

A-Engrossed
House Bill 4083

Ordered by the House February 16
Including House Amendments dated February 16

Sponsored by Representatives PRUSAK, MOORE-GREEN; Representatives ALONSO LEON, REYNOLDS, SCHOUTEN, Senators PATTERSON, STEINER HAYWARD (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 individual and group health insurance policies, health care service contractors and multiple employer welfare arrangements to provide reimbursement for at least three primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing. Exempts commercial plans offered to public employees by Public Employees' Benefit Board and Oregon Educators Benefit Board.

Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and, **beginning January 1, 2024**, state medical assistance program from denying coverage for services provided by behavioral health home and patient centered primary care home because services were provided on same day or in same facility. Limits 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, **beginning January 1, 2024**, state medical assistance program from requiring prior authorization for specialty behavioral health services provided at behavioral health home or patient centered primary care home.

A BILL FOR AN ACT

1
2 Relating to primary care; creating new provisions; and amending ORS 750.055 and 750.333 and section 5, chapter 575, Oregon Laws 2015.

3
4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Sections 2 to 4 of this 2022 Act are added to and made a part of the Insurance Code.**

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

10 **(a) Promoting or maintaining behavioral and physical health and wellness; and**

11 **(b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, injury or illness.**

12
13 **(2) An individual or group policy or certificate of health insurance that is not offered on**
14 **the health insurance exchange and that reimburses the cost of hospital, medical or surgical**
15 **expenses, other than coverage limited to expenses from accidents or specific diseases and**
16 **limited benefit coverage, shall, in each plan year, reimburse the cost of at least three primary**
17 **care visits for behavioral health or physical health treatment.**

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

19 **(a) May not be subject to copayments, coinsurance or deductibles, except as provided in**
20 **ORS 742.008; and**

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

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

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

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

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

11 (a) "Behavioral health home" means an entity providing behavioral health services that
12 the Oregon Health Authority has found to meet the core attributes established under ORS
13 413.259 for a behavioral health home.

14 (b) "Patient centered primary care home" means an entity providing health care services
15 that the authority has found to meet the core attributes established under ORS 413.259 for
16 a patient centered primary care home.

17 (2) An individual or group policy or certificate of health insurance that reimburses the
18 cost of hospital, medical or surgical expenses, other than coverage limited to expenses from
19 accidents or specific diseases and limited benefit coverage, may not:

20 (a) Exclude coverage for a behavioral health service or a physical health service on the
21 basis that the behavioral health service and physical health service were provided on the
22 same day or in the same facility.

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

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

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

31 (3) Subsection (2)(a) of this section does not apply to a health benefit plan in which pro-
32 viders are reimbursed by payment of a fixed global budget, using a value-based payment ar-
33 rangement or using other alternative payment methodologies.

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

35 **SECTION 4.** (1) As used in this section, "primary care provider" means an individual li-
36 censed or certified in this state to provide outpatient, nonspecialty medical services or the
37 coordination of health care for the purpose of:

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

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

41 (2) An insurer offering an individual or group policy or certificate of health insurance
42 that reimburses the cost of hospital, medical or surgical expenses, other than coverage lim-
43 ited to expenses from accidents or specific diseases and limited benefit coverage, must assign
44 a beneficiary under the policy or certificate to a primary care provider if the beneficiary or
45 a parent of a minor beneficiary has not selected a primary care provider by the 90th day of

1 the plan year. If the insurer assigns the beneficiary to a primary care provider, the insurer
2 shall provide notice of the assignment to the beneficiary or parent and to the primary care
3 provider.

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

5 (4) The Department of Consumer and Business Services shall adopt rules, consistent with
6 rules adopted by the Oregon Health Authority under section 6 of this 2022 Act, prescribing
7 a methodology for assignment and attribution of beneficiaries, to ensure accuracy and
8 agreement between insurers and providers. The rules must prioritize consumer choice, en-
9 sure collaboration between insurers and providers and be consistent with recommendations
10 of the primary care payment reform collaborative described in section 2, chapter 575, Oregon
11 Laws 2015.

12 **SECTION 5.** Section 6 of this 2022 Act is added to and made a part of ORS chapter 414.

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

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

21 (3) The authority must assign a medical assistance recipient who is not enrolled in a
22 coordinated care organization, and a coordinated care organization must assign a member
23 of the coordinated care organization, to a primary care provider if the recipient or member
24 has not selected a primary care provider by the 90th day after enrollment in medical assist-
25 ance. The authority or the coordinated care organization shall provide notice of the assign-
26 ment to the recipient or member and to the primary care provider.

