

## HOUSE AMENDMENTS TO HOUSE BILL 3108

By COMMITTEE ON HEALTH CARE

April 16

- 1 On page 1 of the printed bill, line 2, delete “243.144, 243.877,”.
- 2 In line 3, after “750.333” insert “and section 5, chapter 575, Oregon Laws 2015”.
- 3 Delete lines 7 through 24 and delete page 2.
- 4 On page 3, delete lines 1 through 25 and insert:
- 5 **“SECTION 2. (1) As used in this section, ‘primary care’ means outpatient, nonspecialty**
- 6 **medical services or the coordination of health care for the purpose of:**
- 7 **“(a) Promoting or maintaining mental and physical health and wellness; and**
- 8 **“(b) Diagnosis, treatment or management of acute or chronic conditions caused by dis-**
- 9 **ease, injury or illness.**
- 10 **“(2) An individual or group policy or certificate of health insurance that is not offered**
- 11 **on the health insurance exchange and that reimburses the cost of hospital, medical or sur-**
- 12 **gical expenses, other than coverage limited to expenses from accidents or specific diseases**
- 13 **and limited benefit coverage, shall, in each plan year, reimburse the cost of at least three**
- 14 **visits to a practitioner licensed or certified to provide primary care in this state for treat-**
- 15 **ment of illness or injury.**
- 16 **“(3) The coverage under subsection (2) of this section:**
- 17 **“(a) May not be subject to copayments, coinsurance or deductibles, except as provided in**
- 18 **ORS 742.008; and**
- 19 **“(b) Is in addition to one annual preventive primary care visit that must be covered**
- 20 **without cost-sharing.**
- 21 **“(4) An insurer that offers a qualified health plan on the health insurance exchange must**
- 22 **offer at least one plan in each metal tier offered by the insurer that provides the coverage**
- 23 **described in subsections (2) and (3) of this section.**
- 24 **“(5) This section does not apply to health benefit plans offered to public employees by**
- 25 **insurers that contract with the Public Employees’ Benefit Board or the Oregon Educators**
- 26 **Benefit Board.**
- 27 **“(6) This section is exempt from ORS 743A.001.**
- 28 **“SECTION 3. (1) As used in this section:**
- 29 **“(a) ‘Behavioral health home’ means an entity providing behavioral health services that**
- 30 **the Oregon Health Authority has found to meet the core attributes established under ORS**
- 31 **413.259 for a behavioral health home.**
- 32 **“(b) ‘Patient centered primary care home’ means an entity providing health care services**
- 33 **that the authority has found to meet the core attributes established under ORS 413.259 for**
- 34 **a patient centered primary care home.**
- 35 **“(2) An individual or group policy or certificate of health insurance that reimburses the**

1 cost of hospital, medical or surgical expenses, other than coverage limited to expenses from  
2 accidents or specific diseases and limited benefit coverage, may not:

3 “(a) Exclude coverage for a behavioral health service or a physical health service on the  
4 basis that the behavioral health service and physical health service were provided on the  
5 same day or in the same facility.

6 “(b) Impose a copayment for physical health services provided by an in-network provider  
7 in a behavioral health home on the same day or in the same facility that a copayment was  
8 charged for behavioral health services.

9 “(c) Impose a copayment for behavioral health services provided by an in-network pro-  
10 vider in a patient centered primary care home on the same day or in the same facility that  
11 a copayment was charged for physical health services.

12 “(d) Require prior authorization for a covered behavioral health service provided by a  
13 specialist in a behavioral health home or a patient centered primary care home.

14 “(3) Subsection (2)(a) of this section does not apply to a health benefit plan in which  
15 providers are reimbursed by payment of a fixed global budget, using a value-based payment  
16 arrangement or using other alternative payment methodologies.

17 “(4) This section is exempt from ORS 743A.001.

