

A-Engrossed Senate Bill 609

Ordered by the Senate April 15
Including Senate Amendments dated April 15

Sponsored by Senator CAMPOS; Senators PATTERSON, REYNOLDS, Representative BOWMAN (Presession filed.)

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 tells OHA and CCOs to set minimum rates for reimbursing certain health care providers. (Flesch Readability Score: 63.6).

Establishes minimum amounts of reimbursement for primary care, optometry, dental care and behavioral health services provided to recipients of medical assistance.

A BILL FOR AN ACT

Relating to equitable access to health care services.

Whereas it is the intent of the Legislative Assembly to achieve the goals of universal and equitable access to an appropriate level of high quality health care for all Oregonians; and

Whereas the Legislative Assembly finds that current reimbursement rates in the state medical assistance program significantly reduce access to primary physical and behavioral health services for the most vulnerable Oregonians, which perpetuates health inequity; and

Whereas the Legislative Assembly finds that the lack of access to primary care, optometry, dental care and behavioral health services limits continuity of care and delays timely treatment, leading to inferior health outcomes and increasing health care costs paid by the people in this state; and

Whereas the Legislative Assembly finds that approximately 33 percent of Oregonians access care through the state medical assistance program, which covers nearly half of all births in this state; and

Whereas the Legislative Assembly finds that a robust primary care system for all Oregonians will increase equity, quality, reliability, availability and continuity of care, leading to improved health outcomes and lower costs; now, therefore,

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

SECTION 1. Section 2 of this 2025 Act is added to and made a part of ORS chapter 414.

SECTION 2. (1) As used in this section:

(a) "Behavioral health provider" means a provider, other than a primary care provider, who is licensed under ORS chapter 675 to provide behavioral health services.

(b) "Behavioral health services" means mental health or substance use disorder treatment and services that are provided in a setting other than a hospital, emergency department or urgent care center.

(c) "Dental care provider" means a provider:

(A) Who is a:

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.

(i) Dentist or dental hygienist licensed by the Oregon Board of Dentistry under ORS chapter 679 or 680; or

(ii) Team of dentists or a dental clinic; and

(B) Who provides dental care services.

(d) “Dental care services” means the following services that are provided in a setting other than a hospital, emergency department or urgent care center:

(A) Comprehensive primary dental care; or

(B) Basic diagnostic and preventative dental services.

(e) “Optometry provider” means a provider licensed under ORS chapter 683 to provide optometry services.

(f) “Optometry services” means medical eye and vision examination services that are provided in a setting other than a hospital, emergency department or urgent care center.

(g) “Primary care provider” means a provider:

(A) Who is a:

(i) Physician licensed by the Oregon Medical Board under ORS chapter 677; or

(ii) Nurse practitioner licensed by the Oregon State Board of Nursing under ORS 678.375 to 678.390; and

(B) Whose clinical practice is:

(i) Family medicine;

(ii) General internal medicine;

(iii) Pediatrics;

(iv) Prenatal and postnatal obstetrics; or

(v) General psychiatry.

(h) “Primary care services” means services provided by a primary care provider in a setting other than a hospital, emergency department or urgent care center.

(2) The Oregon Health Authority shall reimburse a primary care provider, optometry provider, dental care provider or behavioral health provider for primary care services, optometry services, dental care services or behavioral health services provided to a medical assistance recipient at a rate no less than the average rate, geographically adjusted, paid by insurers that offer health benefit plans, as defined in ORS 743B.005, in this state.

(3) A coordinated care organization shall reimburse a contracted primary care provider, optometry provider, dental care provider or behavioral health provider for primary care services, optometry services, dental care services or behavioral health services provided to a member of the coordinated care organization at the rate specified in subsection (2) of this section, excluding any bonus or quality incentive payments received by the provider. A coordinated care organization may use alternative payment methodologies if the payments are no less than the amounts specified in subsection (2) of this section.

(4) The authority may not request an increase in General Fund appropriations or in expenditure limitations to carry out the provisions of this section and must carry out the provisions of this section within the authority’s legislatively approved budget.

SECTION 3. (1) The Oregon Health Authority shall monitor and review changes in the reimbursement amounts paid in accordance with section 2 of this 2025 Act over a four-year period and prepare a report on whether the reimbursement amounts paid for services described in section 2 of this 2025 Act:

(a) Reduced wait times and increased access and provider choice for medical assistance

1 recipients;

2 (b) Improved health outcomes and equity among medical assistance recipients; and

3 (c) Reduced costs in the medical assistance program due to lower utilization of services
4 in higher cost categories of services such as hospital or specialty care services.

5 (2) The authority shall submit the report prepared in accordance with subsection (1) of
6 this section to the interim committees of the Legislative Assembly related to health no later
7 than December 31, 2031.

8 SECTION 4. No later than 60 days after the effective date of this 2025 Act, the Oregon
9 Health Authority shall seek approval from the Centers for Medicare and Medicaid Services
10 to secure federal financial participation in the reimbursement amounts paid to providers
11 under section 2 of this 2025 Act.

12 SECTION 5. Sections 2 and 3 of this 2025 Act become operative upon the receipt of ap-
13 proval from the Centers for Medicare and Medicaid Services under section 4 of this 2025 Act.
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