant or other health**
- 27 **professional licensed or certified in this state, whose clinical practice is in the area of pri-**
- 28 **mary care.**
- 29 **“(B) A health care team or clinic that has been certified by the Oregon Health Authority**
- 30 **as a patient centered primary care home.**
- 31 **“(2) The Oregon Health Authority shall convene a primary care payment reform**
- 32 **collaborative to advise and assist the authority in developing a Primary Care Transformation**
- 33 **Initiative to develop and share best practices in technical assistance and methods of re-**
- 34 **imbursement that direct greater health care resources and investments toward supporting**
- 35 **and facilitating health care innovation and care improvement in primary care.**

1 **“(3) The authority shall invite representatives from all of the following to participate in**
2 **the primary care payment reform collaborative:**

3 **“(a) Primary care providers;**

4 **“(b) Health care consumers;**

5 **“(c) Experts in primary care contracting and reimbursement;**

6 **“(d) Independent practice associations;**

7 **“(e) Behavioral health treatment providers;**

8 **“(f) Third party administrators;**

9 **“(g) Employers that offer self-insured health benefit plans;**

10 **“(h) The Department of Consumer and Business Services;**

11 **“(i) Carriers;**

12 **“(j) A statewide organization for mental health professionals who provide primary care;**

13 **“(k) A statewide organization representing federally qualified health centers;**

14 **“(L) A statewide organization representing hospitals and health systems;**

15 **“(m) A statewide professional association for family physicians;**

16 **“(n) A statewide professional association for physicians;**

17 **“(o) A statewide professional association for nurses; and**

18 **“(p) The Centers for Medicare and Medicaid Services.**

19 **“(4) The authority shall convene the primary care payment reform collaborative no later**
20 **than October 1, 2015.**

21 **“(5) A coordinated care organization shall report to the authority, no later than Decem-**
22 **ber 31, 2015, the proportion of the organization’s total medical costs that are allocated to**
23 **primary care;**

24 **“(6) The authority, in collaboration with the Department of Consumer and Business**
25 **Services, shall adopt rules prescribing the primary care services for which costs must be**
26 **reported under subsection (5) of this section.**

27 **“SECTION 3. No later than February 1, 2016, the Oregon Health Authority and the De-**
28 **partment of Consumer and Business Services shall report to the Legislative Assembly, in the**
29 **manner provided in ORS 192.245:**

30 **“(1) The percentage of the medical expenses of carriers, coordinated care organizations,**
31 **the Public Employees’ Benefit Board and the Oregon Educators Benefit Board that is allo-**
32 **cated to primary care; and**

33 **“(2) How carriers, coordinated care organizations, the Public Employees’ Benefit Board**
34 **and the Oregon Educators Benefit Board pay for primary care.”.**

35 In line 22, delete “3” and insert “4”.

36 Delete line 45.

37 On page 4, delete lines 1 through 6.

38 In line 7, delete “8” and insert “5”.