18 “**SECTION 4.** (1) As used in this section, ‘primary care provider’ means an individual li-  
19 censed or certified in this state to provide outpatient, nonspecialty medical services or the  
20 coordination of health care for the purpose of:

21 “(a) Promoting or maintaining mental and physical health and wellness; and

22 “(b) Diagnosis, treatment or management of acute or chronic conditions caused by dis-  
23 ease, injury or illness.

24 “(2) An insurer offering an individual or group policy or certificate of health insurance  
25 that reimburses the cost of hospital, medical or surgical expenses, other than coverage lim-  
26 ited to expenses from accidents or specific diseases and limited benefit coverage, must assign  
27 a beneficiary under the policy or certificate to a primary care provider if the beneficiary or  
28 a parent of a minor beneficiary has not selected a primary care provider by the 90th day of  
29 the plan year. If the insurer assigns the beneficiary to a primary care provider, the insurer  
30 shall provide notice of the assignment to the beneficiary or parent and to the primary care  
31 provider.

32 “(3) A beneficiary may select a different primary care provider at any time.

33 “(4) The Department of Consumer and Business Services shall adopt rules, consistent  
34 with rules adopted by the Oregon Health Authority under section 6 of this 2021 Act, pre-  
35 scribing a methodology for assignment and attribution of beneficiaries, to ensure accuracy  
36 and agreement between insurers and providers. The rules must prioritize consumer choice,  
37 ensure collaboration between insurers and providers and be consistent with the recommen-  
38 dations of the primary care payment reform collaborative described in section 2, chapter 575,  
39 Oregon Laws 2015.

40 “**SECTION 5.** Section 6 of this 2021 Act is added to and made a part of ORS chapter 414.

41 “**SECTION 6.** (1) A claim for reimbursement for a behavioral health service or a physical  
42 health service provided to a medical assistance recipient may not be denied by the Oregon  
43 Health Authority or a coordinated care organization on the basis that the behavioral health  
44 service and physical health service were provided on the same day or in the same facility,  
45 unless required by state or federal law.

1       “(2) A coordinated care organization may not require prior authorization for specialty  
2 behavioral health services provided to a medical assistance recipient at a behavioral health  
3 home or a patient centered primary care home unless permitted to do so by the authority.

4       “(3) The authority must assign a medical assistance recipient who is not enrolled in a  
5 coordinated care organization, and a coordinated care organization must assign a member  
6 of the coordinated care organization, to a primary care provider if the recipient or member  
7 has not selected a primary care provider by the 90th day after enrollment in medical assist-  
8 ance. The authority or the coordinated care organization shall provide notice of the assign-  
9 ment to the recipient or member and to the primary care provider.

10       “(4) A recipient or member may select a different primary care provider at any time.

11       “(5) Subsection (1) of this section does not apply to coordinated care organizations’ pay-  
12 ments to providers using a value-based payment arrangement or other alternative payment  
13 methodology.

14       “(6) The authority shall adopt rules, consistent with rules adopted by the Department of  
15 Consumer and Business Services under section 4 of this 2021 Act, prescribing a methodology  
16 for assignment and attribution of medical assistance recipients, to ensure accuracy and  
17 agreement between coordinated care organizations, the authority and providers. The rules  
18 must prioritize consumer choice, ensure collaboration between the authority, coordinated  
19 care organizations and providers and be consistent with the recommendations of the primary  
20 care payment reform collaborative described in section 2, chapter 575, Oregon Laws 2015.”.

21       In line 26, delete “9” and insert “7”.

22       On page 4, line 38, delete “10” and insert “8”.

23       On page 6, line 12, delete “11” and insert “9”.

24       On page 7, after line 5, insert:

25       “**SECTION 10.** Section 4 of this 2021 Act is amended to read:

26       “**Sec. 4.** (1) As used in this section, ‘primary care provider’ means an individual licensed or  
27 certified in this state to provide outpatient, nonspecialty medical services or the coordination of  
28 health care for the purpose of:

29       “(a) Promoting or maintaining mental and physical health and wellness; and

30       “(b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, in-  
31 jury or illness.

