

HB 2224-1
(LC 2736)
2/24/25 (RH/ps)

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2224**

1 On page 1 of the printed bill, delete lines 5 through 24.

2 On page 2, delete lines 1 through 23 and insert:

3 **“SECTION 1.** ORS 413.022 is amended to read:

4 “413.022. (1) As used in this section:

5 “(a) ‘Downstream health outcome and quality measures’ means:

6 “(A) The sets of core quality measures for the Medicaid program that are
7 published by the Centers for Medicare and Medicaid Services in accordance
8 with 42 U.S.C. 1320b-9a and 1320b-9b; and

9 “(B) If the sets of core quality measures for adults published by the
10 Centers for Medicare and Medicaid Services do not include quality measures
11 for oral health care for adults, quality measures of oral health care for
12 adults adopted by the metrics and scoring subcommittee.

13 “(b) ‘Upstream health outcome and quality measures’ means quality
14 measures that focus on the social determinants of health.

15 “(2) There is created in the Health Plan Quality Metrics Committee a
16 [*nine-member*] metrics and scoring subcommittee **consisting of 11 members**
17 appointed by the Director of the Oregon Health Authority. The members of
18 the subcommittee serve two-year terms and must include:

19 “(a) Three members at large;

20 “(b) Three individuals with expertise in health outcomes measures, **in-**
21 **cluding one member of the Oregon Public Health Advisory Board with**

1 **expertise in public health or population health data; [and]**

2 **“(c) Three representatives of coordinated care organizations; and**

3 **“(d) Two health care providers who are enrolled in the state medical**
4 **assistance program, including one oral health care provider.**

5 **“(3) The subcommittee shall use a public process in accordance with ORS**
6 **192.610 to 192.705 that includes an opportunity for public comment to select**
7 **the downstream health outcome and quality measures and a minimum of four**
8 **upstream health outcome and quality measures applicable to services pro-**
9 **vided by coordinated care organizations.**

10 **“(4) The Oregon Health Authority shall incorporate these measures into**
11 **coordinated care organization contracts to hold the organizations account-**
12 **able for performance and customer satisfaction requirements. The authority**
13 **shall notify each coordinated care organization of any changes in the meas-**
14 **ures at least three months before the beginning of the contract period during**
15 **which the new measures will be in place.**

16 **“(5) The subcommittee shall update the health outcome and quality**
17 **measures annually, if necessary, to conform to the latest sets of core quality**
18 **measures published by the Centers for Medicare and Medicaid Services.**

19 **“(6) All health outcome and quality measures must be consistent with the:**

20 **“(a) Terms and conditions of the demonstration project approved for this**
21 **state by the Centers for Medicare and Medicaid Services under 42 U.S.C.**
22 **1315; and**

23 **“(b) Written quality strategies approved by the Centers for Medicare and**
24 **Medicaid Services under 42 C.F.R. 438.340 and 457.1240.**

25 **“(7) The authority and the Oregon Health Policy Board shall evaluate on**
26 **a regular and ongoing basis the outcome and quality measures selected by**
27 **the subcommittee under this section for members in each coordinated care**
28 **organization and for members statewide.**

29 **“(8) Members of the subcommittee who are not members of the Oregon**
30 **Health Policy Board may receive compensation and the reimbursement of**

1 actual and necessary travel and other expenses incurred by them in the
2 performance of their official duties in accordance with criteria adopted by
3 the authority by rule and shall be reimbursed from funds available to the
4 authority in the manner and amount provided in ORS 292.495.”.

5 In line 36, after “behavioral health” insert “, oral health”.

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