

HB 3108 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 04/13/21

Action: Do pass with amendments to the bill, and be referred to Ways and Means. (Printed A-Eng).

Vote: 8-1-1-0

Yeas: 8 - Alonso Leon, Campos, Dexter, Hayden, Moore-Green, Prusak, Salinas, Schouten

Nays: 1 - Noble

Exc: 1 - Drazan

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 2/11, 4/13

WHAT THE MEASURE DOES:

Defines "primary care." Requires individual and group health insurance policies not offered on the health insurance exchange to provide reimbursement for at least three primary care visits annually in addition to required annual preventive primary care visit. Prohibits imposition of copayments, coinsurance or deductibles on primary care visits for specified insurers. Requires insurers offering plans on the health insurance exchange to offer at least one plan in each metal tier that meets annual primary care visit requirements. Exempts plans offered by Public Employees' Benefit Board or the Oregon Educators Benefit Board from three annual primary care visit requirement. Prohibits individual and group health insurance policies, the Oregon Health Authority (OHA), and coordinated care organizations (CCOs) from denying coverage or imposing multiple copayments for services provided by behavioral health home and patient centered primary care home because services were provided on same day or in same facility. Prohibits imposition of prior authorization requirements for covered behavioral health service provided by a specialist in a behavioral health home or a patient centered primary care home. Exempts plans reimbursing using a fixed global budget or other alternative payment methodology. Requires insurers, OHA, and CCOs to assign beneficiaries a primary care provider if beneficiary has not selected a primary care provider by 90th day after enrollment. Requires Department of Consumer and Business Services (DCBS) and OHA to adopt rules prescribing a methodology for assignment of primary care providers. Applies requirements to policies or certificates of insurance issued, renewed or extended on or after October 1, 2022, for coverage during the 2023 plan year.

ISSUES DISCUSSED:

- Interim health care work group focused on primary care
- Patient assignment among carriers, patient choice, and provider risk selection
- Potential impact on health care costs; access to specialized behavioral health services
- Decrease barriers to care by modifying patient copays and prior authorization requirements

EFFECT OF AMENDMENT:

Exempts plans offered by Public Employees' Benefit Board or the Oregon Educators Benefit Board from three annual primary care visit requirement. Clarifies that required reimbursement of three primary care visits is in addition to required annual preventive primary care visit. Requires insurers offering plans on the health insurance exchange to offer at least one plan in each metal tier that meets annual primary care visit requirements. Clarifies prohibition on health insurers requiring multiple copayments for behavioral health home and patient centered primary care home same day services. Exempts health benefit plans reimbursing using a fixed global budget or other alternative payment methodology from same day behavioral health home and patient centered primary

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care home same day coverage requirements. Clarifies requirements for DCBS and OHA rules prescribing primary care provider assignment. Removes medical assistance program from three annual primary care visit requirement. Sunsets requirement that rules adopted by DCBS and OHA prescribing primary care provider assignment be consistent with the recommendations of the primary care payment reform collaborative. Applies requirements to policies or certificates of insurance issued, renewed, or extended on or after October 1, 2022, for coverage during the 2023 plan year.

BACKGROUND:

In January 2020, the chair of the House Committee on Health Care created the Universal Access to Primary Care Work Group (UAPC Work Group) and tasked it with developing proposals to move Oregon towards universal access to comprehensive primary care, including identifying policy options to ensure affordable primary care services are accessible to all residents; identifying primary care models that provide access to comprehensive primary care for the communities they serve (e.g., behavioral and oral health); and determining factors that influence the potential implementation of a system of universal primary care. The UAPC Work Group consisted of twenty members representing a wide-ranging set of primary care stakeholders, including primary care practitioners, behavioral health specialists, specialty providers, health system representatives, coordinated care organizations (CCOs), payers, and a patient advocate. In November 2020, the UAPC Work Group issued a report outlining ten policy proposals in four key areas: increasing access to, and affordability of, comprehensive primary care; increasing support for, and participation in, Oregon's patient centered primary care home model; identifying and removing barriers to use of telehealth; and advancing alternative payment models across payers.

House Bill 3108 A implements the Universal Access to Primary Care Work Group's recommendations for increasing access to, and affordability of, comprehensive primary care by requiring cost free coverage of annual primary care visits and prohibiting imposition of coverage requirements that restrict access to primary care.