

A-Engrossed
House Bill 2362

Ordered by the House April 15
Including House Amendments dated April 15

Sponsored by Representative SALINAS; Representatives ALONSO LEON, CAMPOS, DEXTER, GRAYBER, MCLAIN, MEEK, PHAM, REYNOLDS, RUIZ, VALDERRAMA (Presession filed.)

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.

Requires *[health care entities to obtain]* approval from **Department of Consumer and Business Services** or Oregon Health Authority before any mergers, acquisitions or affiliations of **health care entities and other entities if** entities *[that]* had \$25 million or more in **average** net patient revenue **or in gross amount of premiums** in preceding three fiscal years or *[before mergers, acquisitions or affiliations that will result in one entity having increase in]* net patient revenue of *[\$1]* **\$10** million or more. Specifies **exceptions and** procedures.

Requires Oregon Health Policy Board to establish criteria for approval **by authority** of mergers, acquisitions and affiliations based on specified factors.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to health care providers; creating new provisions; amending ORS 413.032, 413.037, 413.101,
3 413.181, 415.013, 415.019 and 415.103; and prescribing an effective date.

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

5 **SECTION 1. As used in sections 2 and 3 of this 2021 Act:**

6 (1) **"Corporate affiliation" has the meaning prescribed by the Oregon Health Authority**
7 **by rule, including:**

8 (a) **Any relationship between two organizations that reflects, directly or indirectly, a**
9 **partial or complete controlling interest or partial or complete corporate control; and**

10 (b) **Transactions that merge tax identification numbers or corporate governance.**

11 (2) **"Essential services" means:**

12 (a) **Services that are funded on the prioritized list described in ORS 414.690; and**

13 (b) **Services that are essential to achieve health equity.**

14 (3) **"Health benefit plan" has the meaning given that term in ORS 743B.005.**

15 (4)(a) **"Health care entity" includes:**

16 (A) **An individual health professional licensed or certified in this state;**

17 (B) **A hospital, as defined in ORS 442.015, or hospital system, as defined by the authority**
18 **by rule;**

19 (C) **A carrier, as defined in ORS 743B.005, that offers a health benefit plan in this state;**

20 (D) **A Medicare Advantage plan;**

21 (E) **A coordinated care organization or a prepaid managed care health services organ-**
22 **ization, both as defined in ORS 414.025; and**

23 (F) **Any other group or organization that has as a primary function the provision of**

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 health care items or services or that is a parent organization of or an entity closely related
2 to a group or organization that has as a primary function the provision of health care items
3 or services.

4 (b) "Health care entity" does not include:

5 (A) Long term care facilities, as defined in ORS 442.015.

6 (B) Facilities licensed and operated under ORS 443.400 to 443.455.

7 (5) "Health equity" means that all individuals are able to reach their full health potential
8 and well-being and are not disadvantaged by their race, ethnicity, language, disability,
9 gender, gender identity, sexual orientation, social class, intersections among these commu-
10 nities or identities or other socially determined circumstances.

11 (6)(a) "Material change transaction" means:

12 (A) Any of the following, occurring during a single transaction or in a series of related
13 transactions within a consecutive 12-month period, that results in an entity having an in-
14 crease in revenue of \$10 million or more:

15 (i) A merger of a health care entity with another entity;

16 (ii) An acquisition of one or more health care entities by another entity;

17 (iii) A corporate affiliation involving at least one health care entity;

18 (iv) New contracts, new clinical affiliations and new contracting affiliations that will
19 eliminate or significantly reduce, as defined by the authority by rule, essential services;

20 (v) Transactions to form a new partnership, joint venture, accountable care organization,
21 parent organization or management services organization, as prescribed by the authority by
22 rule; or

23 (vi) If a transaction involves a health care entity in this state and an out-of-state entity,
24 a transaction that otherwise qualifies as a material change transaction under this subsection
25 and may result in increases in the price of health care or limit access to health care services
26 in this state.

27 (B) Any of the transactions described in subparagraph (A) of this paragraph in which two
28 or more of the entities involved in the transaction each had average revenue of \$25 million
29 or more in the preceding three fiscal years.

30 (b) "Material change transaction" does not include:

31 (A) A clinical affiliation of health care entities formed for the purpose of collaborating
32 on clinical trials or graduate medical education programs.

33 (B) A medical services contract or an extension of a medical services contract.