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

28 (5) Subsection (1) of this section does not apply to coordinated care organizations' pay-
29 ments to providers using a value-based payment arrangement or other alternative payment
30 methodology.

31 (6) The authority shall adopt rules, consistent with rules adopted by the Department of
32 Consumer and Business Services under section 4 of this 2022 Act, prescribing a methodology
33 for assignment and attribution of medical assistance recipients, to ensure accuracy and
34 agreement between coordinated care organizations, the authority and providers. The rules
35 must prioritize consumer choice, ensure collaboration between the authority, coordinated
36 care organizations and providers and be consistent with recommendations of the primary
37 care payment reform collaborative described in section 2, chapter 575, Oregon Laws 2015.

38 **SECTION 7.** ORS 750.055 is amended to read:

39 750.055. (1) The following provisions apply to health care service contractors to the extent not
40 inconsistent with the express provisions of ORS 750.005 to 750.095:

41 (a) ORS 705.137, 705.138 and 705.139.

42 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
43 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
44 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,
45 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

1 (c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not
2 including ORS 732.582.

3 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
4 to 733.780.

5 (e) ORS 734.014 to 734.440.

6 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to
7 742.542.

8 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.028,
9 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417,
10 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to
11 743.656, 743.680 to 743.689, 743.788 and 743.790 **and section 4 of this 2022 Act.**

12 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,
13 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
14 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
15 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
16 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2,
17 chapter 771, Oregon Laws 2013, **and sections 2 and 3 of this 2022 Act.**

18 (i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200,
19 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254,
20 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
21 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407,
22 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550,
23 743B.555, 743B.601, 743B.602 and 743B.800.

24 (j) The following provisions of ORS chapter 744:

25 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-
26 ers;

27 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

28 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

29 (k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,
30 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

31 (2) The following provisions of the Insurance Code apply to health care service contractors ex-
32 cept in the case of group practice health maintenance organizations that are federally qualified
33 pursuant to Title XIII of the Public Health Service Act:

34 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-
35 ates an in-house drug outlet.

36 (b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse
37 practitioner associated with a group practice health maintenance organization.

38 (3) For the purposes of this section, health care service contractors are insurers.

39 (4) Any for-profit health care service contractor organized under the laws of any other state that
40 is not governed by the insurance laws of the other state is subject to all requirements of ORS
41 chapter 732.

42 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
43 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

44 (b) A health care service contractor's classification as a domestic insurance company under
45 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510

1 to 734.710.

2 (6) The Director of the Department of Consumer and Business Services may, after notice and
3 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
4 and 750.045 that are necessary for the proper administration of these provisions.

5 **SECTION 8.** ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section
6 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,
7 Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
8 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section
9 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter
10 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon
11 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019,
12 section 5, chapter 441, Oregon Laws 2019, and section 85, chapter 97, Oregon Laws 2021, is amended
13 to read:

14 750.055. (1) The following provisions apply to health care service contractors to the extent not
15 inconsistent with the express provisions of ORS 750.005 to 750.095:

16 (a) ORS 705.137, 705.138 and 705.139.

17 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
18 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
19 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,
20 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

21 (c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not
22 including ORS 732.582.

23 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
24 to 733.780.

25 (e) ORS 734.014 to 734.440.

26 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to
27 742.542.

28 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.028,
29 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417,
30 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to
31 743.656, 743.680 to 743.689, 743.788 and 743.790 **and section 4 of this 2022 Act.**

32 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,
33 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
34 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
35 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
36 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections 2**
37 **and 3 of this 2022 Act.**

38 (i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200,
39 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254,
40 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
41 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407,
42 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550,
43 743B.555, 743B.601, 743B.602 and 743B.800.

44 (j) The following provisions of ORS chapter 744:

45 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-

1 ers;

2 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

3 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

4 (k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610,
5 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

6 (2) The following provisions of the Insurance Code apply to health care service contractors ex-
7 cept in the case of group practice health maintenance organizations that are federally qualified
8 pursuant to Title XIII of the Public Health Service Act:

9 (a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-
10 ates an in-house drug outlet.

11 (b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse
12 practitioner associated with a group practice health maintenance organization.

13 (3) For the purposes of this section, health care service contractors are insurers.

14 (4) Any for-profit health care service contractor organized under the laws of any other state that
15 is not governed by the insurance laws of the other state is subject to all requirements of ORS
16 chapter 732.

