

HB 3108 -6 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Brian Nieubuurt, LPRO Analyst

Meeting Dates: 2/11, 4/13

WHAT THE MEASURE DOES:

Defines "primary care." Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program (state-regulated health plans) to provide reimbursement for at least three primary care visits annually. Prohibits imposition of copayments, coinsurance or deductibles on primary care visits. Prohibits state-regulated health plans from denying coverage for services provided by behavioral health home and patient centered primary care home because services were provided on same day or in same facility. Prohibits imposition of prior authorization requirements or more than single copayment for services provided by behavioral health home and patient centered primary care home on same day. Requires Oregon Health Authority (OHA) and coordinated care organizations to assign medical assistance recipients a primary care provider if recipient has not selected a primary care provider by 90th day after enrollment in medical assistance.

ISSUES DISCUSSED:

- Interim health care workgroup focused on primary care
- Patient assignment among carriers, patient choice, and provider risk selection
- Potential impact on health care costs; access to specialized behavioral health services
- Decrease barriers to care by modifying patient copays and prior authorization requirements

EFFECT OF AMENDMENT:

-6 Exempts plans offered by Public Employees' Benefit Board or the Oregon Educators Benefit Board from three annual primary care visit requirement. Clarifies that required reimbursement of three primary care visits is in addition to required annual preventive primary care visit. Requires insurers offering plans on the health insurance exchange to offer at least one plan in each metal tier that meets annual primary care visit requirements. Clarifies prohibition on health insurers requiring multiple copayments for behavioral health home and patient centered primary care home same day services. Excludes health benefit plans reimbursing using a fixed global budget or other alternative payment methodology from same day behavioral health home and patient centered primary care home same day coverage requirements. Clarifies requirements for Department of Consumer and Business Services (DCBS) and OHA rules prescribing primary care provider assignment. Removes medical assistance program from three annual primary care visit requirement. Sunsets requirement that rules adopted by DCBS and OHA prescribing primary care provider assignment be consistent with the recommendations of the primary care payment reform collaborative. Applies requirements to policies or certificates of insurance issued, renewed or extended on or after October 1, 2022, for coverage during the 2023 plan year.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

BACKGROUND:

In January 2020, the House Committee on Health Care created the Universal Access to Primary Care Work Group (UAPC Work Group) and tasked it with developing proposals to move Oregon towards universal access to comprehensive primary care, including identifying policy options to ensure affordable primary care services are accessible to all residents; identifying primary care models that provide access to comprehensive primary care for

HB 3108 -6 STAFF MEASURE SUMMARY

the communities they serve (e.g., behavioral and oral health); and determining factors that influence the potential implementation of a system of universal primary care. The UAPC Work Group consisted of twenty members representing a wide-ranging set of primary care stakeholders, including primary care practitioners, behavioral health specialists, specialty providers, health system representatives, coordinated care organizations (CCOs), payers, and a patient advocate. In November 2020, the UAPC Work Group issued a report outlining ten policy proposals in four key areas: increasing access to, and affordability of, comprehensive primary care; increasing support for, and participation in, Oregon's patient-centered primary care home model; identifying and removing barriers to use of telehealth; and advancing alternative payment models across payers.

House Bill 3108 implements the Universal Access to Primary Care Work Group's recommendations for increasing access to, and affordability of, comprehensive primary care by requiring cost free coverage of annual primary care visits and prohibiting imposition of coverage requirements that restrict access to primary care.