34 (C) An affiliation that:

35 (i) Does not impact the corporate leadership, governance or control of an entity; and

36 (ii) Is necessary, as prescribed by the authority by rule, to adopt advanced value-based
37 payment methodologies to meet the health care cost growth targets or benchmarks under
38 ORS 442.386.

39 (D) Contracts or affiliations other than those described in paragraph (a)(A)(iv) of this
40 subsection.

41 (E) Transactions in which a participant that is a health center as defined in 42 U.S.C.
42 254b, while meeting all of the participant's obligations, acquires, affiliates with, partners with
43 or enters into any agreement with another entity unless the transaction would result in the
44 participant no longer qualifying as a health center under 42 U.S.C. 254b.

45 (7)(a) "Medical services contract" means a contract to provide medical or mental health

1 services entered into by:

2 (A) A carrier and an independent practice association;

3 (B) A carrier and an individual health professional;

4 (C) An independent practice association and an individual health professional or an or-
5 ganization of health care providers;

6 (D) Medical, dental, vision or mental health clinics; or

7 (E) A medical, dental, vision or mental health clinic and an individual health professional
8 to provide medical, dental, vision or mental health services.

9 (b) "Medical services contract" does not include a contract of employment or a contract
10 creating a legal entity and ownership of the legal entity that is authorized under ORS chap-
11 ter 58, 60 or 70 or under any other law authorizing the creation of a professional organization
12 similar to those authorized by ORS chapter 58, 60 or 70, as may be prescribed by the au-
13 thority by rule.

14 (8) "Net patient revenue" means the total amount of revenue, after allowance for con-
15 tractual amounts, charity care and bad debt, received for patient care and services, includ-
16 ing:

17 (a) Value-based payments;

18 (b) Incentive payments;

19 (c) Capitation payments or payments under any similar contractual arrangement for the
20 prepayment or reimbursement of patient care and services; and

21 (d) Any payment received by a hospital to reimburse a hospital assessment under ORS
22 414.855.

23 (9) "Revenue" means:

24 (a) Net patient revenue; or

25 (b) The gross amount of premiums received by a health care entity that are derived from
26 health benefit plans.

27 **SECTION 2.** (1) The purpose of this section is to promote the public interest and to ad-
28 vance the goals set forth in ORS 414.018 and the goals of the Oregon Integrated and Coordi-
29 nated Health Care Delivery System described in ORS 414.570.

30 (2) In accordance with subsection (1) of this section, the Oregon Health Authority shall
31 adopt by rule criteria approved by the Oregon Health Policy Board for the consideration of
32 requests by health care entities to engage in a material change transaction and procedures
33 for the review of material change transactions under this section.

34 (3)(a) A notice of a material change transaction involving the sale, merger or acquisition
35 of a domestic health insurer shall be submitted to the Department of Consumer and Business
36 Services as an addendum to filings required by ORS 732.517 to 732.546 or 732.576. The de-
37 partment shall provide to the authority the notice submitted under this subsection to enable
38 the authority to conduct a review in accordance with subsections (5) and (7) of this section.
39 The authority shall notify the department of the outcome of the authority's review.

40 (b) The department shall make the final determination in material change transactions
41 involving the sale, merger or acquisition of a domestic health insurer and shall coordinate
42 with the authority to incorporate the authority's review into the department's final deter-
43 mination.

44 (4) An entity shall submit to the authority a notice of a material change transaction,
45 other than a transaction described in subsection (3) of this section, in the form and manner

1 prescribed by the authority, no less than 180 days before the date of the transaction and shall
2 pay a fee prescribed in section 4 of this 2021 Act.

3 (5) No later than 30 days after receiving a notice described in subsections (3) and (4) of
4 this section, the authority shall conduct a preliminary review to determine if the transaction
5 has the potential to have a negative impact on access to affordable health care in this state
6 and meets the criteria in subsection (9) of this section.

7 (6) Following a preliminary review, the authority or the department shall approve a
8 transaction or approve a transaction with conditions designed to further the goals described
9 in subsection (1) of this section based on criteria prescribed by the authority by rule, in-
10 cluding but not limited to:

11 (a) If the transaction is in the interest of consumers and is urgently necessary to main-
12 tain the solvency of an entity involved in the transaction; or

13 (b) If the authority determines that the transaction does not have the potential to have
14 a negative impact on access to affordable health care in this state or the transaction is likely
15 to meet the criteria in subsection (9) of this section.

