

DRAFT

SUMMARY

Requires medical assistance to include vision therapy.
Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to vision therapy; creating new provisions; amending ORS 414.065; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2021 Act is added to and made a part of ORS chapter 414.

SECTION 2. (1) As used in this section, “vision therapy” means a therapy provided by an optometrist specifically trained in the ocular motor that is used to improve visual comfort, ease and efficiency and change visual processing or interpretation of visual information, that consists of supervised in-office and at-home reinforcement exercises performed over weeks to months and may also include lenses, prisms, filters, patches, electronic targets or balance boards.

(2) The types and extent of health care and services to be provided in medical assistance, as determined by the Oregon Health Authority under ORS 414.065, must include vision therapy.

(3) The authority shall establish a single code and payment rate for billing the authority or coordinated care organizations for vision therapy provided to medical assistance recipients.

SECTION 3. ORS 414.065 is amended to read:

414.065. (1)(a) With respect to health care and services to be provided in

1 medical assistance during any period, the Oregon Health Authority shall
 2 determine, subject to such revisions as it may make from time to time and
 3 subject to legislative funding and paragraph (b) of this subsection:

4 (A) The types and extent of health care and services to be provided to
 5 each eligible group of recipients of medical assistance.

6 (B) Standards, including outcome and quality measures, to be observed in
 7 the provision of health care and services.

8 (C) The number of days of health care and services toward the cost of
 9 which medical assistance funds will be expended in the care of any person.

10 (D) Reasonable fees, charges, daily rates and global payments for meeting
 11 the costs of providing health services to an applicant or recipient.

12 (E) Reasonable fees for professional medical and dental services which
 13 may be based on usual and customary fees in the locality for similar services.

14 (F) The amount and application of any copayment or other similar cost-
 15 sharing payment that the authority may require a recipient to pay toward
 16 the cost of health care or services.

17 (b) The authority shall adopt rules establishing timelines for payment of
 18 health services under paragraph (a) of this subsection.

19 **(c) The types and extent of health care and services to be provided**
 20 **in medical assistance, as determined by the authority under paragraph**
 21 **(a)(A) of this subsection, and the fees, charges, daily rates and global**
 22 **payments determined by the authority under paragraph (a)(D) and (E)**
 23 **of this subsection, must be consistent with ORS 413.234, 414.432,**
 24 **414.598, 414.710, 414.712, 414.728, 414.743, 414.760, 414.762, 414.764, 414.766**
 25 **and 414.770 and section 2 of this 2021 Act and any other provision of**
 26 **law requiring the authority or a coordinated care organization to re-**
 27 **imburse the cost of a specific type of care.**

28 (2) The types and extent of health care and services and the amounts to
 29 be paid in meeting the costs thereof, as determined and fixed by the author-
 30 ity and within the limits of funds available therefor, shall be the total
 31 available for medical assistance and payments for such medical assistance

shall be the total amounts from medical assistance funds available to providers of health care and services in meeting the costs thereof.

(3) Except for payments under a cost-sharing plan, payments made by the authority for medical assistance shall constitute payment in full for all health care and services for which such payments of medical assistance were made.

(4) Notwithstanding subsections (1) and (2) of this section, the Department of Human Services shall be responsible for determining the payment for Medicaid-funded long term care services and for contracting with the providers of long term care services.

(5) In determining a global budget for a coordinated care organization:

(a) The allocation of the payment, the risk and any cost savings shall be determined by the governing body of the organization;

(b) The authority shall consider the community health assessment conducted by the organization in accordance with ORS 414.577 and reviewed annually, and the organization's health care costs; and

(c) The authority shall take into account the organization's provision of innovative, nontraditional health services.

(6) Under the supervision of the Governor, the authority may work with the Centers for Medicare and Medicaid Services to develop, in addition to global budgets, payment streams:

(a) To support improved delivery of health care to recipients of medical assistance; and

(b) That are funded by coordinated care organizations, counties or other entities other than the state whose contributions qualify for federal matching funds under Title XIX or XXI of the Social Security Act.

SECTION 4. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.