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82nd LEGISLATIVE ASSEMBLY
HOUSE INTERIM COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE
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TO: House Interim Committee on Behavioral Health and Health Care
FROM: Brian Nieuburt, LPRO Analyst and Alexandra Kihn-Stang, LPRO Analyst
RE: 2025 Committee LC Summaries
DATE: December 11, 2024

LC 584: Requires the Oregon Health Authority to study redundancies in the provisions of ORS chapters 414 (medical assistance) and 430 (mental and behavioral health treatment) and report to the Legislative Assembly by September 15, 2026. (Dated 10/8/24).

LC 913: Requires the Oregon Health Authority to study the safety of behavioral health workers and report to the Legislative Assembly by September 15, 2026. (Dated 10/9/24).

LC 1106: Adds podiatric physicians and surgeons to provider types eligible for rural medical provider tax credit. Removes requirement that optometrist have hospital consulting privileges to be eligible for credit. Takes effect on 91st day following adjournment sine die. (Dated 10/25/24).

LC 2409: Extends the term of coordinated care organization (CCO) contracts with the Oregon Health Authority (OHA) to 10 years. Directs OHA to review CCO performance after initial five-year period of contract term. (Dated 11/15/24).

LC 2425: Requires the Oregon Health Authority (OHA) to convene a work group to study the feasibility of, and develop a plan for, transferring responsibility from OHA to coordinated care organizations to administer adult residential mental health service benefits. Requires OHA to report final recommendations of the work group to the Legislative Assembly by December 15, 2028. Declares emergency, effective on passage. (Dated 11/26/24).

LC 2429: Directs the Oregon Health Authority (OHA) to adopt standards for external quality reviews of coordinated care organizations (CCOs) that align with standards published by the National Committee for Quality Assurance (NCQA) and requires OHA to recognize a CCO's NCQA accreditation. Takes effect on the 91st day following adjournment sine die. (Dated 11/20/24).

LC 2433: Requires that a coordinated care organization's (CCO's) community health improvement plan serve as the primary regional planning document for CCO health services and

operations, incorporating other planning documents prescribed by the Oregon Health Authority. (Dated 11/20/24).

LC 2487: Updates processes, criteria, and timelines for proposed amendments to coordinated care organization contracts, including requiring 180 days' written notice that includes an analysis of the impacts of the proposed contract changes. (Dated 11/20/24).

LC 2509: Expands provider credentialing database maintained by the Oregon Health Authority to include audit or other compliance materials that an organizational provider must submit to a coordinated care organization. Establishes the Task Force on Provider Credentialing to make recommendations for expanding and improving the database. Requires Task Force to submit initial report by December 15, 2025, and annual reports by February 1 of each year, beginning in 2026. Declares emergency, effective on passage. (Dated 12/4/24).

LC 2563: Directs the Oregon Health Authority to adopt requirements for dental subcontractors contracting with coordinated care organizations (CCOs) and incorporate adopted requirements into CCO contract. Takes effect on 91st day following adjournment sine die. (Dated 11/25/24).

LC 2567: Establishes the Task Force on the Prioritized List of Health Services and directs Task Force to report to the Legislative Assembly by March 15, 2026, on the impacts of eliminating the prioritized list of health services. Declares emergency, effective July 1, 2025. (Dated 11/8/24).

LC 2590: Directs the Oregon Health Authority to establish a minimum medical loss ratio (MMLR) for coordinated care organizations at 85 percent. Specifies organizations to be exempt from MMLR standards. (Dated 11/20/24).

LC 2607: Clarifies the minimum financial requirements for coordinated care organizations. (Dated 11/15/24).

LC 2617: Establishes a process for determining coordinated care organization global budgets that is similar to the rate review process for health insurers. Takes effect on 91st day following adjournment sine die. (Dated 11/21/24).

LC 2694: Directs the Oregon Health Authority (OHA) to assess current fee-for-service (FFS) billing practices and non-FFS payment pathways for community health workers (CHWs) serving medical assistance recipients to identify improvements for ensuring adequate and sustainable funding. Directs OHA to provide technical assistance to coordinated care organizations and CHW organizations in establishing billing structures or alternative payment pathways for CHW services. Declares emergency, effective July 1, 2025. (Dated 11/11/24).

LC 2699: Directs the Oregon Health Authority (OHA) to create and maintain a registry of mobile integrated health care providers. Requires OHA to establish billing codes and provide technical support in submitting claims for reimbursement for services provided by mobile integrated health care providers. Declares emergency, effective July 1, 2025. (Dated 11/8/24).

LC 2731: Requires coordinated care organizations to contract with providers outside of a particular geographic area when the area has limited access to a medical assistance care or service. Directs the Oregon Health Authority to identify the care or services to which there is limited access. Takes effect on 91st day following adjournment sine die. (Dated 11/20/24).

LC 2736: Requires specified coordinated care organization planning committees to include representation from local public and mental health. Directs state agencies to allow local health departments to receive payment for various services. Takes effect on 91st day following adjournment sine die. (Dated 11/21/24).

LC 2738: Establishes minimum medical assistance reimbursement amounts for primary care, optometry, dental care, and behavioral health services. Requires the Oregon Health Authority to seek approval from the Centers for Medicare and Medicaid Services to secure federal financial participation for established reimbursement amounts. (Dated 12/4/24)

LC 2754: Modifies the membership requirements for coordinated care organizations' (CCO's) community advisory councils. Requires CCOs to partner with Early Learning Hubs in conducting a community health assessment and adopting a community health improvement plan (CHIP). Requires CHIP to evaluate the adequacy of health services for children from birth to kindergarten entry. Takes effect on 91st day following adjournment sine die. (Dated 11/14/24)

LC 2761: Requires the Oregon Health Authority and coordinated care organizations to reimburse hospitals for inpatient psychiatric services provided to medical assistance recipients at rates no less than the reimbursement rates for inpatient psychiatric rehabilitation provided by the Oregon State Hospital. (Dated 10/31/24).

LC 2767: Directs the Oregon Health Authority and coordinated care organizations, to the extent permitted by federal law, to establish reimbursement rates for labor and delivery services provided by hospitals to medical assistance recipients that are no less than the costs to provide the services. (Dated 11/11/24).

LC 3842: Requires the Oregon Health Authority to study hospitals and report to the Legislative Assembly by September 15, 2026. (Dated 11/13/24).

LC 3844: Requires the Department of Consumer and Business Services to study health insurance and report to the Legislative Assembly by September 15, 2026. (Dated 11/27/24)