

At the request of Representative Cedric Hayden

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2834**

1 In line 2 of the printed bill, after “care” insert “; creating new provisions;  
2 and amending ORS 414.625”.

3 Delete lines 4 through 16 and insert:

4 **“SECTION 1. Section 2 of this 2017 Act is added to and made a part  
5 of ORS chapter 414.**

6 **“SECTION 2. A dental care organization that contracts with a co-  
7 ordinated care organization to serve members of the coordinated care  
8 organization must provide oral health care services to an individual  
9 who resides within the geographic area served by the dental care or-  
10 ganization if the individual:**

11 **“(1) Has family income, determined in accordance with rules  
12 adopted by the Oregon Health Authority, that is at or below 250 per-  
13 cent of the federal poverty guidelines;**

14 **“(2) Does not have oral health care coverage provided by:**

15 **“(a) The medical assistance program;**

16 **“(b) Employer-sponsored health insurance; or**

17 **“(c) The United States Department of Veterans Affairs; and**

18 **“(3)(a) Is a veteran; or**

19 **“(b) Is 65 years of age or older.**

20 **“SECTION 3. ORS 414.625 is amended to read:**

21 **“414.625. (1) The Oregon Health Authority shall adopt by rule the quali-**

1 fication criteria and requirements for a coordinated care organization and  
2 shall integrate the criteria and requirements into each contract with a co-  
3 ordinated care organization. Coordinated care organizations may be local,  
4 community-based organizations or statewide organizations with community-  
5 based participation in governance or any combination of the two. Coordi-  
6 nated care organizations may contract with counties or with other public or  
7 private entities to provide services to members. The authority may not con-  
8 tract with only one statewide organization. A coordinated care organization  
9 may be a single corporate structure or a network of providers organized  
10 through contractual relationships. The criteria adopted by the authority un-  
11 der this section must include, but are not limited to, the coordinated care  
12 organization’s demonstrated experience and capacity for:

13 “(a) Managing financial risk and establishing financial reserves.

14 “(b) Meeting the following minimum financial requirements:

15 “(A) Maintaining restricted reserves of \$250,000 plus an amount equal to  
16 50 percent of the coordinated care organization’s total actual or projected  
17 liabilities above \$250,000.

18 “(B) Maintaining a net worth in an amount equal to at least five percent  
19 of the average combined revenue in the prior two quarters of the partic-  
20 ipating health care entities.

21 “(c) Operating within a fixed global budget.

22 “(d) Developing and implementing alternative payment methodologies that  
23 are based on health care quality and improved health outcomes.

24 “(e) Coordinating the delivery of physical health care, mental health and  
25 chemical dependency services, oral health care and covered long-term care  
26 services.

27 “(f) Engaging community members and health care providers in improving  
28 the health of the community and addressing regional, cultural, socioeconomic  
29 and racial disparities in health care that exist among the coordinated care  
30 organization’s members and in the coordinated care organization’s commu-

1 nity.

2 “(2) In addition to the criteria specified in subsection (1) of this section,  
3 the authority must adopt by rule requirements for coordinated care organ-  
4 izations contracting with the authority so that:

5 “(a) Each member of the coordinated care organization receives integrated  
6 person centered care and services designed to provide choice, independence  
7 and dignity.

8 “(b) Each member has a consistent and stable relationship with a care  
9 team that is responsible for comprehensive care management and service  
10 delivery.

11 “(c) The supportive and therapeutic needs of each member are addressed  
12 in a holistic fashion, using patient centered primary care homes, behavioral  
13 health homes or other models that support patient centered primary care and  
14 behavioral health care and individualized care plans to the extent feasible.

15 “(d) Members receive comprehensive transitional care, including appro-  
16 priate follow-up, when entering and leaving an acute care facility or a long  
17 term care setting.

18 “(e) Members receive assistance in navigating the health care delivery  
19 system and in accessing community and social support services and statewide  
20 resources, including through the use of certified health care interpreters, as  
21 defined in ORS 413.550, community health workers and personal health  
22 navigators who meet competency standards established by the authority un-  
23 der ORS 414.665 or who are certified by the Home Care Commission under  
24 ORS 410.604.

25 “(f) Services and supports are geographically located as close to where  
26 members reside as possible and are, if available, offered in nontraditional  
27 settings that are accessible to families, diverse communities and underserved  
28 populations.

29 “(g) Each coordinated care organization uses health information technol-  
30 ogy to link services and care providers across the continuum of care to the

1 greatest extent practicable and if financially viable.

2 “(h) Each coordinated care organization complies with the safeguards for  
3 members described in ORS 414.635.

4 “(i) Each coordinated care organization convenes a community advisory  
5 council that meets the criteria specified in ORS 414.627.

6 “(j) Each coordinated care organization prioritizes working with members  
7 who have high health care needs, multiple chronic conditions, mental illness  
8 or chemical dependency and involves those members in accessing and man-  
9 aging appropriate preventive, health, remedial and supportive care and ser-  
10 vices to reduce the use of avoidable emergency room visits and hospital  
11 admissions.

12 “(k) Members have a choice of providers within the coordinated care  
13 organization’s network and that providers participating in a coordinated care  
14 organization:

15 “(A) Work together to develop best practices for care and service delivery  
16 to reduce waste and improve the health and well-being of members.

17 “(B) Are educated about the integrated approach and how to access and  
18 communicate within the integrated system about a patient’s treatment plan  
19 and health history.

20 “(C) Emphasize prevention, healthy lifestyle choices, evidence-based  
21 practices, shared decision-making and communication.

22 “(D) Are permitted to participate in the networks of multiple coordinated  
23 care organizations.

24 “(E) Include providers of specialty care.

25 “(F) Are selected by coordinated care organizations using universal ap-  
26 plication and credentialing procedures and objective quality information and  
27 are removed if the providers fail to meet objective quality standards.

28 “(G) Work together to develop best practices for culturally appropriate  
29 care and service delivery to reduce waste, reduce health disparities and im-  
30 prove the health and well-being of members.

1 “(L) Each coordinated care organization:

2 “(A) Reports on outcome and quality measures adopted under ORS 414.638  
3 [*and*];

4 “(B) Participates in the health care data reporting system established in  
5 ORS 442.464 and 442.466; **and**

6 “(C) **Reports information about dental care organizations contract-**  
7 **ing with the coordinated care organization, as prescribed by the au-**  
8 **thority, as necessary to ensure compliance with section 2 of this 2017**  
9 **Act.**

10 “(m) Each coordinated care organization uses best practices in the man-  
11 agement of finances, contracts, claims processing, payment functions and  
12 provider networks.

13 “(n) Each coordinated care organization participates in the learning  
14 collaborative described in ORS 413.259 (3).

15 “(o) Each coordinated care organization has a governing body that in-  
16 cludes:

17 “(A) Persons that share in the financial risk of the organization who must  
18 constitute a majority of the governing body;

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

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

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

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

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

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

28 “(p) Each coordinated care organization’s governing body establishes  
29 standards for publicizing the activities of the coordinated care organization  
30 and the organization’s community advisory councils, as necessary, to keep

1 the community informed.

2 **“(q) Each dental care organization contracting with a coordinated**  
3 **care organization complies with the requirements of section 2 of this**  
4 **2017 Act.**

5 “(3) The authority shall consider the participation of area agencies and  
6 other nonprofit agencies in the configuration of coordinated care organiza-  
7 tions.

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

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

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

14 “(c) Allow more than one coordinated care organization to serve the ge-  
15 ographic area if necessary to optimize access and choice under this sub-  
16 section.

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

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