

## **HB 2224 -1, -3 STAFF MEASURE SUMMARY**

### **House Committee On Behavioral Health and Health Care**

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**Meeting Dates:** 3/4

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#### **WHAT THE MEASURE DOES:**

The measure requires bodies providing guidance and advice to coordinated care organizations (CCOs) to include specified public health representatives.

#### Detailed Summary:

- Requires metrics and scoring subcommittee of Health Plan Quality Metrics Committee to include one member of the Oregon Public Health Advisory Board with expertise in public health or population health data.
- Requires Medicaid Advisory Committee to include professionals with experience in the provision of public health, behavioral health and health-related social needs services.
- When possible, requires CCO governing bodies to include at least one senior public health official and one county commissioner. Allows majority of CCO governing body to designate member to be ex officio if governing body includes more than one senior public health official or county commissioner.
- When possible, requires CCO community advisory councils (CACs) to include representatives of local public health and mental health authorities.
- Clarifies relationship between CCOs and local public health departments, including allowing local public health departments to receive payment from CCOs.
- Takes effect on 91st day following adjournment sine die.

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

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

#### **ISSUES DISCUSSED:**

- Statutory obligation of counties to provide safety net services.

#### **EFFECT OF AMENDMENT:**

-1 Adds oral health representation to the metrics and scoring subcommittee of Health Plan Quality Metrics Committee and the Medicaid Advisory Committee.

-3 Removes "when possible" from requirement that CCO governing bodies include one senior public health official and one county commissioner. Clarifies when CCO governing bodies may designate specified members to be ex officio.

#### **BACKGROUND:**

With the passage of House Bill 3650 (2011) and Senate Bill 1580 (2012), the Legislative Assembly established the coordinated care model for delivering care to Medicaid recipients in Oregon. With a focus on primary care and prevention, coordinated care organizations (CCOs) are local networks of providers that have agreed to work together under a budget that combines physical, oral, and behavioral health services. There are currently 16 CCOs providing Medicaid coverage to over 92 percent of Oregon's 1.4 million Medicaid enrollees.

The Health Plan Quality Metrics Committee was established by Senate Bill 440 (2015) to identify outcome and quality measures that could be applied to services provided by CCOs, paid for by health benefit plans sold through the health insurance exchange, or offered by the Public Employees' Benefit Board (PEBB) or Oregon Educators Benefit Board (OEBB).

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Federal law has long required State Medicaid agencies to have a Medical Care Advisory Committee (42 CR 431.12). In 2024, new rules were adopted modernizing these requirements and renaming the advisory committee as the Medicaid Advisory Committee (MAC).

House Bill 2224 requires bodies providing guidance and advice to coordinated care organizations (CCOs) to include specified public health representatives.