

## HOUSE AMENDMENTS TO HOUSE BILL 4018

By COMMITTEE ON HEALTH CARE

February 16

1 On page 1 of the printed bill, line 2, after “414.625” insert “and 414.652”.

2 Delete lines 6 and 7 and insert:

3 **“SECTION 2. (1) As used in this section, ‘decision’ has the meaning given that term in**  
4 **ORS 192.610.**

5 **“(2) Meetings of a governing body of a coordinated care organization in which decisions**  
6 **are made final must:**

7 **“(a) Be open to the public;**

8 **“(b) Provide an opportunity for members of the public to provide written or oral testi-**  
9 **mony; and**

10 **“(c) Include the minutes or other record of the previous meeting of the governing body.**

11 **“(3) A coordinated care organization shall give public notice, reasonably calculated to**  
12 **give actual notice to interested persons, of the time and place for meetings described in**  
13 **subsection (1) of this section.**

14 **“(4) Meetings of a governing body of a coordinated care organization are not subject to**  
15 **ORS 192.610 to 192.690.**

16 **“(5) The governing body of a coordinated care organization shall provide for the sound,**  
17 **video or digital recording or the taking of written minutes of all its meetings. Neither a full**  
18 **transcript nor a full recording of a meeting is required but the written minutes or recording**  
19 **must give a true reflection of the matters discussed at the meeting and the views of the**  
20 **participants. All minutes or recordings must be available to the public within a reasonable**  
21 **time after the meeting and must include at least the following information:**

22 **“(a) All members of the governing body present;**

23 **“(b) All motions, proposals, resolutions, orders, ordinances and measures proposed and**  
24 **their disposition;**

25 **“(c) Unanimous votes on decisions or, if a vote is not unanimous, the results of the vote**  
26 **and the vote of each member by name; and**

27 **“(d) The substance of any discussion on any matter.**

28 **“(6) A coordinated care organization shall make available on its website, at a minimum,**  
29 **the following information:**

30 **“(a) The minutes or other record of previous meetings of the governing body of the co-**  
31 **ordinated care organization; and**

32 **“(b) Contact information for:**

33 **“(A) The chairperson of the governing body; and**

34 **“(B) A member of the governing body or a staff member of the coordinated care organ-**  
35 **ization responsible for providing information to the public about the activities of the coordi-**

1 **nated care organization.”.**

2 In lines 14 and 15, restore the bracketed material.

3 On page 2, line 5, delete “spending” and insert “spend”.

4 On page 3, line 27, after the bracketed material insert “that complies with section 2 of this 2018  
5 Act and”.

6 On page 4, line 6, restore the bracketed material.

7 In lines 16 and 17, restore the bracketed material.

8 In line 35, delete “spending” and insert “spend”.

9 On page 6, line 12, after the bracketed material insert “that complies with section 2 of this 2018  
10 Act and”.

11 In line 36, restore the bracketed material.

12 After line 38, insert:

13 “**SECTION 5.** ORS 414.652 is amended to read:

14 “414.652. (1) **As used in this section:**

15 “(a) **‘Benefit period’ means a period of time, shorter than the five-year contract term,**  
16 **for which specific terms and conditions in a contract between a coordinated care organiza-**  
17 **tion and the Oregon Health Authority are in effect.**

18 “(b) **‘Renew’ means an agreement by a coordinated care organization to amend the terms**  
19 **or conditions of an existing contract for the next benefit period.**

20 “[1] (2) A contract entered into between the [*Oregon Health*] authority and a coordinated care  
21 organization under ORS 414.625 (1):

22 “(a) Shall be for a term of five years;

23 “(b) Except as provided in subsection [(3)] (4) of this section, may not be amended more than  
24 once in each 12-month period; and

25 “(c) May be terminated **by the authority** if a coordinated care organization fails to meet out-  
26 come and quality measures specified in the contract or is otherwise in breach of the contract.

27 “[2] (3) This section does not prohibit the authority from allowing a coordinated care organ-  
28 ization a reasonable amount of time in which to cure any failure to meet outcome and quality  
29 measures specified in the contract prior to the termination of the contract.

30 “[3] (4) A contract entered into between the authority and a coordinated care organization  
31 may be amended more than once in each 12-month period if:

32 “(a) The authority and the coordinated care organization mutually agree to amend the contract;  
33 or

34 “(b) Amendments are necessitated by changes in federal or state law.

35 “[4] (5) **Except as provided in subsection (7) of this section,** the authority must give a co-  
36 ordinated care organization at least 60 days’ advance notice of any amendments the authority pro-  
37 poses to existing contracts between the authority and the coordinated care organization[, *or to*  
38 *contracts to be renewed, including the global budget paid to the coordinated care organization under*  
39 *the contract*].

40 “[5] (6) An amendment to a contract may apply retroactively only if:

41 “(a) The amendment does not result in a claim by the authority for the recovery of amounts paid  
42 by the authority to the coordinated care organization prior to the date of the amendment; or

43 “(b) The Centers for Medicare and Medicaid Services notifies the authority, in writing, that the  
44 amendment is a condition for approval of the contract by the Centers for Medicare and Medicaid  
45 Services.

1           “(7) No later than 134 days prior to the end of a benefit period, the authority shall provide  
2 to each coordinated care organization notice of the proposed changes to the terms and con-  
3 ditions of a contract, as will be submitted to the Centers for Medicare and Medicaid Services  
4 for approval, for the next benefit period.

5           “(8) A coordinated care organization must notify the authority of the coordinated care  
6 organization’s refusal to renew a contract with the authority no later than 14 days after the  
7 authority provides the notice described in subsection (7) of this section. Except as provided  
8 in subsections (9) and (10) of this section, a refusal to renew terminates the contract at the  
9 end of the benefit period.

10          “(9) The authority may require a contract to remain in force into the next benefit period  
11 and be amended as proposed by the authority until 90 days after the coordinated care or-  
12 ganization has, in accordance with criteria prescribed by the authority:

13           “(a) Notified each of its members and contracted providers of the termination of the  
14 contract;

15           “(b) Provided to the authority a plan to transition its members to another coordinated  
16 care organization; and

17           “(c) Provided to the authority a plan for closing out its coordinated care organization  
18 business.

19          “(10) The authority may waive compliance with the deadlines in subsections (8) and (9)  
20 of this section if the Director of the Oregon Health Authority finds that the waiver of the  
21 deadlines is consistent with the effective and efficient administration of the medical assist-  
22 ance program and the protection of medical assistance recipients.”.

23          In line 39, delete “5” and insert “6”.  
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