

# A-Engrossed House Bill 2210

Ordered by the House April 7  
Including House Amendments dated April 7

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

**Digest: The Act creates a task force on provider credentialing. (Flesch Readability Score: 66.1).**

*[Digest: The Act makes changes to a database maintained by OHA. (Flesch Readability Score: 69.7).]*

*[Expands a provider credentialing database maintained by the Oregon Health Authority to include audit or other compliance materials that an organizational provider must submit to a coordinated care organization.]* Establishes the Task Force on Provider Credentialing to make recommendations for expanding and improving *[the]* a **provider credentialing** database **maintained by the Oregon Health Authority**.

Declares an emergency, effective on passage.

## A BILL FOR AN ACT

Relating to coordinated care organizations; and declaring an emergency.

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

**SECTION 1. (1) As used in this section, "coordinated care organization" has the meaning given that term in ORS 414.025.**

**(2) The Task Force on Provider Credentialing is established.**

**(3) The task force consists of 15 members appointed by the Governor as follows:**

**(a) Four representatives of coordinated care organizations, including at least two representatives of coordinated care organizations or the holding companies of coordinated care organizations that have less than 100,000 members;**

**(b) Three representatives of mental health treatment providers that contract with more than one coordinated care organization;**

**(c) Three representatives of substance use disorder providers that contract with more than one coordinated care organization;**

**(d) Three representatives of other health care providers or entities, including dental care organizations or hospitals, that contract with more than one coordinated care organization;**

**(e) One representative of the Oregon Health Authority who is responsible for updating the database described in ORS 430.637; and**

**(f) One representative of the authority who is responsible for providing training and education to providers and coordinated care organizations about the database described in ORS 430.637.**

**(4) The task force shall develop recommendations for:**

**(a) Expanding the database described in ORS 430.637 to include other types of providers;**

**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       (b) Functionally changing the database to make it usable by both coordinated care or-  
2 ganizations and providers;

3       (c) The types of audit or other compliance materials that should be included in the da-  
4 tabase; and

5       (d) Requiring the authority to engage with coordinated care organizations and providers  
6 to ensure that the database content and functionality remain up-to-date and that the data-  
7 base is accessible and meets the needs of the Oregon Integrated and Coordinated Health Care  
8 Delivery System established by ORS 414.570.

9       (5) A majority of the members of the task force constitutes a quorum for the transaction  
10 of business.

11       (6) Official action by the task force requires the approval of a majority of the members  
12 of the task force.

13       (7) The task force shall elect one of its members to serve as chairperson.

14       (8) If there is a vacancy for any cause, the Governor shall make an appointment to be-  
15 come immediately effective.

16       (9) The task force shall meet at times and places specified by the call of the chairperson  
17 or of a majority of the members of the task force.

18       (10) The task force may adopt rules necessary for the operation of the task force.

19       (11)(a) The task force shall submit an initial report in the manner provided in ORS  
20 192.245 to the interim committees of the Legislative Assembly related to health no later than  
21 December 31, 2025.

22       (b) The task force shall submit subsequent reports no later than February 1 of each year,  
23 beginning in 2026.

24       (12) The authority shall provide staff support to the task force.

25       (13) Members of the task force are not entitled to compensation or reimbursement for  
26 expenses and serve as volunteers on the task force.

27       (14) All agencies of state government, as defined in ORS 174.111, are directed to assist  
28 the task force in the performance of the duties of the task force and, to the extent permitted  
29 by laws relating to confidentiality, to furnish information and advice the members of the task  
30 force consider necessary to perform their duties.

31       SECTION 2. Section 1 of this 2025 Act is repealed on January 2, 2029.

32       SECTION 3. This 2025 Act being necessary for the immediate preservation of the public  
33 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect  
34 on its passage.