32       “(2) An insurer offering an individual or group policy or certificate of health insurance that  
33 reimburses the cost of hospital, medical or surgical expenses, other than coverage limited to ex-  
34 penses from accidents or specific diseases and limited benefit coverage, must assign a beneficiary  
35 under the policy or certificate to a primary care provider if the beneficiary or a parent of a minor  
36 beneficiary has not selected a primary care provider by the 90th day of the plan year. If the insurer  
37 assigns the beneficiary to a primary care provider, the insurer shall provide notice of the assignment  
38 to the beneficiary or parent and to the primary care provider.

39       “(3) A beneficiary may select a different primary care provider at any time.

40       “(4) The Department of Consumer and Business Services shall adopt rules, consistent with rules  
41 adopted by the Oregon Health Authority under section 6 of this 2021 Act, prescribing a methodology  
42 for assignment and attribution of beneficiaries, to ensure accuracy and agreement between insurers  
43 and providers. The rules must prioritize consumer choice[,] **and** ensure collaboration between  
44 insurers and providers [*and be consistent with the recommendations of the primary care payment re-*  
45 *form collaborative described in section 2, chapter 575, Oregon Laws 2015*].

1       “**SECTION 11.** Section 6 of this 2021 Act is amended to read:

2       “**Sec. 6.** (1) A claim for reimbursement for a behavioral health service or a physical health  
3 service provided to a medical assistance recipient may not be denied by the Oregon Health Au-  
4 thority or a coordinated care organization on the basis that the behavioral health service and  
5 physical health service were provided on the same day or in the same facility, unless required by  
6 state or federal law.

7       “(2) A coordinated care organization may not require prior authorization for specialty behav-  
8 ioral health services provided to a medical assistance recipient at a behavioral health home or a  
9 patient centered primary care home unless permitted to do so by the authority.

10       “(3) The authority must assign a medical assistance recipient who is not enrolled in a coordi-  
11 nated care organization, and a coordinated care organization must assign a member of the coordi-  
12 nated care organization, to a primary care provider if the recipient or member has not selected a  
13 primary care provider by the 90th day after enrollment in medical assistance. The authority or the  
14 coordinated care organization shall provide notice of the assignment to the recipient or member and  
15 to the primary care provider.

16       “(4) A recipient or member may select a different primary care provider at any time.

17       “(5) Subsection (1) of this section does not apply to coordinated care organizations’ payments  
18 to providers using a value-based payment arrangement or other alternative payment methodology.

19       “(6) The authority shall adopt rules, consistent with rules adopted by the Department of Con-  
20 sumer and Business Services under section 4 of this 2021 Act, prescribing a methodology for as-  
21 signment and attribution of medical assistance recipients, to ensure accuracy and agreement  
22 between coordinated care organizations, the authority and providers. The rules must prioritize con-  
23 sumer choice[,] **and** ensure collaboration between the authority[,] **and** coordinated care organiza-  
24 tions [*and providers and be consistent with the recommendations of the primary care payment reform*  
25 *collaborative described in section 2, chapter 575, Oregon Laws 2015*].

26       “**SECTION 12.** Section 5, chapter 575, Oregon Laws 2015, as amended by section 8, chapter 26,  
27 Oregon Laws 2016, and section 19, chapter 489, Oregon Laws 2017, is amended to read:

28       “**Sec. 5.** (1) Sections 1 to 4, chapter 575, Oregon Laws 2015, are repealed on December 31, 2027.

29       “(2) Section 3 [*of this 2017 Act*], **chapter 489, Oregon Laws 2017**, is repealed on December 31,  
30 2027.

31       “(3) **The amendments to sections 4 and 6 of this 2021 Act by sections 10 and 11 of this**  
32 **2021 Act become operative on December 31, 2027.**

33       “**SECTION 13.** Sections 2, 3 and 4 of this 2021 Act and the amendments to ORS 750.055  
34 and 750.333 by sections 7 to 9 of this 2021 Act apply to policies or certificates of insurance  
35 issued, renewed or extended on or after October 1, 2022, for coverage during the 2023 plan  
36 year.”.

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