

Enrolled Senate Bill 231

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CHAPTER

AN ACT

Relating to paying for primary care; and declaring an emergency.

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

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

(a) **“Carrier” means an insurer that offers a health benefit plan, as defined in ORS 743.730.**

(b) **“Prominent carrier” means:**

(A) **A carrier with annual premium income at a threshold established by the Department of Consumer and Business Services by rule.**

(B) **The Public Employees’ Benefit Board.**

(C) **The Oregon Educators Benefit Board.**

(2) **All prominent carriers shall, and carriers other than prominent carriers may, report to the Department of Consumer and Business Services, no later than December 31, 2015, the proportion of the carrier’s total medical expenses that are allocated to primary care.**

(3) **The department shall share with the Oregon Health Authority the information reported so that the authority may prepare the evaluation and report described in section 2 of this 2015 Act.**

(4) **The department, in collaboration with the authority, shall adopt rules prescribing the primary care services for which costs must be reported under subsection (2) of this section.**

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

(a) **“Carrier” means an insurer that offers a health benefit plan, as defined in ORS 743.730.**

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

(c) **“Primary care” means family medicine, general internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics or general psychiatry.**

(d) **“Primary care provider” includes:**

(A) **A physician, naturopath, nurse practitioner, physician assistant or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care.**

(B) **A health care team or clinic that has been certified by the Oregon Health Authority as a patient centered primary care home.**

(2) **The Oregon Health Authority shall convene a primary care payment reform collaborative to advise and assist the authority in developing a Primary Care Transformation**

Initiative to develop and share best practices in technical assistance and methods of reimbursement that direct greater health care resources and investments toward supporting and facilitating health care innovation and care improvement in primary care. The collaborative is a governing body, as defined in ORS 192.610.

(3) The authority shall invite representatives from all of the following to participate in the primary care payment reform collaborative:

- (a) Primary care providers;
- (b) Health care consumers;
- (c) Experts in primary care contracting and reimbursement;
- (d) Independent practice associations;
- (e) Behavioral health treatment providers;
- (f) Third party administrators;
- (g) Employers that offer self-insured health benefit plans;
- (h) The Department of Consumer and Business Services;
- (i) Carriers;
- (j) A statewide organization for mental health professionals who provide primary care;
- (k) A statewide organization representing federally qualified health centers;
- (L) A statewide organization representing hospitals and health systems;
- (m) A statewide professional association for family physicians;
- (n) A statewide professional association for physicians;
- (o) A statewide professional association for nurses; and
- (p) The Centers for Medicare and Medicaid Services.

(4) The authority shall convene the primary care payment reform collaborative no later than October 1, 2015.

(5) A coordinated care organization shall report to the authority, no later than December 31, 2015, the proportion of the organization's total medical costs that are allocated to primary care.

(6) The authority, in collaboration with the Department of Consumer and Business Services, shall adopt rules prescribing the primary care services for which costs must be reported under subsection (5) of this section.

SECTION 3. No later than February 1, 2016, the Oregon Health Authority and the Department of Consumer and Business Services shall report to the Legislative Assembly, in the manner provided in ORS 192.245:

(1) The percentage of the medical expenses of carriers, coordinated care organizations, the Public Employees' Benefit Board and the Oregon Educators Benefit Board that is allocated to primary care; and

(2) How carriers, coordinated care organizations, the Public Employees' Benefit Board and the Oregon Educators Benefit Board pay for primary care.

SECTION 4. (1) The Legislative Assembly declares that collaboration among insurers, purchasers and providers of health care to coordinate service delivery systems and develop innovative reimbursement methods in support of integrated and coordinated health care delivery is in the best interest of the public. The Legislative Assembly therefore declares its intent to exempt from state antitrust laws, and to provide immunity from federal antitrust laws through the state action doctrine, the activities specified in section 2 (2) of this 2015 Act, of the participants in the primary care payment reform collaborative, that might otherwise be constrained by such laws.

(2) The Director of the Oregon Health Authority or the director's designee shall engage in state supervision of the primary care payment reform collaborative to ensure that the activities and discussions of the participants in the collaborative are limited to the activities described in section 2 (2) of this 2015 Act.

(3) Groups that include, but are not limited to, health insurance companies, health care centers, hospitals, health service organizations, employers, health care providers, health

care facilities, state and local governmental entities and consumers may meet to facilitate the development, implementation and operation of the Primary Care Transformation Initiative in accordance with section 2 of this 2015 Act.

(4) The Oregon Health Authority may conduct a survey of the entities and individuals specified in subsection (3) of this section to assist in the evaluation of the Primary Care Transformation Initiative.

(5) A survey or meeting under subsection (3) or (4) of this section is not a violation of state antitrust laws and shall be considered state action for purposes of federal antitrust laws through the state action doctrine.

SECTION 5. Sections 1 to 4 of this 2015 Act are repealed on December 31, 2018.

SECTION 6. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate April 28, 2015

Received by Governor:

Repassed by Senate June 16, 2015

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Approved:

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Lori L. Brocker, Secretary of Senate

.....M,....., 2015

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Peter Courtney, President of Senate

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Kate Brown, Governor

Passed by House June 11, 2015

Filed in Office of Secretary of State:

.....M,....., 2015

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Tina Kotek, Speaker of House

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Jeanne P. Atkins, Secretary of State