## House Bill 3923

Sponsored by Representative JAVADI

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## **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.** The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Tells a state agency to allow a transfer of members between one CCO or DCO and another if doing so does not lessen patient care. (Flesch Readability Score: 63.0).

Requires the Oregon Health Authority to approve the transfer of 500 or more members of a coordinated care organization or dental care organization if the transfer meets specified conditions, unless the transfer diminishes patient care.

Takes effect on the 91st day following adjournment sine die.

## A BILL FOR AN ACT

Relating to transfers of members from one care organization to another; amending ORS 414.611; and prescribing an effective date.

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

**SECTION 1.** ORS 414.611 is amended to read:

- 414.611. (1) Unless doing so diminishes patient care, the Oregon Health Authority [may] shall approve the transfer of 500 or more members from one coordinated care organization or dental care organization to another coordinated care organization or dental care organization if the transfer meets all of the following conditions:
- (a) The members' provider has contracted with the receiving organization and has stopped accepting patients from or has terminated providing services to members of the transferring organization[; and].
- (b) Members are offered the choice of remaining members of the transferring organization. The members' provider may communicate directly or indirectly with members to inform the members about the members' options for continuing under the care of the provider.
- (c) The transfer of members from one dental care organization to another dental care organization does not entail a transfer of the members from one coordinated care organization to another coordinated care organization.
- (2) Members may not be transferred under this section until the authority has evaluated the receiving organization and determined that the organization meets criteria established by the authority by rule, including but not limited to criteria that ensure that the organization meets the requirements of ORS 414.609 (1).
- (3) The authority shall provide notice of a transfer under this section to members that will be affected by the transfer at least 90 days before the scheduled date of the transfer.
  - (4)(a) The authority may not approve the transfer of members under this section if:
- (A) The transfer results from the termination of a provider's contract with a coordinated care organization for just cause; and
  - (B) The coordinated care organization has notified the authority that the provider's contract

**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.

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- (b) A provider is entitled to a contested case hearing in accordance with ORS chapter 183, on an expedited basis, to dispute the denial of a transfer of members under this subsection.
- (c) As used in this subsection, "just cause" means that the contract was terminated for reasons related to quality of care, competency, fraud or other similar reasons prescribed by the authority by rule.
- (5) The provider and the organization shall be the parties to any contested case proceeding to determine whether the provider's contract was terminated for just cause. The authority may award attorney fees and costs to the party prevailing in the proceeding, applying the factors in ORS 20.075.

<u>SECTION 2.</u> This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.