

Requested by Representative HAYDEN

**PROPOSED AMENDMENTS TO
HOUSE BILL 2834**

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

3 Delete lines 4 through 16 and insert:

4 **“SECTION 1. (1) As used in this section, ‘mobile sedation services’**
5 **means sedation services performed by a health professional who con-**
6 **tracts with a dentist to provide sedation services to a patient of the**
7 **dentist but who is not otherwise involved in the treatment of the pa-**
8 **tient.**

9 **“(2) The Oregon Board of Dentistry, the Oregon Medical Board and**
10 **the Oregon State Board of Nursing shall, in collaboration, investigate**
11 **the use of mobile sedation services and develop a plan to ensure the**
12 **safety of patients receiving mobile sedation services.**

13 **“(3) The boards shall report the findings of their investigation and**
14 **the plan developed under subsection (2) of this section to the interim**
15 **committees of the Legislative Assembly related to health no later than**
16 **September 15, 2017.**

17 **“SECTION 2. Section 3 of this 2017 Act is added to and made a part**
18 **of ORS chapter 414.**

19 **“SECTION 3. A dental care organization that contracts with a co-**
20 **ordinated care organization to serve members of the coordinated care**
21 **organization must provide oral health care services to an individual**

1 **who resides within the geographic area served by the dental care or-**
2 **ganization if the individual:**

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

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

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

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

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

10 **“(3)(a) Is a veteran; or**

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

12 **“SECTION 4.** ORS 414.625 is amended to read:

13 **“414.625. (1) The Oregon Health Authority shall adopt by rule the quali-**
14 **fication criteria and requirements for a coordinated care organization and**
15 **shall integrate the criteria and requirements into each contract with a co-**
16 **ordinated care organization. Coordinated care organizations may be local,**
17 **community-based organizations or statewide organizations with community-**
18 **based participation in governance or any combination of the two. Coordi-**
19 **nated care organizations may contract with counties or with other public or**
20 **private entities to provide services to members. The authority may not con-**
21 **tract with only one statewide organization. A coordinated care organization**
22 **may be a single corporate structure or a network of providers organized**
23 **through contractual relationships. The criteria adopted by the authority un-**
24 **der this section must include, but are not limited to, the coordinated care**
25 **organization’s demonstrated experience and capacity for:**

26 **“(a) Managing financial risk and establishing financial reserves.**

27 **“(b) Meeting the following minimum financial requirements:**

28 **“(A) Maintaining restricted reserves of \$250,000 plus an amount equal to**
29 **50 percent of the coordinated care organization’s total actual or projected**
30 **liabilities above \$250,000.**

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

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

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

7 “(e) Coordinating the delivery of physical health care, mental health and
8 chemical dependency services, oral health care and covered long-term care
9 services.

10 “(f) Engaging community members and health care providers in improving
11 the health of the community and addressing regional, cultural, socioeconomic
12 and racial disparities in health care that exist among the coordinated care
13 organization’s members and in the coordinated care organization’s commu-
14 nity.

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

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

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

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

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

1 “(e) Members receive assistance in navigating the health care delivery
2 system and in accessing community and social support services and statewide
3 resources, including through the use of certified health care interpreters, as
4 defined in ORS 413.550, community health workers and personal health
5 navigators who meet competency standards established by the authority un-
6 der ORS 414.665 or who are certified by the Home Care Commission under
7 ORS 410.604.

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

12 “(g) Each coordinated care organization uses health information technol-
13 ogy to link services and care providers across the continuum of care to the
14 greatest extent practicable and if financially viable.

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

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

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

25 “(k) Members have a choice of providers within the coordinated care
26 organization’s network and that providers participating in a coordinated care
27 organization:

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

30 “(B) Are educated about the integrated approach and how to access and

1 communicate within the integrated system about a patient’s treatment plan
2 and health history.

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

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

7 “(E) Include providers of specialty care.

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

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

14 “(L) Each coordinated care organization:

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

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

19 “(C) **Reports information about dental care organizations contract-**
20 **ing with the coordinated care organization, as prescribed by the au-**
21 **thority, as necessary to ensure compliance with section 3 of this 2017**
22 **Act.**

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

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

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

30 “(A) Persons that share in the financial risk of the organization who must

1 constitute a majority of the governing body;

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

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

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

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

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

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

11 “(p) Each coordinated care organization’s governing body establishes
12 standards for publicizing the activities of the coordinated care organization
13 and the organization’s community advisory councils, as necessary, to keep
14 the community informed.

15 **“(q) Each dental care organization contracting with a coordinated
16 care organization complies with the requirements of section 3 of this
17 2017 Act.**

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

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

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

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

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

30 “(5) On or before July 1, 2014, each coordinated care organization must

1 have a formal contractual relationship with any dental care organization
2 that serves members of the coordinated care organization in the area where
3 they reside.

4 **“SECTION 5. Section 3 of this 2017 Act and the amendments to ORS
5 414.625 by section 4 of this 2017 Act become operative on January 1,
6 2018.**

7 **“SECTION 6. Section 1 of this 2017 Act is repealed on December 31,
8 2017.**

9 **“SECTION 7. This 2017 Act being necessary for the immediate
10 preservation of the public peace, health and safety, an emergency is
11 declared to exist, and this 2017 Act takes effect on its passage.”.**

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