16 (7)(a) Except as provided in paragraph (b) of this subsection, if a transaction does not
17 meet the criteria in subsection (6) of this section, the authority shall conduct a compre-
18 hensive review and may appoint a review board of stakeholders to conduct a comprehensive re-
19 view and make recommendations as provided in subsections (11) to (18) of this section.

20 (b) The authority or the department may intervene in a transaction described in section
21 1 (6)(a)(A)(vi) in which the final authority rests with another state and, if the transaction is
22 approved by the other state, may place conditions on health care entities operating in this
23 state with respect to the insurance or health care industry market in this state, prices
24 charged to patients residing in this state and the services available in health care facilities
25 in this state, to serve the public good.

26 (8) The authority shall prescribe by rule:

27 (a) Criteria to exempt an entity from the requirements of subsection (4) of this section
28 if there is an emergency situation that threatens immediate care services and the trans-
29 action is urgently needed to protect the interest of consumers;

30 (b) Provision for the authority's failure to complete a review under subsection (5) of this
31 section within 30 days; and

32 (c) Criteria for when to conduct a comprehensive review and appoint a review board un-
33 der subsection (7) of this section that must include, but is not limited to:

34 (A) The potential loss or change is access to essential services;

35 (B) The potential to impact a large number of residents in this state; or

36 (C) A significant change in the market share of an entity involved in the transaction.

37 (9) A health care entity may engage in a material change transaction if, following a
38 comprehensive review conducted by the authority and recommendations by a review board
39 appointed under subsection (7) of this section, the authority determines that the transaction
40 meets the criteria adopted by the department by rule under subsection (2) of this section
41 and:

42 (a)(A) The parties to the transaction demonstrate that the transaction will benefit the
43 public good and communities by:

44 (i) Reducing the growth in patient costs in accordance with the health care cost growth
45 targets or benchmarks established under ORS 442.386 or maintain a rate of cost growth that

1 exceeds the target or benchmark that the entity demonstrates is the best interest of the
2 public;

3 (ii) Increasing access to services in medically underserved areas; or

4 (iii) Rectifying historical and contemporary factors contributing to a lack of health eq-
5 uities; or

6 (B) The transaction will improve health outcomes for residents of this state; and

7 (b) There is no substantial likelihood of anticompetitive effects from the transaction that
8 outweigh the benefits of the transaction in increasing or maintaining services to underserved
9 populations.

10 (10) The authority may suspend a proposed material change transaction if necessary to
11 conduct an examination and complete an analysis of whether the transaction is consistent
12 with subsection (9) of this section and the criteria adopted by rule under subsection (2) of
13 this section.

14 (11) A review board convened by the authority under subsection (7) of this section must
15 consist of members of the affected community, consumer advocates and health care experts.
16 No more than one-third of the members of the review board may be representatives of in-
17 stitutional health care providers. The authority may not appoint to a review board an indi-
18 vidual who is employed by an entity that is a party to the transaction that is under review
19 or is employed by a competitor that is of a similar size to an entity that is a party to the
20 transaction.

21 (12) The authority may request additional information from an entity that is a party to
22 the material change transaction, and the entity shall promptly reply using the form of com-
23 munication requested by the authority and verified by an officer of the entity if required by
24 the authority.

25 (13) An entity may not refuse to provide documents or other information requested under
26 subsection (4) or (12) of this section on the grounds that the information is privileged or
27 confidential. Material that is privileged or confidential may not be publicly disclosed if:

28 (a) The authority determines that disclosure of the material would cause harm to the
29 public;

30 (b) The material may not be disclosed under ORS 192.311 to 192.478; or

31 (c) The material is not subject to disclosure under ORS 705.137.

32 (14) The authority or the Department of Justice may retain actuaries, accountants or
33 other professionals independent of the authority as necessary to assist a review board in
34 conducting the analysis of a proposed material change transaction. The authority or the
35 Department of Justice shall designate the party or parties to the material change trans-
36 action that shall bear the cost of retaining the professionals.

37 (15) A review board shall hold at least two public hearings in the service area or areas
38 of the health care entities that are parties to the material change transaction to seek public
39 input and otherwise engage the public before making a determination on the proposed
40 transaction. At least 10 days prior to the public hearing, the authority shall post to the
41 authority's website information about the public hearing and materials related to the mate-
42 rial change transaction, including:

43 (a) A summary of the proposed transaction;

44 (b) An explanation of the groups or individuals likely to be impacted by the transaction;

45 (c) Information about services currently provided by the health care entity, commit-

1 ments by the health care entity to continue such services and any services that will be re-
2 duced or eliminated;

3 (d) Details about the hearings and how to submit comments, in a format that is easy to
4 find and easy to read; and

5 (e) Information about potential or perceived conflicts of interest among executives and
6 members of the board of directors of health care entities that are parties to the transaction.

