

Requested by Representative PRUSAK

**PROPOSED AMENDMENTS TO
HOUSE BILL 3108**

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
3 2015”.

4 Delete lines 7 through 24 and delete page 2.

5 On page 3, delete lines 1 through 25 and insert:

6 **“SECTION 2. (1) As used in this section, ‘primary care’ means**
7 **outpatient, nonspecialty medical services or the coordination of health**
8 **care for the purpose of:**

9 **“(a) Promoting or maintaining mental and physical health and**
10 **wellness; and**

11 **“(b) Diagnosis, treatment or management of acute or chronic con-**
12 **ditions caused by disease, injury or illness.**

13 **“(2) An individual or group policy or certificate of health insurance**
14 **that is not offered on the health insurance exchange and that reim-**
15 **burses the cost of hospital, medical or surgical expenses, other than**
16 **coverage limited to expenses from accidents or specific diseases and**
17 **limited benefit coverage, shall, in each plan year, reimburse the cost**
18 **of at least three visits to a practitioner licensed or certified to provide**
19 **primary care in this state for treatment of illness or injury.**

20 **“(3) The coverage under subsection (2) of this section:**

21 **“(a) May not be subject to copayments, coinsurance or deductibles,**

1 except as provided in ORS 742.008; and

2 “(b) Is in addition to one annual preventive primary care visit that
3 must be covered without cost-sharing.

4 “(4) An insurer that offers a qualified health plan on the health
5 insurance exchange must offer at least one plan in each metal tier
6 offered by the insurer that provides the coverage described in sub-
7 sections (2) and (3) of this section.

8 “(5) This section does not apply to health benefit plans offered to
9 public employees by insurers that contract with the Public Employees’
10 Benefit Board or the Oregon Educators Benefit Board.

11 “(6) This section is exempt from ORS 743A.001.

12 **“SECTION 3. (1) As used in this section:**

13 **“(a) ‘Behavioral health home’ means an entity providing behavioral**
14 **health services that the Oregon Health Authority has found to meet**
15 **the core attributes established under ORS 413.259 for a behavioral**
16 **health home.**

17 **“(b) ‘Patient centered primary care home’ means an entity provid-**
18 **ing health care services that the authority has found to meet the core**
19 **attributes established under ORS 413.259 for a patient centered primary**
20 **care home.**

21 **“(2) An individual or group policy or certificate of health insurance**
22 **that reimburses the cost of hospital, medical or surgical expenses,**
23 **other than coverage limited to expenses from accidents or specific**
24 **diseases and limited benefit coverage, may not:**

25 **“(a) Exclude coverage for a behavioral health service or a physical**
26 **health service on the basis that the behavioral health service and**
27 **physical health service were provided on the same day or in the same**
28 **facility.**

29 **“(b) Impose a copayment for physical health services provided by**
30 **an in-network provider in a behavioral health home on the same day**

1 or in the same facility that a copayment was charged for behavioral
2 health services.

3 “(c) Impose a copayment for behavioral health services provided by
4 an in-network provider in a patient centered primary care home on the
5 same day or in the same facility that a copayment was charged for
6 physical health services.

7 “(d) Require prior authorization for a covered behavioral health
8 service provided by a specialist in a behavioral health home or a pa-
9 tient centered primary care home.

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

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

15 “SECTION 4. (1) As used in this section, ‘primary care provider’
16 means an individual licensed or certified in this state to provide out-
17 patient, nonspecialty medical services or the coordination of health
18 care for the purpose of:

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

21 “(b) Diagnosis, treatment or management of acute or chronic con-
22 ditions caused by disease, injury or illness.

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

1 provide notice of the assignment to the beneficiary or parent and to
2 the primary care provider.

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

5 “(4) The Department of Consumer and Business Services shall adopt
6 rules, consistent with rules adopted by the Oregon Health Authority
7 under section 6 of this 2021 Act, prescribing a methodology for as-
8 signment and attribution of beneficiaries, to ensure accuracy and
9 agreement between insurers and providers. The rules must prioritize
10 consumer choice, ensure collaboration between insurers and providers
11 and be consistent with the recommendations of the primary care pay-
12 ment reform collaborative described in section 2, chapter 575, Oregon
13 Laws 2015.

