

House Bill 2207

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)

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 **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells OHA to adopt standards for certain reviews of CCOs. (Flesch Readability Score: 74.8).

Directs the Oregon Health Authority to adopt standards for external quality reviews of coordinated care organizations that are aligned with standards published by the National Committee for Quality Assurance.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to external quality reviews of coordinated care organizations; creating new provisions;
3 amending ORS 414.595; and prescribing an effective date.

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

5 **SECTION 1.** ORS 414.595 is amended to read:

6 414.595. (1) As used in this section:

7 (a) "Coordinated care organization" has the meaning given that term in ORS 414.025.

8 (b) "Subcontractor" means an entity that contracts with a coordinated care organization to
9 provide health care, dental care, behavioral health care or other services to medical assistance re-
10 cipients enrolled in the coordinated care organization.

11 (2)(a) The Oregon Health Authority shall conduct one external quality review of each coordi-
12 nated care organization annually. The authority may contract with an external quality review or-
13 ganization to conduct the review.

14 **(b) The authority shall adopt standards for evaluating a coordinated care organization**
15 **during an external quality review. The standards must be aligned with the health plan ac-**
16 **creditation standards published by the National Committee for Quality Assurance.**

17 **(c) If a coordinated care organization has received accreditation from the National**
18 **Committee for Quality Assurance for a standard adopted under this section, the authority**
19 **shall accept proof of the accreditation as evidence that the coordinated care organization has**
20 **complied with the standard.**

21 (3) The authority shall compile a standard list of documents that the authority or contracted
22 review organization collects from coordinated care organizations and subcontractors. When re-
23 questing information from a coordinated care organization about its subcontractors, the authority
24 or contracted review organization shall inform the coordinated care organization of the documents
25 on the standard list that have been collected from the coordinated care organization's subcontrac-
26 tors in the preceding 12-month period.

27 (4) The authority or a contracted review organization may not request information from a co-
28 ordinated care organization that is duplicative of or redundant with information previously provided

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 by the coordinated care organization or a subcontractor if the information was provided within the
 2 preceding 12-month period and the relevant content of the information has not changed.

3 (5) The authority shall provide a contracted review organization with all information about a
 4 coordinated care organization in the authority’s possession as necessary for the contracted review
 5 organization to conduct the external quality review. A contracted review organization may not seek
 6 information from a coordinated care organization before first requesting the information from the
 7 authority.

8 (6) This section does not apply to documents requested, submitted or collected in connection
 9 with an audit for or an investigation of fraud, waste or abuse and does not:

10 (a) Prohibit a coordinated care organization from requesting from a subcontractor information
 11 required by law or contract;

12 (b) Require the authority or a contracted review organization to disclose to a coordinated care
 13 organization any information described in this section collected from a coordinated care organiza-
 14 tion or a subcontractor; or

15 (c) Permit the authority or a contracted review organization to disclose to a coordinated care
 16 organization confidential or proprietary information reported to the authority or contracted review
 17 organization by another coordinated care organization or a subcontractor.

18 **SECTION 2. The amendments to ORS 414.595 by section 1 of this 2025 Act apply to ex-**
 19 **ternal quality reviews conducted on or after the operative date specified in section 3 of this**
 20 **2025 Act.**

21 **SECTION 3. (1) The amendments to ORS 414.595 by section 1 of this 2025 Act become**
 22 **operative on January 1, 2026.**

23 **(2) The Oregon Health Authority may take any action before the operative date specified**
 24 **in subsection (1) of this section that is necessary to enable the authority to exercise, on and**
 25 **after the operative date specified in subsection (1) of this section, all of the duties, functions**
 26 **and powers conferred on the authority by the amendments to ORS 414.595 by section 1 of this**
 27 **2025 Act.**

28 **SECTION 4. This 2025 Act takes effect on the 91st day after the date on which the 2025**
 29 **regular session of the Eighty-third Legislative Assembly adjourns sine die.**