

Requested by Senator KNOPP

**PROPOSED AMENDMENTS TO
SENATE BILL 1551**

1 On page 4 of the printed bill, delete lines 14 through 45.

2 On page 5, delete lines 1 through 4 and insert:

3 **“SECTION 6.** ORS 414.611 is amended to read:

4 “414.611. (1) The Oregon Health Authority may approve the transfer of
5 500 or more members from one coordinated care organization to another co-
6 ordinated care organization if:

7 “(a) The members’ provider has contracted with the receiving organiza-
8 tion and has stopped accepting patients from or has terminated providing
9 services to members of the transferring organization; and

10 “(b) Members are offered the choice of remaining members of the trans-
11 ferring organization **or transferring to a coordinated care organization**
12 **other than the receiving organization.**

13 “(2) Members may not be transferred under this section until the author-
14 ity has evaluated the receiving organization and determined that the organ-
15 ization meets criteria established by the authority by rule, including but not
16 limited to criteria that ensure that the organization meets the requirements
17 of ORS 414.609 (1).

18 “(3) [*The authority shall provide notice of a transfer under this section to*
19 *members that will be affected by the transfer*] At least 90 days before the
20 scheduled date of the transfer, **the authority shall notify the members**
21 **affected by a transfer of the opportunity to remain with the trans-**

1 **ferring organization or to transfer to a coordinated care organization**
2 **other than the receiving organization.**

3 “(4)(a) The authority may not approve the transfer of members under this
4 section if:

5 “(A) The transfer results from the termination of a provider’s contract
6 with a coordinated care organization for just cause; and

7 “(B) The coordinated care organization has notified the authority that the
8 provider’s contract was terminated for just cause.

9 “(b) A provider is entitled to a contested case hearing in accordance with
10 ORS chapter 183, on an expedited basis, to dispute the denial of a transfer
11 of members under this subsection.

12 “(c) As used in this subsection, ‘just cause’ means that the contract was
13 terminated for reasons related to quality of care, competency, fraud or other
14 similar reasons prescribed by the authority by rule.

15 “(5) The provider and the organization shall be the parties to any con-
16 tested case proceeding to determine whether the provider’s contract was
17 terminated for just cause. The authority may award attorney fees and costs
18 to the party prevailing in the proceeding, applying the factors in ORS
19 20.075.”.

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