

House Bill 3423

Sponsored by Representative BOWMAN; Senator PATTERSON

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 **as introduced**.

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

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to equitable access to health care services; and declaring an emergency.

3 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

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5 Whereas the Legislative Assembly finds that the lack of available primary care services, dental care and behavioral health services harms 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

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

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10 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 to the most vulnerable Oregonians which perpetuates health disparities; and

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

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

17 **SECTION 1. Section 2 of this 2023 Act is added to and made a part of ORS chapter 414.**

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

19 (a) **“Behavioral health provider” means a provider, other than a primary care provider, who is licensed under ORS chapter 675 to provide behavioral health services.**

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

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

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25 (d) **“Dental care provider” means:**

26 (A) **A provider who is a:**

27 (i) **Dentist or dental hygienist licensed by the Oregon Board of Dentistry under ORS chapters 678 or 679; or**

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

29 (B) **Who provides the following services in a setting other than a hospital, emergency**

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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 **department or urgent care center:**

2 (i) **Comprehensive primary dental care; and**

3 (ii) **Basic preventative dental services.**

4 (e) **“Primary care provider” means a provider:**

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

6 (i) **Physician licensed by the Oregon Medical Board under ORS chapter 677 to practice**
7 **medicine; or**

8 (ii) **Nurse practitioner licensed by the Oregon State Board of Nursing under ORS chapter**
9 **678 to practice as a nurse practitioner; and**

10 (B) **Whose clinical practice is:**

11 (i) **Family medicine;**

12 (ii) **General internal medicine;**

13 (iii) **Pediatrics;**

14 (iv) **Prenatal and post-natal gynecology; or**

15 (v) **General psychiatry.**

16 (f) **“Primary care service” means services provided by a primary care provider in a set-**
17 **ting other than a hospital, emergency department or urgent care center.**

18 (g) **“Resource-based relative value” means the weight assigned to a current procedural**
19 **terminology code by the Centers for Medicare and Medicaid Services under 42 C.F.R. 414.22**
20 **or a weight assigned to a dental service using a methodology similar to the methodology used**
21 **by the Centers for Medicare and Medicaid Services under 42 C.F.R. 414.22.**

22 (2)(a) **Beginning January 1, 2024, the Oregon Health Authority shall establish as the**
23 **minimum reimbursement amount paid to a primary care provider, dental care provider or**
24 **behavioral health provider for a primary care service, dental care or behavioral health ser-**
25 **vice, a conversion factor of \$80 multiplied by the resource-based relative value unit assigned**
26 **to the applicable code for the service that is published in the calendar year 2021 Medicare**
27 **Physician Payment Schedule final rule, if applicable.**

28 (b) **For each subsequent calendar year after 2024, the authority shall increase the con-**
29 **version factor under paragraph (a) of this subsection by 3.4 percent.**

30 (3) **A coordinated care organization shall reimburse primary care providers, dental care**
31 **providers and behavioral health providers the amounts specified in subsection (2) of this**
32 **section excluding any bonus or quality incentive payments received by the provider. A coord-**
33 **inated care organization may use alternate payment methodologies if the payments are no**
34 **less than the amounts specified in subsection (2)(a) of this section.**

35 (4) **A coordinated care organization shall expend the portion of any global budget that is**
36 **allocated for primary care services, dental care and behavioral health services solely on the**
37 **provision of primary care services, dental care and behavioral health services.**

38 (5) **The authority may not request an increase in General Fund appropriations or in ex-**
39 **penditure limitations to carry out the provisions of this section but must carry out the**
40 **provisions of this section within the authority’s legislatively approved budget.**

41 **SECTION 3. (1) The Oregon Health Authority shall monitor and review changes in the**
42 **reimbursement amount paid in accordance with section 2 of this 2023 Act, over a four-year**
43 **period, and prepare a report on whether the reimbursement amount paid for services de-**
44 **scribed in section 2 of this 2023 Act:**

45 (a) **Reduced wait times and increased access and provider choice for medical assistance**

1 recipients;

2 (b) Improved health outcomes and reduced health disparities among medical assistance
3 recipients; and

4 (c) Reduced costs in the medical assistance program due to lower utilization of services
5 in higher cost categories of services such as hospital or specialty care services.

6 (2) The authority shall submit the report prepared in accordance with subsection (1) of
7 this section to the interim committees of the Legislative Assembly related to health no later
8 than December 31, 2029.

9 **SECTION 4.** The Oregon Health Authority shall seek approval from the Centers for
10 Medicare and Medicaid Services to secure federal financial participation in the reimburse-
11 ment amount paid to providers under section 2 of this 2023 Act.

12 **SECTION 5.** Sections 2 and 3 of this 2023 Act become operative upon the receipt of ap-
13 proval from the Centers for Medicare and Medicaid Services under section 4 of this 2023 Act.

14 **SECTION 6.** Sections 2 and 3 of this 2023 Act are repealed on January 2, 2030.

15 **SECTION 7.** This 2023 Act being necessary for the immediate preservation of the public
16 peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect
17 on its passage.

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