7 (16) The authority shall post the information described in subsection (15)(a) to (d) of this
8 section to the authority's website in the languages spoken in the area affected by the mate-
9 rial change transaction and in a culturally sensitive manner.

10 (17) The authority shall provide the information described in subsection (15)(a) to (d) of
11 this section to:

12 (a) At least one newspaper of general circulation in the area affected by the material
13 change transaction;

14 (b) Health facilities in the area affected by the material change transaction for posting
15 by the health facilities; and

16 (c) Local officials in the area affected by the material change transaction.

17 (18) A review board shall make recommendations to the authority to approve the mate-
18 rial change transaction, disapprove the material change transaction or approve the material
19 change transaction subject to conditions, based on subsection (9) of this section and the
20 criteria adopted by rule under subsection (2) of this section. The authority shall issue a final
21 order adopting or modifying the recommendations of the review board. If the authority
22 modifies the recommendations of the review board, the authority shall explain the modifica-
23 tions in the final order and the reasons for the modifications. A party to the material change
24 transaction may contest the final order as provided in ORS chapter 183.

25 (19) A health care entity that is a party to an approved material change transaction shall
26 notify the authority upon the completion of the transaction in the form and manner pre-
27 scribed by the authority. One year, two years and five years after the material change
28 transaction is completed, the authority shall analyze:

29 (a) The health care entities' compliance with conditions placed on the transaction, if any;

30 (b) The cost trends and cost growth trends of the parties to the transaction; and

31 (c) The impact of the transaction on the health care cost growth target or benchmark
32 established under ORS 442.386.

33 (20) The authority shall publish the authority's analyses and conclusions under sub-
34 section (19) of this section and shall incorporate the authority's analyses and conclusions
35 under subsection (19) of this section in the report described in ORS 442.386 (6).

36 (21) This section does not impair, modify, limit or supersede the applicability of ORS
37 65.800 to 65.815, 646.605 to 646.652 or 646.705 to 646.805.

38 (22) Whenever it appears to the Director of the Oregon Health Authority that any person
39 has committed or is about to commit a violation of this section or any rule or order issued
40 by the authority under this section, the director may apply to the Circuit Court for Marion
41 County for an order enjoining the person, and any director, officer, employee or agent of the
42 person, from the violation, and for such other equitable relief as the nature of the case and
43 the interest of the public may require.

44 (23) The remedies provided under this section are in addition to any other remedy, civil
45 or criminal, that may be available under any other provision of law.

1 (24) The authority may adopt rules necessary to carry out the provisions of this section.

2 **SECTION 3.** (1) An officer or employee of the Oregon Health Authority who is delegated
3 responsibilities in the enforcement of section 2 of this 2021 Act or rules adopted pursuant to
4 section 2 of this 2021 Act may not:

5 (a) Be a director, officer or employee of or be financially interested in an entity that is
6 a party to a proposed material change transaction except as an enrollee or patient of a
7 health care entity or by reason of rights vested in compensation or benefits related to ser-
8 vices performed prior to affiliation with the authority; or

9 (b) Be engaged in any other business or occupation interfering with or inconsistent with
10 the duties of the authority.

11 (2) This section does not permit any conduct, affiliation or interest that is otherwise
12 prohibited by public policy.

13 **SECTION 4.** (1) The Oregon Health Authority shall prescribe by rule a fee to be paid
14 under section 2 (3) of this 2021 Act, sufficient to reimburse the costs of administering section
15 2 of this 2021 Act.

16 (2) Moneys received by the authority under this section shall be deposited to the Oregon
17 Health Authority Fund established in ORS 413.101 to be used for carrying out section 2 of
18 this 2021 Act.

19 **SECTION 5.** (1) In addition to any other penalty imposed by law, the Director of the
20 Oregon Health Authority may impose a civil penalty, as determined by the director, for a
21 violation of ORS 413.037 or section 2 of this 2021 Act. The amount of the civil penalty may
22 not exceed \$10,000 for each offense. The civil penalty imposed on an individual health pro-
23 fessional may not exceed \$1,000 for each offense.

24 (2) Civil penalties shall be imposed and enforced in accordance with ORS 183.745.