17 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
18 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

19 (b) A health care service contractor's classification as a domestic insurance company under
20 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510
21 to 734.710.

22 (6) The Director of the Department of Consumer and Business Services may, after notice and
23 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
24 and 750.045 that are necessary for the proper administration of these provisions.

25 **SECTION 9.** ORS 750.333 is amended to read:

26 750.333. (1) The following provisions apply to trusts carrying out a multiple employer welfare
27 arrangement:

28 (a) ORS 705.137, 705.138 and 705.139.

29 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,
30 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,
31 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, 731.808 and 731.844 to
32 731.992.

33 (c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

34 (d) ORS 734.014 to 734.440.

35 (e) ORS 742.001 to 742.009, 742.013, 742.016, 742.061 and 742.065.

36 (f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023, 743.028, 743.029,
37 743.053, 743.405, 743.406, 743.524, 743.526 and 743.535 **and section 4 of this 2022 Act.**

38 (g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034, 743A.036, 743A.040,
39 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
40 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
41 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,
42 743A.175, 743A.180, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and**
43 **sections 2 and 3 of this 2022 Act.**

44 (h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127), 743B.195, 743B.197,
45 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253,

1 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340,
2 743B.341, 743B.342, 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420,
3 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601.

4 (i) The following provisions of ORS chapter 744:

5 (A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance produc-
6 ers;

7 (B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

8 (C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

9 (j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

10 (2) For the purposes of this section:

11 (a) A trust carrying out a multiple employer welfare arrangement is an insurer.

12 (b) References to certificates of authority are references to certificates of multiple employer
13 welfare arrangement.

14 (c) Contributions are premiums.

15 (3) The provision of health benefits under ORS 750.301 to 750.341 is the transaction of health
16 insurance.

17 (4) The Department of Consumer and Business Services may adopt rules that are necessary to
18 implement the provisions of ORS 750.301 to 750.341.

19 **SECTION 10.** Section 4 of this 2022 Act is amended to read:

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

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

24 (b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, injury
25 or illness.

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

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

34 (4) The Department of Consumer and Business Services shall adopt rules, consistent with rules
35 adopted by the Oregon Health Authority under section 6 of this 2022 Act, prescribing a methodology
36 for assignment and attribution of beneficiaries, to ensure accuracy and agreement between insurers
37 and providers. The rules must prioritize consumer choice[,] **and** ensure collaboration between
38 insurers and providers [*and be consistent with recommendations of the primary care payment reform*
39 *collaborative described in section 2, chapter 575, Oregon Laws 2015*].

40 **SECTION 11.** Section 6 of this 2022 Act is amended to read:

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

1 (2) A coordinated care organization may not require prior authorization for specialty behavioral
2 health services provided to a medical assistance recipient at a behavioral health home or a patient
3 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 coordinated
5 care organization, and a coordinated care organization must assign a member of the coordinated
6 care organization, to a primary care provider if the recipient or member has not selected a primary
7 care provider by the 90th day after enrollment in medical assistance. The authority or the coordi-
8 nated care organization shall provide notice of the assignment to the recipient or member and to
9 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' payments to
12 providers using a value-based payment arrangement or other alternative payment methodology.

13 (6) The authority shall adopt rules, consistent with rules adopted by the Department of Con-
14 sumer and Business Services under section 4 of this 2022 Act, prescribing a methodology for as-
15 signment and attribution of medical assistance recipients, to ensure accuracy and agreement
16 between coordinated care organizations, the authority and providers. The rules must prioritize con-
17 sumer choice[,] **and** ensure collaboration between the authority, coordinated care organizations and
18 providers [*and be consistent with recommendations of the primary care payment reform collaborative*
19 *described in section 2, chapter 575, Oregon Laws 2015*].

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

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

23 (2) Section 3 [*of this 2017 Act*], **chapter 489, Oregon Laws 2017**, is repealed on December 31,
24 2027.

25 **(3) The amendments to sections 4 and 6 of this 2022 Act by sections 10 and 11 of this 2022**
26 **Act become operative on December 31, 2027.**

27 **SECTION 13.** Sections 2, 3 and 4 of this 2022 Act and the amendments to ORS 750.055 and
28 750.333 by sections 7 to 9 of this 2022 Act apply to policies or certificates of insurance issued,
29 renewed or extended on or after October 1, 2023, for coverage during the 2024 plan year.

30 **SECTION 14.** Section 6 of this 2022 Act becomes operative on January 1, 2024.

31