A-Engrossed House Bill 3095

Ordered by the House April 8 Including House Amendments dated April 8

Sponsored by Representative NOSSE; Representative HELM

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.

Directs [Department of Human Services] Oregon Health Authority to increase fee-for-service rate for behavioral health providers participating in medical assistance programs.

Allows [Oregon Health] authority to provide matching funds to participants in federal State Loan Repayment Program as part of health care provider incentive program. Imposes certain requirements on behavioral health and addiction services providers receiving

Imposes certain requirements on behavioral health and addiction services providers receiving loan repayment subsidies from health care provider incentive program. Appropriates moneys to [Oregon Health] authority for deposit in Health Care Provider Incentive

Appropriates moneys to [*Oregon Health*] authority for deposit in Health Care Provider Incentive Fund for purpose of providing loan repayment subsidies to behavioral health and addiction services providers.

Declares emergency, effective on passage.

A BILL FOR AN ACT

- 2 Relating to health care providers; creating new provisions; amending ORS 676.454; and declaring an
- 3 emergency.

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

5 <u>SECTION 1.</u> (1) On January 1, 2020, the Oregon Health Authority shall increase the fee-6 for-service rate for behavioral health providers participating in medical assistance programs

7 by 35 percent.

8 (2) On July 1, 2021, and on July 1 of each subsequent odd-numbered year, the authority 9 shall adjust the fee-for-service rate for behavioral health providers participating in medical 10 assistance programs to reflect any increase in the cost of living for the previous two years, 11 based on changes in the Consumer Price Index for All Urban Consumers, West Region (All 12 Items), as published by the Bureau of Labor Statistics of the United States Department of 13 Labor.

(3) No later than September 15 of each odd-numbered year, the authority shall report to
an appropriate committee or interim committee of the Legislative Assembly on the impacts
of the increased fee-for-service rate for behavioral health providers required by this section

17 on patient access and outcomes.

18 **SECTION 2.** ORS 676.454 is amended to read:

19 676.454. (1) There is created in the Oregon Health Authority a health care provider incentive 20 program for the purpose of assisting qualified health care providers who commit to serving medical 21 assistance and Medicare enrollees in rural or medically underserved areas of this state. The au-22 thority shall prescribe by rule:

23 (a) Participant eligibility criteria, including the types of qualified health care providers who may

1 participate in the program; 2 (b) The terms and conditions of participation in the program, including the duration of the term of any service agreement, which must be at least 12 months; 3 (c) The types of incentives that may be provided, including but not limited to: 4 $\mathbf{5}$ (A) Loan repayment subsidies; (B) Stipends: 6 7 (C) Medical malpractice insurance premium subsidies; (D) Scholarships for students in health professional training programs at the Oregon Health and 8 9 Science University; 10 (E) Scholarships for students at institutions of higher education based in this state who are enrolled in health professional training programs leading to a doctor of osteopathic medicine or doctor 11 12 of dentistry or a license as a nurse practitioner, physician assistant or certified registered nurse 13 anesthetist, if: (i) The scholarship funds are distributed equitably among schools offering the training programs, 14 15 based on the percentage of Oregon students attending those schools; and 16 (ii) The maximum scholarship for each student does not exceed the highest resident tuition rate at the publicly funded health professional training programs in this state; [and] 17 18 (F) Paying the moving expenses of providers not located in rural or medically underserved areas who commit to relocate to such areas; and 19 20(G) Matching funds for participants in the federal State Loan Repayment Program; (d) If the funds allocated to the program from the Health Care Provider Incentive Fund estab-21 22lished under ORS 676.450 are insufficient to provide assistance to all of the applicants who are eli-23gible to participate in the program, the priority for the distribution of funds; and (e) The financial penalties imposed on an individual who fails to comply with terms and condi-94 tions of participation. 25(2) Eligibility requirements adopted for the program: 2627(a) Must allow providers to qualify for multiple health care provider incentives, to the extent permitted by federal law. 28 (b) Must allow providers to qualify for an incentive for multiyear periods. 2930 (c) Must give preference to applicants willing to: 31 (A) Commit to extended periods of service in rural or medically underserved areas; or (B) Serve patients enrolled in Medicare and the state medical assistance program in at least the 32same proportion to the provider's total number of patients as the Medicare and medical assistance 33 34 patient populations represent in relation to the total number of persons determined by the Office of Rural Health to be in need of health care in the area served by the practice. 35(d) Must require a behavioral health or addiction services provider receiving loan repay-36 37 ment subsidies from the program to enter into a service agreement for a period of at least two years if the provider is participating in the program on a full-time basis, or for a period 38 of at least four years if the provider is participating in the program on a part-time basis. 39 (3) The authority may use funds allocated to the program from the Health Care Provider In-40 centive Fund to administer or provide funding to a locum tenens program for health care providers 41 practicing in rural areas of this state. 42 (4) The authority may enter into contracts with one or more public or private entities to ad-43 minister the health care provider incentive program or parts of the program. 44 (5) The authority shall decide no later than September 1 of each academic year the distribution 45

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1 of funds for scholarships that will be provided in the next academic year.

2 (6) The authority may receive gifts, grants or contributions from any source, whether public or 3 private, to carry out the provisions of this section. Moneys received under this subsection shall be

4 deposited in the Health Care Provider Incentive Fund established under ORS 676.450.

5 <u>SECTION 3.</u> In addition to and not in lieu of any other appropriation, there is appropri-6 ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the 7 General Fund, the amount of \$10,000,000, for deposit in the Health Care Provider Incentive 8 Fund established in ORS 676.450, and which may be expended for the purpose of providing 9 loan repayment subsidies to behavioral health and addiction services providers participating 10 in the health care provider incentive program under ORS 676.454. 11 SECTION 4. This 2019 Act being necessary for the immediate preservation of the public

11 <u>SECTION 4.</u> This 2019 Act being necessary for the immediate preservation of the public 12 peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect 13 on its passage.

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