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

16 “SECTION 6. (1) A claim for reimbursement for a behavioral health
17 service or a physical health service provided to a medical assistance
18 recipient may not be denied by the Oregon Health Authority or a co-
19 ordinated care organization on the basis that the behavioral health
20 service and physical health service were provided on the same day or
21 in the same facility, unless required by state or federal law.

22 “(2) A coordinated care organization may not require prior author-
23 ization for specialty behavioral health services provided to a medical
24 assistance recipient at a behavioral health home or a patient centered
25 primary care home unless permitted to do so by the authority.

26 “(3) The authority must assign a medical assistance recipient who
27 is not enrolled in a coordinated care organization, and a coordinated
28 care organization must assign a member of the coordinated care or-
29 ganization, to a primary care provider if the recipient or member has
30 not selected a primary care provider by the 90th day after enrollment

1 in medical assistance. The authority or the coordinated care organ-
2 ization shall provide notice of the assignment to the recipient or
3 member and to the primary care provider.

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

6 “(5) Subsection (1) of this section does not apply to coordinated care
7 organizations’ payments to providers using a value-based payment ar-
8 rangement or other alternative payment methodology.

9 “(6) The authority shall adopt rules, consistent with rules adopted
10 by the Department of Consumer and Business Services under section
11 4 of this 2021 Act, prescribing a methodology for assignment and at-
12 tribution of medical assistance recipients, to ensure accuracy and
13 agreement between coordinated care organizations, the authority and
14 providers. The rules must prioritize consumer choice, ensure collab-
15 oration between the authority, coordinated care organizations and
16 providers and be consistent with the recommendations of the primary
17 care payment reform collaborative described in section 2, chapter 575,
18 Oregon Laws 2015.”

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

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

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

22 On page 7, after line 5, insert:

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

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

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

29 “(b) Diagnosis, treatment or management of acute or chronic conditions
30 caused by disease, injury or illness.

1 “(2) An insurer offering an individual or group policy or certificate of
2 health insurance that reimburses the cost of hospital, medical or surgical
3 expenses, other than coverage limited to expenses from accidents or specific
4 diseases and limited benefit coverage, must assign a beneficiary under the
5 policy or certificate to a primary care provider if the beneficiary or a parent
6 of a minor beneficiary has not selected a primary care provider by the 90th
7 day of the plan year. If the insurer assigns the beneficiary to a primary care
8 provider, the insurer shall provide notice of the assignment to the benefi-
9 ary or parent and to the primary care provider.

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

12 “(4) The Department of Consumer and Business Services shall adopt rules,
13 consistent with rules adopted by the Oregon Health Authority under section
14 6 of this 2021 Act, prescribing a methodology for assignment and attribution
15 of beneficiaries, to ensure accuracy and agreement between insurers and
16 providers. The rules must prioritize consumer choice[,] **and** ensure collab-
17 oration between insurers and providers [*and be consistent with the recom-*
18 *mendations of the primary care payment reform collaborative described in*
19 *section 2, chapter 575, Oregon Laws 2015*].

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

21 “**Sec. 6.** (1) A claim for reimbursement for a behavioral health service or
22 a physical health service provided to a medical assistance recipient may not
23 be denied by the Oregon Health Authority or a coordinated care organization
24 on the basis that the behavioral health service and physical health service
25 were provided on the same day or in the same facility, unless required by
26 state or federal law.

27 “(2) A coordinated care organization may not require prior authorization
28 for specialty behavioral health services provided to a medical assistance re-
29 cipient at a behavioral health home or a patient centered primary care home
30 unless permitted to do so by the authority.

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

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

10 “(5) Subsection (1) of this section does not apply to coordinated care
11 organizations’ payments to providers using a value-based payment arrange-
12 ment or other alternative payment methodology.

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

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

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

27 “(2) Section 3 [*of this 2017 Act*], **chapter 489, Oregon Laws 2017**, is re-
28 pealed on December 31, 2027.

29 “(3) **The amendments to sections 4 and 6 of this 2021 Act by sections**
30 **10 and 11 of this 2021 Act become operative on December 31, 2027.**

1 **“SECTION 13. Sections 2, 3 and 4 of this 2021 Act and the amend-**
2 **ments to ORS 750.055 and 750.333 by sections 7 to 9 of this 2021 Act**
3 **apply to policies or certificates of insurance issued, renewed or ex-**
4 **tended on or after October 1, 2022, for coverage during the 2023 plan**
5 **year.”.**

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