25 (3) Moneys received by the Oregon Health Authority under this section shall be paid to
26 the State Treasury and credited to the General Fund.

27 **SECTION 6.** Every four years, the Oregon Health Authority shall commission a study of
28 the impact of health care consolidation in this state. The study must review consolidation
29 occurring during the previous four-year period and include an analysis of:

30 (1) The impact on costs to consumers for health care either to the benefit or the detri-
31 ment of consumers; and

32 (2) Any increases or decreases in the quality of care, including:

33 (a) Improvement or reductions in morbidity;

34 (b) Improvement or reductions in the management of population health;

35 (c) Changes to health and patient outcomes, particularly for underserved and uninsured
36 individuals, recipients of medical assistance and other low-income individuals and individuals
37 living in rural areas, as measured by nationally recognized measures of the quality of health
38 care, such as measures used or endorsed by the National Committee for Quality Assurance,
39 the National Quality Forum, the Physician Consortium for Performance Improvement or the
40 Agency for Healthcare Research and Quality.

41 **SECTION 6a.** The Oregon Health Authority shall commission the first study under sec-
42 tion 6 of this 2021 Act no later than September 15, 2026.

43 **SECTION 7.** ORS 413.101 is amended to read:

44 413.101. The Oregon Health Authority Fund is established in the State Treasury, separate and
45 distinct from the General Fund. Interest earned by the Oregon Health Authority Fund shall be

1 credited to the fund. Moneys in the fund are continuously appropriated to the Oregon Health Au-
2 thority for carrying out the duties, functions and powers of the authority under ORS 413.032 and
3 431A.183 **and section 2 of this 2021 Act.**

4 **SECTION 8.** ORS 413.032 is amended to read:

5 413.032. (1) The Oregon Health Authority is established. The authority shall:

6 (a) Carry out policies adopted by the Oregon Health Policy Board;

7 (b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established
8 in ORS 414.570;

9 (c) Administer the Oregon Prescription Drug Program;

10 (d) Develop the policies for and the provision of publicly funded medical care and medical as-
11 sistance in this state;

12 (e) Develop the policies for and the provision of mental health treatment and treatment of ad-
13 dictions;

14 (f) Assess, promote and protect the health of the public as specified by state and federal law;

15 (g) Provide regular reports to the board with respect to the performance of health services
16 contractors serving recipients of medical assistance, including reports of trends in health services
17 and enrollee satisfaction;

18 (h) Guide and support, with the authorization of the board, community-centered health initiatives
19 designed to address critical risk factors, especially those that contribute to chronic disease;

20 (i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the
21 Social Security Act and administer medical assistance under ORS chapter 414;

22 (j) In consultation with the Director of the Department of Consumer and Business Services, pe-
23 riodically review and recommend standards and methodologies to the Legislative Assembly for:

24 (A) Review of administrative expenses of health insurers;

25 (B) Approval of rates; and

26 (C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

27 (k) Structure reimbursement rates for providers that serve recipients of medical assistance to
28 reward comprehensive management of diseases, quality outcomes and the efficient use of resources
29 and to promote cost-effective procedures, services and programs including, without limitation, pre-
30 ventive health, dental and primary care services, web-based office visits, telephone consultations and
31 telemedicine consultations;

32 (L) Guide and support community three-share agreements in which an employer, state or local
33 government and an individual all contribute a portion of a premium for a community-centered health
34 initiative or for insurance coverage;

35 (m) Develop, in consultation with the Department of Consumer and Business Services, one or
36 more products designed to provide more affordable options for the small group market;

37 (n) Implement policies and programs to expand the skilled, diverse workforce as described in
38 ORS 414.018 (4); and

39 (o) Implement a process for collecting the health outcome and quality measure data identified
40 by the Health Plan Quality Metrics Committee and report the data to the Oregon Health Policy
41 Board.

42 (2) The Oregon Health Authority is authorized to:

43 (a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate
44 health care reform in Oregon and to provide comparative cost and quality information to consumers,
45 providers and purchasers of health care about Oregon's health care systems and health plan net-

1 works in order to provide comparative information to consumers.

2 (b) Develop uniform contracting standards for the purchase of health care, including the fol-
3 lowing:

4 (A) Uniform quality standards and performance measures;

5 (B) Evidence-based guidelines for major chronic disease management and health care services
6 with unexplained variations in frequency or cost;

7 (C) Evidence-based effectiveness guidelines for select new technologies and medical equipment;

8 (D) A statewide drug formulary that may be used by publicly funded health benefit plans; and

9 (E) Standards that accept and consider tribal-based practices for mental health and substance
10 abuse prevention, counseling and treatment for persons who are Native American or Alaska Native
11 as equivalent to evidence-based practices.

