

House Bill 2879

Sponsored by Representative EVANS (Pre-session 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 **as introduced**.

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

A BILL FOR AN ACT

1
2 Relating to vision therapy; creating new provisions; amending ORS 414.065; and prescribing an ef-
3 fective date.

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

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

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

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

15 **(3) The authority shall establish a single code and payment rate for billing the authority**
16 **or coordinated care organizations for vision therapy provided to medical assistance recipi-**
17 **ents.**

18 **SECTION 3. ORS 414.065 is amended to read:**

19 414.065. (1)(a) With respect to health care and services to be provided in medical assistance
20 during any period, the Oregon Health Authority shall determine, subject to such revisions as it may
21 make from time to time and subject to legislative funding and paragraph (b) of this subsection:

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

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

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

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

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

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

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

5 **(c) The types and extent of health care and services to be provided in medical assistance,
6 as determined by the authority under paragraph (a)(A) of this subsection, and the fees,
7 charges, daily rates and global payments determined by the authority under paragraph (a)(D)
8 and (E) of this subsection, must be consistent with ORS 413.234, 414.432, 414.598, 414.710,
9 414.712, 414.728, 414.743, 414.760, 414.762, 414.764, 414.766 and 414.770 and section 2 of this 2021
10 Act and any other provision of law requiring the authority or a coordinated care organization
11 to reimburse the cost of a specific type of care.**

12 (2) The types and extent of health care and services and the amounts to be paid in meeting the
13 costs thereof, as determined and fixed by the authority and within the limits of funds available
14 therefor, shall be the total available for medical assistance and payments for such medical assistance
15 shall be the total amounts from medical assistance funds available to providers of health care and
16 services in meeting the costs thereof.

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

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

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

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

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

29 (c) The authority shall take into account the organization's provision of innovative, nontradi-
30 tional health services.

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

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

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

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

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