

HB 4083 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 02/14/22

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

Vote: 10-0-0-0

Yeas: 10 - Alonso Leon, Campos, Dexter, Hayden, Moore-Green, Noble, Prusak, Salinas, Schouten, Weber

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 2/2, 2/14

WHAT THE MEASURE DOES:

Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program to reimburse cost of at least three mental or physical health primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing. Requires insurer offering qualified health plan on health insurance exchange to offer at least one plan in each metal tier satisfying primary care visit coverage requirements. Exempts plans offered to public employees by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB). Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program from excluding coverage for behavioral or physical health services on basis that services were provided on same day or in same facility. Limits insurer imposition of copayments for services provided by behavioral health home and patient centered primary care home on same day or in same facility. Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state medical assistance program from requiring prior authorization for specialty behavioral health services provided at behavioral health home or patient centered primary care home. Requires health insurer to assign beneficiary a primary care provider if not selected by 90th day of plan year. Requires Department of Consumer and Business Services to adopt rules prescribing methodology for assignment and attribution of beneficiaries. Applies to state medical assistance program beginning January 1, 2024 and insurance coverage offered for the 2024 plan year.

ISSUES DISCUSSED:

- Impacts of access to primary care
- Increase in prevalence of primary care and behavioral health provider colocation
- Potential impact of federal mental health parity laws

EFFECT OF AMENDMENT:

Clarifies definition of "primary care." Applies requirements to state medical assistance program beginning January 1, 2024.

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

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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 4083 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.