

House Bill 3380

Sponsored by Representatives WILLIAMS, SANCHEZ; Representatives ALONSO LEON, BONHAM, CLEM, GOMBERG, HERNANDEZ, KENY-GUYER, MEEK, MITCHELL, PRUSAK, SALINAS, SCHOUTEN, WILLIAMSON, Senators DEMBROW, ROBLAN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires coordinated care organization to make available to members of coordinated care organization advocates for victims of domestic violence, sexual violence or stalking.

A BILL FOR AN ACT

1
2 Relating to victim services; amending ORS 414.635.

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

4 **SECTION 1.** ORS 414.635 is amended to read:

5 414.635. (1) The Oregon Health Authority shall adopt by rule safeguards for members enrolled
6 in coordinated care organizations that protect against underutilization of services and inappropriate
7 denials of services. In addition to any other consumer rights and responsibilities established by law,
8 each member:

9 (a) Must be encouraged to be an active partner in directing the member's health care and ser-
10 vices and not a passive recipient of care.

11 (b) Must be educated about the coordinated care approach being used in the community and how
12 to navigate the coordinated health care system.

13 (c) Must have access to advocates[, *including qualified peer wellness specialists, peer support*
14 *specialists, personal health navigators, and qualified community health workers*] who are part of the
15 member's care team to provide assistance that is culturally and linguistically appropriate to the
16 member's need to access appropriate services and participate in processes affecting the member's
17 care and services, **including advocates who are:**

18 **(A) Peer wellness specialists;**

19 **(B) Peer support specialists;**

20 **(C) Personal health navigators;**

21 **(D) Qualified community health care workers; and**

22 **(E) Certified advocates, as defined in ORS 40.264, who:**

23 **(i) Have completed training approved by the Department of Justice; and**

24 **(ii) Are working for a qualified victim services program, coordinated care organization**
25 **or federally qualified health center.**

26 (d) Shall be encouraged within all aspects of the integrated and coordinated health care delivery
27 system to use wellness and prevention resources and to make healthy lifestyle choices.

28 (e) Shall be encouraged to work with the member's care team, including providers and commu-
29 nity resources appropriate to the member's needs as a whole person.

30 (2) The authority shall establish and maintain an enrollment process for individuals who are

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 dually eligible for Medicare and Medicaid that promotes continuity of care and that allows the
2 member to disenroll from a coordinated care organization that fails to promptly provide adequate
3 services and:

4 (a) To enroll in another coordinated care organization of the member's choice; or

5 (b) If another organization is not available, to receive Medicare-covered services on a fee-for-
6 service basis.

7 (3) Members and their providers and coordinated care organizations have the right to appeal
8 decisions about care and services through the authority in an expedited manner and in accordance
9 with the contested case procedures in ORS chapter 183.

10 (4) A health care entity may not unreasonably refuse to contract with an organization seeking
11 to form a coordinated care organization if the participation of the entity is necessary for the or-
12 ganization to qualify as a coordinated care organization.

13 (5) A health care entity may refuse to contract with a coordinated care organization if the re-
14 imbursement established for a service provided by the entity under the contract is below the rea-
15 sonable cost to the entity for providing the service.

16 (6) A health care entity that unreasonably refuses to contract with a coordinated care organ-
17 ization may not receive fee-for-service reimbursement from the authority for services that are
18 available through a coordinated care organization either directly or by contract.

19 (7)(a) The authority shall adopt by rule a process for resolving disputes involving:

20 (A) A health care entity's refusal to contract with a coordinated care organization under sub-
21 sections (4) and (5) of this section.

22 (B) The termination, extension or renewal of a health care entity's contract with a coordinated
23 care organization.

24 (b) The processes adopted under this subsection must include the use of an independent third
25 party arbitrator.

26 (8) A coordinated care organization may not unreasonably refuse to contract with a licensed
27 health care provider.

28 (9) The authority shall:

29 (a) Monitor and enforce consumer rights and protections within the Oregon Integrated and Co-
30 ordinated Health Care Delivery System and ensure a consistent response to complaints of violations
31 of consumer rights or protections.

32 (b) Monitor and report on the statewide health care expenditures and recommend actions ap-
33 propriate and necessary to contain the growth in health care costs incurred by all sectors of the
34 system.

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