

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
HOUSE BILL 4018**

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**
4 **given that term in ORS 192.610.**

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

7 **“(a) Be open to the public;**

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

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

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

15 **“(4) Meetings of a governing body of a coordinated care organiza-**
16 **tion are not subject to ORS 192.610 to 192.690.**

17 **“(5) The governing body of a coordinated care organization shall**
18 **provide for the sound, video or digital recording or the taking of**
19 **written minutes of all its meetings. Neither a full transcript nor a full**
20 **recording of a meeting is required but the written minutes or record-**
21 **ing must give a true reflection of the matters discussed at the meeting**

1 and the views of the participants. All minutes or recordings must be
2 available to the public within a reasonable time after the meeting and
3 must include at least the following information:

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

5 “(b) All motions, proposals, resolutions, orders, ordinances and
6 measures proposed and their disposition;

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

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

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

12 “(a) The minutes or other record of previous meetings of the gov-
13 erning body of the coordinated care organization; and

14 “(b) Contact information for:

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

16 “(B) A member of the governing body or a staff member of the co-
17 ordinated care organization responsible for providing information to
18 the public about the activities of the coordinated care organization.”.

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

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

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

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

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

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

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

28 In line 36, restore the bracketed material.

29 After line 38, insert:

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

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

2 “(a) **‘Benefit period’ means a period of time, shorter than the five-**
3 **year contract term, for which specific terms and conditions in a con-**
4 **tract between a coordinated care organization and the Oregon Health**
5 **Authority are in effect.**

6 “(b) **‘Renew’ means an agreement by a coordinated care organiza-**
7 **tion to amend the terms or conditions of an existing contract for the**
8 **next benefit period.**

9 “[(1)] (2) A contract entered into between the [*Oregon Health*] authority
10 and a coordinated care organization under ORS 414.625 (1):

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

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

14 “(c) May be terminated **by the authority** if a coordinated care organ-
15 ization fails to meet outcome and quality measures specified in the contract
16 or is otherwise in breach of the contract.

17 “[(2)] (3) This section does not prohibit the authority from allowing a
18 coordinated care organization a reasonable amount of time in which to cure
19 any failure to meet outcome and quality measures specified in the contract
20 prior to the termination of the contract.

21 “[(3)] (4) A contract entered into between the authority and a coordinated
22 care organization may be amended more than once in each 12-month period
23 if:

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

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

27 “[(4)] (5) **Except as provided in subsection (7) of this section,** the
28 authority must give a coordinated care organization at least 60 days’ advance
29 notice of any amendments the authority proposes to existing contracts be-
30 tween the authority and the coordinated care organization[, *or to contracts*

1 *to be renewed, including the global budget paid to the coordinated care or-*
2 *ganization under the contract].*

3 “[5] **(6)** An amendment to a contract may apply retroactively only if:

4 “(a) The amendment does not result in a claim by the authority for the
5 recovery of amounts paid by the authority to the coordinated care organiza-
6 tion prior to the date of the amendment; or

7 “(b) The Centers for Medicare and Medicaid Services notifies the au-
8 thority, in writing, that the amendment is a condition for approval of the
9 contract by the Centers for Medicare and Medicaid Services.

10 **“(7) No later than 134 days prior to the end of a benefit period, the**
11 **authority shall provide to each coordinated care organization notice**
12 **of the proposed changes to the terms and conditions of a contract, as**
13 **will be submitted to the Centers for Medicare and Medicaid Services**
14 **for approval, for the next benefit period.**

15 **“(8) A coordinated care organization must notify the authority of**
16 **the coordinated care organization’s refusal to renew a contract with**
17 **the authority no later than 14 days after the authority provides the**
18 **notice described in subsection (7) of this section. Except as provided**
19 **in subsections (9) and (10) of this section, a refusal to renew termi-**
20 **mates the contract at the end of the benefit period.**

21 **“(9) The authority may require a contract to remain in force into**
22 **the next benefit period and be amended as proposed by the authority**
23 **until 90 days after the coordinated care organization has, in accord-**
24 **ance with criteria prescribed by the authority:**

25 **“(a) Notified each of its members and contracted providers of the**
26 **termination of the contract;**

27 **“(b) Provided to the authority a plan to transition its members to**
28 **another coordinated care organization; and**

29 **“(c) Provided to the authority a plan for closing out its coordinated**
30 **care organization business.**

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

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

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