12 (3) The enumeration of duties, functions and powers in this section is not intended to be exclu-
13 sive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Au-
14 thority by ORS 413.006 to 413.042, 415.012 to 415.430 and 741.340 **and section 2 of this 2021 Act**
15 or by other statutes.

16 **SECTION 9.** ORS 413.037 is amended to read:

17 413.037. (1) The Director of the Oregon Health Authority, each deputy director and authorized
18 representatives of the director may administer oaths, take depositions and issue subpoenas to compel
19 the attendance of witnesses and the production of documents or other written information necessary
20 to carry out the provisions of ORS 413.006 to 413.042, 415.012 to 415.430 and 741.340 **and section**
21 **2 of this 2021 Act.**

22 (2) If any person fails to comply with a subpoena issued under this section or refuses to testify
23 on matters on which the person lawfully may be interrogated, the director, deputy director or au-
24 thorized representative may follow the procedure set out in ORS 183.440 to compel obedience.

25 **SECTION 10.** ORS 413.181 is amended to read:

26 413.181. (1) The Department of Consumer and Business Services and the Oregon Health Au-
27 thority may enter into agreements governing the disclosure of information reported to the depart-
28 ment by insurers with certificates of authority to transact insurance in this state and the disclosure
29 of information reported to the Oregon Health Authority by coordinated care organizations.

30 (2) The authority may use information disclosed under subsection (1) of this section for the
31 purpose of carrying out ORS 413.032, 414.572, 414.591, 414.605, 414.609, 414.638 and 415.012 to
32 415.430 **and section 2 of this 2021 Act.**

33 **SECTION 11.** ORS 415.013 is amended to read:

34 415.013. (1) The Oregon Health Authority shall enforce the provisions of ORS 415.012 to 415.430
35 **and section 2 of this 2021 Act** and rules adopted pursuant to ORS 415.011 **and 415.012 to 415.430**
36 **and section 2 of this 2021 Act** for the public good.

37 (2) The authority has the powers and authority expressly conferred by or reasonably implied
38 from the provisions of ORS 415.012 to 415.430 **and section 2 of this 2021 Act** and rules adopted
39 pursuant to ORS 415.011 **and 415.012 to 415.430 and section 2 of this 2021 Act.**

40 (3) The authority may conduct examinations and investigations [*of matters concerning the regu-*
41 *lation of coordinated care organizations as the authority considers proper to determine whether any*
42 *person has violated any provision of ORS 415.012 to 415.430 or rules adopted pursuant to ORS 415.011*
43 *or to secure information useful in the lawful administration of any of ORS 415.011 the provisions] **and**
44 **require the production of books, records, accounts, papers, documents and computer and**
45 **other recordings the authority considers necessary to administer and enforce ORS 415.012***

1 **to 415.430 or section 2 of this 2021 Act and any rules adopted pursuant to ORS 415.011 or**
2 **415.012 to 415.430 or section 2 of this 2021 Act.**

3 **SECTION 12.** ORS 415.019 is amended to read:

4 415.019. (1) The Oregon Health Authority shall hold a contested case hearing upon written re-
5 quest for a hearing by a person aggrieved by any act, threatened act or failure of the authority to
6 act under ORS 415.012 to 415.430 **or section 2 of this 2021 Act** or rules adopted pursuant to ORS
7 415.011 **or 415.012 to 415.430 or section 2 of this 2021 Act.**

8 (2) The provisions of ORS chapter 183 govern the hearing procedures and any judicial review
9 of a final order issued in a contested case hearing.

10 **SECTION 13.** ORS 415.103 is amended to read:

11 415.103. A person may not file or cause to be filed with the Oregon Health Authority any article,
12 certificate, report, statement, application or other information required or permitted to be filed un-
13 der ORS 415.012 to 415.430 **or section 2 of this 2021 Act** or rules adopted pursuant to ORS 415.011
14 **or 415.012 to 415.430 or section 2 of this 2021 Act** that is known by the person to be false or
15 misleading in any material respect.

16 **SECTION 14.** **This 2021 Act takes effect on the 91st day after the date on which the 2021**
17 **regular session of the Eighty-first Legislative Assembly adjourns sine die.**

18