

DRAFT

SUMMARY

Digest: The Act tells OHA and CCOs to set minimum rates for reimbursing certain health care providers. (Flesch Readability Score: 63.6).

Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

A BILL FOR AN ACT

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Relating to equitable access to health care services.

Whereas it is the intent of the Legislative Assembly to achieve the goals of universal and equitable access to an appropriate level of high quality health care for all Oregonians; and

Whereas the Legislative Assembly finds that current reimbursement rates in the state medical assistance program significantly reduce access to primary physical and behavioral health services for the most vulnerable Oregonians, which perpetuates health inequity; and

Whereas the Legislative Assembly finds that the lack of access to primary care, optometry, dental care and behavioral health services limits continuity of care and delays timely treatment, leading to inferior health outcomes and increasing health care costs paid by the people in this state; and

Whereas the Legislative Assembly finds that approximately 33 percent of Oregonians access care through the state medical assistance program, which covers nearly half of all births in this state; and

Whereas the Legislative Assembly finds that a robust primary care system for all Oregonians will increase equity, quality, reliability, availability and continuity of care, leading to improved health outcomes and lower costs;

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 now, therefore,

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

3 **SECTION 1. Section 2 of this 2025 Act is added to and made a part**
4 **of ORS chapter 414.**

5 **SECTION 2. (1) As used in this section:**

6 (a) **“Behavioral health provider” means a provider, other than a**
7 **primary care provider, who is licensed under ORS chapter 675 to pro-**
8 **vide behavioral health services.**

9 (b) **“Behavioral health services” means mental health or substance**
10 **use disorder treatment and services that are provided in a setting**
11 **other than a hospital, emergency department or urgent care center.**

12 (c) **“Conversion factor” means the dollar amount assigned to one**
13 **unit of the resource-based relative value.**

14 (d) **“Dental care provider” means a provider:**

15 (A) **Who is a:**

16 (i) **Dentist or dental hygienist licensed by the Oregon Board of**
17 **Dentistry under ORS chapter 679 or 680; or**

18 (ii) **Team of dentists or a dental clinic; and**

19 (B) **Who provides dental care services.**

20 (e) **“Dental care services” means the following services that are**
21 **provided in a setting other than a hospital, emergency department or**
22 **urgent care center:**

23 (A) **Comprehensive primary dental care; or**

24 (B) **Basic diagnostic and preventative dental services.**

25 (f) **“Optometrist” means a provider licensed under ORS chapter 683**
26 **to provide optometry services.**

27 (g) **“Optometry services” means preventative or routine eye exam-**
28 **ination services that are provided in a setting other than a hospital,**
29 **emergency department or urgent care center.**

30 (h) **“Primary care provider” means a provider:**

31 (A) **Who is a:**

1 (i) Physician licensed by the Oregon Medical Board under ORS
2 chapter 677; or

3 (ii) Nurse practitioner licensed by the Oregon State Board of Nurs-
4 ing under ORS 678.375 to 678.390; and

5 (B) Whose clinical practice is:

6 (i) Family medicine;

7 (ii) General internal medicine;

8 (iii) Pediatrics;

9 (iv) Prenatal and postnatal obstetrics; or

10 (v) General psychiatry.

11 (i) “Primary care services” means services provided by a primary
12 care provider in a setting other than a hospital, emergency department
13 or urgent care center.

14 (j) “Resource-based relative value” means the weight assigned to a
15 Current Procedural Terminology code by the Centers for Medicare and
16 Medicaid Services under 42 C.F.R. 414.22 or a weight assigned to a
17 dental service using a methodology similar to the methodology used
18 by the Centers for Medicare and Medicaid Services under 42 C.F.R.
19 414.22.

20 (2)(a) Beginning January 1, 2026, the Oregon Health Authority shall
21 establish the minimum reimbursement amounts paid to a primary care
22 provider, optometrist, dental care provider or behavioral health pro-
23 vider as follows:

24 (A) For primary care services and optometry services, a conversion
25 factor of \$85 multiplied by the resource-based relative value unit as-
26 signed to the applicable code for the service that is published in the
27 most recent Medicare Physician Payment Schedule final rule.

28 (B) For dental care services, the greater of:

29 (i) A conversion factor of \$85 multiplied by the resource-based rel-
30 ative value unit assigned to the applicable code for the service that is
31 published in the most recent Medicare Physician Payment Schedule

1 **final rule, if applicable, or published by the relevant professional as-**
2 **sociation of dental providers; or**

3 **(ii) 100 percent of the average health insurer reimbursement rate**
4 **for the service.**

5 **(C) For behavioral health services, the greater of:**

6 **(i) A conversion factor of \$85 multiplied by the resource-based rel-**
7 **ative value unit assigned to the applicable code for the service that is**
8 **published in the most recent Medicare Physician Payment Schedule**
9 **final rule; or**

10 **(ii) 150 percent of the average health insurer reimbursement rate**
11 **for the service.**

12 **(b) For each subsequent calendar year after 2026, the authority shall**
13 **increase the minimum reimbursement amounts under this subsection**
14 **by 3.4 percent.**

15 **(3) A coordinated care organization shall reimburse contracted pri-**
16 **mary care providers, optometrists, dental care providers and behav-**
17 **ioral health providers the amounts specified in subsection (2) of this**
18 **section excluding any bonus or quality incentive payments received**
19 **by the provider. A coordinated care organization may use alternate**
20 **payment methodologies if the payments are no less than the amounts**
21 **specified in subsection (2) of this section.**

22 **(4) A coordinated care organization shall expend the portion of any**
23 **global budget that is allocated for primary care services, optometry**
24 **services, dental care services and behavioral health services solely on**
25 **the provision of primary care services, optometry services, dental care**
26 **services and behavioral health services.**

27 **(5) The authority may not request an increase in General Fund ap-**
28 **propriations or in expenditure limitations to carry out the provisions**
29 **of this section but must carry out the provisions of this section within**
30 **the authority's legislatively approved budget.**

31 **SECTION 3. (1) The Oregon Health Authority shall monitor and**

1 review changes in the reimbursement amounts paid in accordance
2 with section 2 of this 2025 Act over a four-year period and prepare a
3 report on whether the reimbursement amounts paid for services de-
4 scribed in section 2 of this 2025 Act:

5 (a) Reduced wait times and increased access and provider choice for
6 medical assistance recipients;

7 (b) Increased employment of traditional health workers;

8 (c) Improved health outcomes and equity among medical assistance
9 recipients; and

10 (d) Reduced costs in the medical assistance program due to lower
11 utilization of services in higher cost categories of services such as
12 hospital or specialty care services.

13 (2) The authority shall submit the report prepared in accordance
14 with subsection (1) of this section to the interim committees of the
15 Legislative Assembly related to health no later than December 31, 2031.

16 SECTION 4. No later than 60 days after the effective date of this
17 2025 Act, the Oregon Health Authority shall seek approval from the
18 Centers for Medicare and Medicaid Services to secure federal financial
19 participation in the reimbursement amounts paid to providers under
20 section 2 of this 2025 Act.

21 SECTION 5. Sections 2 and 3 of this 2025 Act become operative upon
22 the receipt of approval from the Centers for Medicare and Medicaid
23 Services under section 4 of this 2025 Act.

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