

HB 2215 A STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Action Date: 04/01/25

Action: Do pass with amendments and be referred to Ways and Means by prior reference.
(Printed A-Eng.)

Vote: 9-0-0-0

Yeas: 9 - Diehl, Harbick, Isadore, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 3/4, 4/1

WHAT THE MEASURE DOES:

The measure establishes a process for the Oregon Health Authority (OHA) to determine global budgets for coordinated care organizations (CCOs).

Detailed Summary:

- Requires OHA to publish proposed global budget for 30-day public comment period. Requires publication to include sufficient information to determine OHA's rationale for global budget. Requires OHA to post public comments received without delay. Requires OHA Director to fully consider submitted comments before finalizing a capitation rate certification.
- Requires OHA to report to the Health Care Cost Growth Target program annually by December 31 on specified information related to CCO global budgets.
- Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

- Processes utilized by Department of Consumer and Business Services to review health insurance rates

EFFECT OF AMENDMENT:

Replaces the measure.

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 (a.k.a. "global budget"). This global budget is intended to promote care coordination and management and to encourage the efficient delivery of care to help manage the rate of growth within the state's Medicaid program. In determining a global budget for CCOs, OHA is required to consider the community health assessment conducted by the CCO and any innovative, nontraditional health services provided by the CCO. There are currently 16 CCOs providing Medicaid coverage to over 92 percent of Oregon's 1.4 million Medicaid enrollees.

For health insurance plans that are subject to regulation by the Department of Consumer and Business Services (DCBS), that department's Division of Financial Regulation conducts a yearly review of the premium rates that are charged to consumers to ensure that those rates adequately cover the plan's health care costs without being too high or too low. The rate review process includes public hearing and a public comment period to support transparency.

HB 2215 A STAFF MEASURE SUMMARY

House Bill 2215 A establishes a process for the Oregon Health Authority to determine global budgets for coordinated care organizations that is based on the Department of Consumer and Business Services' rate review process for health insurers.