80th OREGON LEGISLATIVE ASSEMBLY--2019 Regular Session

HOUSE AMENDMENTS TO A-ENGROSSED SENATE BILL 134

By COMMITTEE ON HEALTH CARE

May 21

1	On page 1 of the printed A-engrossed bill, line 2, after "ORS" insert "413.032,".
2	On page 8, delete lines 12 through 20 and insert:
3	"SECTION 4. ORS 413.032 is amended to read:
4	"413.032. (1) The Oregon Health Authority is established. The authority shall:
5	"(a) Carry out policies adopted by the Oregon Health Policy Board;
6	"(b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established
7	in ORS 414.620;
8	"(c) Administer the Oregon Prescription Drug Program;
9	"(d) Develop the policies for and the provision of publicly funded medical care and medical as-
10	sistance in this state;
11	"(e) Develop the policies for and the provision of mental health treatment and treatment of ad-
12	dictions;
13	"(f) Assess, promote and protect the health of the public as specified by state and federal law;
14	"(g) Provide regular reports to the board with respect to the performance of health services
15	contractors serving recipients of medical assistance, including reports of trends in health services
16	and enrollee satisfaction;
17	"(h) Guide and support, with the authorization of the board, community-centered health initi-
18	atives designed to address critical risk factors, especially those that contribute to chronic disease;
19	"(i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the
20	Social Security Act and administer medical assistance under ORS chapter 414;
21	"(j) In consultation with the Director of the Department of Consumer and Business Services,
22	periodically review and recommend standards and methodologies to the Legislative Assembly for:
23	"(A) Review of administrative expenses of health insurers;
24	"(B) Approval of rates; and
25	"(C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;
26	"(k) Structure reimbursement rates for providers that serve recipients of medical assistance to
27	reward comprehensive management of diseases, quality outcomes and the efficient use of resources
28	and to promote cost-effective procedures, services and programs including, without limitation, pre-
29	ventive health, dental and primary care services, web-based office visits, telephone consultations and
30	telemedicine consultations;
31	"(L) Guide and support community three-share agreements in which an employer, state or local
32	government and an individual all contribute a portion of a premium for a community-centered health
33	initiative or for insurance coverage;
34	"(m) Develop, in consultation with the Department of Consumer and Business Services, one or
35	more products designed to provide more affordable options for the small group market;

"(n) Implement policies and programs to expand the skilled, diverse workforce as described in 1 2 ORS 414.018 (4); and

3 "(o) Implement a process for collecting the health outcome and quality measure data identified 4 by the Health Plan Quality Metrics Committee and report the data to the Oregon Health Policy Board. 5

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"(2) The Oregon Health Authority is authorized to:

"(a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate 7 8 health care reform in Oregon and to provide comparative cost and quality information to consumers, providers and purchasers of health care about Oregon's health care systems and health plan net-9 10 works in order to provide comparative information to consumers.

11 "(b) Develop uniform contracting standards for the purchase of health care, including the fol-12lowing:

"(A) Uniform quality standards and performance measures; 13

"(B) Evidence-based guidelines for major chronic disease management and health care services 14 15with unexplained variations in frequency or cost;

16 "(C) Evidence-based effectiveness guidelines for select new technologies and medical equipment; [and]17

"(D) A statewide drug formulary that may be used by publicly funded health benefit plans; and 18 "(E) Standards that accept and consider tribal-based practices for mental health and 19 20substance abuse prevention, counseling and treatment for persons who are Native American 21or Alaska Native as equivalent to evidence-based practices.

22"(3) The enumeration of duties, functions and powers in this section is not intended to be ex-23clusive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Authority by ORS 413.006 to 413.042 and 741.340 or by other statutes. 24

25"SECTION 5. Section 6 of this 2019 Act is added to and made a part of ORS chapter 414. "SECTION 6. A medical assistance program shall consider tribal-based practices for 26mental health and substance abuse prevention, counseling and treatment services for mem-27bers who are Native American or Alaska Native as equivalent to evidence-based practices for 28 29 purposes of meeting standards of care and shall reimburse for those tribal-based practices.

30 "SECTION 7. Section 6 of this 2019 Act applies to services provided on or after the operative date specified in section 8 of this 2019 Act. 31

"SECTION 8. (1) Section 6 of this 2019 Act and the amendments to ORS 413.032, 414.625 3233 and 414.635 by sections 1 to 4 of this 2019 Act become operative on January 1, 2020.

34"(2) The Oregon Health Authority may take any action before the operative date specified 35 in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions 36 37 and powers conferred on the authority by section 6 of this 2019 Act and the amendments to 38 ORS 413.032, 414.625 and 414.635 by sections 1 to 4 of this 2019 Act.

"SECTION 9. This 2019 Act takes effect on the 91st day after the date on which the 2019 39 40 regular session of the Eightieth Legislative Assembly adjourns sine die.".

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