

LC 499  
2023 Regular Session  
44300-022  
8/18/22 (LHF/ps)

# D R A F T

## SUMMARY

Requires Oregon Health Authority to conduct comprehensive study and analysis of specified aspects of Oregon Health Plan fee-for-service system. Directs authority to develop, and report to interim committees of Legislative Assembly related to health, plan for improvements to address disparities in access to care and care delivery between coordinated care organization members and Oregon Health Plan enrollees who are not members of coordinated care organizations.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

Relating to medical assistance recipients who are not enrolled in coordinated care organizations; and declaring an emergency.

Whereas some of Oregon's most vulnerable populations facing health inequities are Oregon Health Plan enrollees whose services are reimbursed on a fee-for-service basis instead of through membership in a coordinated care organization, including tribal members, members dually enrolled in Medicare and the Oregon Health Plan, pregnant undocumented immigrants, Oregon Health Plan enrollees with private insurance, persons with disabilities, individuals exempt from coordinated care organization membership and individuals facing life transitions such as moving from one part of this state to another or leaving a justice-involved setting; and

Whereas, in contrast to members enrolled in coordinated care organizations, Oregon Health Plan enrollees who are not members of coordinated care organizations face additional barriers to accessing quality and timely health care because, while coordinated care organizations are held to 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.

standard of care outlined in contracts, metrics, compliance and accountability to their communities, the fee-for-service system does not have these structural mechanisms that are designed to promote the health care transformation and coordinated care that is integral to the coordinated care organization model; and

Whereas the fee-for-service system has insufficient provider enrollment and availability due to low and inconsistent reimbursement rates and lack of incentives for provider participation; and

Whereas the lack of enrollee-specific communication formats for Oregon Health Plan enrollees who are not members of coordinated care organizations leaves enrollees to navigate a complex health care delivery system on their own; now, therefore,

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

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

**(a) “Coordinated care organization” has the meaning given that term in ORS 414.025.**

**(b) “Fee-for-service enrollee” means a recipient of medical assistance who is not a member of a coordinated care organization.**

**(c) “Fee-for-service system” means the health care delivery model for care and services provided to fee-for-service enrollees.**

**(d) “Health-related services” means items or services that are not strictly medical but that are intended to address health inequities or the social determinants of health.**

**(2) The Oregon Health Authority shall undertake a comprehensive study and analysis of the fee-for-service system in this state. The study must include significant community engagement and the appointment of a consumer advisory council to provide input from fee-for-service enrollees to drive changes and improvements to the fee-for-service system. The study must include an analysis and recommendations for addressing:**

**(a) Fee-for-service enrollees’ lack of access to interdisciplinary care**

1 coordination;

2 (b) The unavailability of health-related services in the fee-for-  
3 service system;

4 (c) Needs and gaps in the fee-for-service system that are identified  
5 by consumers and communities;

6 (d) How to better integrate behavioral, oral and physical health  
7 care;

8 (e) The need for standardized member communications, technical  
9 and quality control support to advance language access and interpreter  
10 services at the provider level;

11 (f) The need for an up-to-date, interactive fee-for-service provider  
12 directory;

13 (g) The need for a robust fee-for-service provider network for all  
14 services; and

15 (h) The need for a customer service system integrating customer  
16 services and connecting fee-for-service enrollees to outreach and en-  
17 rollment, care coordination and other Medicaid-funded and non-  
18 Medicaid-funded services and supports.

19 (3) Based on the study and analysis, and on recommendations and  
20 input from the consumer advisory council, no later than September  
21 15, 2025, the authority shall report to the interim committees of the  
22 Legislative Assembly related to health a plan to address the issues  
23 described in subsection (2) of this section and recommendations for  
24 legislative changes necessary to implement the plan.

25 (4) The authority may seek authority from the Centers for Medicare  
26 and Medicaid Services to implement any elements of the plan that  
27 need federal approval through waivers, state plan amendments or  
28 other means.

29 SECTION 2. Section 1 of this 2023 Act is repealed on January 2, 2026.

30 SECTION 3. This 2023 Act being necessary for the immediate pres-  
31 ervation of the public peace, health and safety, an emergency is de-

1 **clared to exist, and this 2023 Act takes effect on its passage.**

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