

**PROPOSED AMENDMENTS TO
SENATE BILL 231**

1 On page 1 of the printed bill, delete lines 4 through 28 and delete page
2 2.

3 On page 3, delete lines 1 through 21 and insert:

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

5 **“(a) ‘Carrier’ means an insurer that offers a health benefit plan,**
6 **as defined in ORS 743.730.**

7 **“(b) ‘Prominent carrier’ means:**

8 **“(A) A carrier with annual premium income at a threshold estab-**
9 **lished by the Department of Consumer and Business Services by rule.**

10 **“(B) The Public Employees’ Benefit Board.**

11 **“(C) The Oregon Educators Benefit Board.**

12 **“(2) All prominent carriers shall, and carriers other than prominent**
13 **carriers may, report to the Department of Consumer and Business**
14 **Services, no later than December 31, 2015, the proportion of the**
15 **carrier’s total medical expenses that are allocated to primary care.**

16 **“(3) The department shall share with the Oregon Health Authority**
17 **the information reported so that the authority may prepare the eval-**
18 **uation and report described in section 2 of this 2015 Act.**

19 **“(4) The department, in collaboration with the authority, shall**
20 **adopt rules prescribing the primary care services for which costs must**
21 **be reported under subsection (2) of this section.**

22 **“SECTION 2. (1) As used in this section:**

1 “(a) ‘Carrier’ means an insurer that offers a health benefit plan,
2 as defined in ORS 743.730.

3 “(b) ‘Coordinated care organization’ has the meaning given that
4 term in ORS 414.025.

5 “(c) ‘Primary care’ means family medicine, general internal medi-
6 cine, naturopathic medicine, obstetrics and gynecology, pediatrics or
7 general psychiatry.

8 “(d) ‘Primary care provider’ includes:

9 “(A) A physician, naturopath, nurse practitioner, physician assist-
10 ant or other health professional licensed or certified in this state,
11 whose clinical practice is in the area of primary care.

12 “(B) A health care team or clinic that has been certified by the
13 Oregon Health Authority as a patient centered primary care home.

14 “(2) The Oregon Health Authority shall convene a primary care
15 payment reform collaborative to advise and assist the authority in
16 developing a Primary Care Transformation Initiative to develop and
17 share best practices in technical assistance and methods of re-
18 imbursement that direct greater health care resources and invest-
19 ments toward supporting and facilitating health care innovation and
20 care improvement in primary care.

21 “(3) The authority shall invite representatives from all of the fol-
22 lowing to participate in the primary care payment reform
23 collaborative:

24 “(a) Primary care providers;

25 “(b) Health care consumers;

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

27 “(d) Independent practice associations;

28 “(e) Behavioral health treatment providers;

29 “(f) Third party administrators;

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

1 **“(h) The Department of Consumer and Business Services;**
2 **“(i) Carriers;**
3 **“(j) A statewide organization for mental health professionals who**
4 **provide primary care;**
5 **“(k) A statewide organization representing federally qualified health**
6 **centers;**
7 **“(L) A statewide organization representing hospitals and health**
8 **systems;**
9 **“(m) A statewide professional association for family physicians;**
10 **“(n) A statewide professional association for physicians;**
11 **“(o) A statewide professional association for nurses; and**
12 **“(p) The Centers for Medicare and Medicaid Services.**
13 **“(4) The authority shall convene the primary care payment reform**
14 **collaborative no later than October 1, 2015.**
15 **“(5) A coordinated care organization shall report to the authority,**
16 **no later than December 31, 2015, the proportion of the organization’s**
17 **total medical costs that are allocated to primary care;**
18 **“(6) The authority, in collaboration with the Department of Con-**
19 **sumer and Business Services, shall adopt rules prescribing the primary**
20 **care services for which costs must be reported under subsection (5)**
21 **of this section.**
22 **“SECTION 3. No later than February 1, 2016, the Oregon Health**
23 **Authority and the Department of Consumer and Business Services**
24 **shall report to the Legislative Assembly, in the manner provided in**
25 **ORS 192.245:**
26 **“(1) The percentage of the medical expenses of carriers, coordinated**
27 **care organizations, the Public Employees’ Benefit Board and the**
28 **Oregon Educators Benefit Board that is allocated to primary care; and**
29 **“(2) How carriers, coordinated care organizations, the Public**
30 **Employees’ Benefit Board and the Oregon Educators Benefit Board**

1 **pay for primary care.”.**

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

3 Delete line 45.

4 On page 4, delete lines 1 through 6.

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

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