

## HB 2303 A -A3 STAFF MEASURE SUMMARY

### Senate Committee On Health Care

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**Prepared By:** Oliver Droppers, LPRO Analyst

**Meeting Dates:** 5/16, 5/30

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#### WHAT THE MEASURE DOES:

Changes coordinated care organization (CCO) reporting date to Oregon Health Authority (OHA) from December 31 to October 1 each year. Deletes statutory references to a Community-based Health Care Initiative. Specifies that in addition to the OHA Director, a designee of the director can be appointed as a member to the Advisory Committee on Physician Credentialing Information. Updates statutory language, deletes references of Office for Oregon Health Policy and Research.

*FISCAL: May have fiscal impact, but no statement yet issued.*

*REVENUE: May have revenue impact, but no statement yet issued.*

#### ISSUES DISCUSSED:

- Concerns about establishing registry program
- Implementation timeline
- Scope and types of professions included in the definition of alternative behavioral health practitioner
- Registration fees and funding for the new program

#### EFFECT OF AMENDMENT:

-A3 Adds emergency clause. Defines alternative behavioral health practitioner as hypnotherapist, sexologist, somatic therapist, life coach, parenting coach or wellness coach. Requires Oregon Health Authority's (OHA) Health Licensing Office to establish registration and renewal program to register alternative behavioral health and behavioral health practitioners including criminal records check, application fees, fines and penalties. Requires OHA to establish by rule qualifications for alternative behavioral health and behavioral health practitioners including training and experience. Grants OHA authority to suspend or revoke a practitioner's registration.

#### BACKGROUND:

Senate Bill 231 (2015) and House Bill 4017 (2016) require the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to report on the percentage of medical spending allocated to primary care each year through 2020. Each year, all 16 coordinated care organizations (CCOs) report to OHA their percentage of medical spending on primary care. According to OHA, the report is intended to help policymakers and the public assess the resources allocated to primary care in Oregon and develop proposals for improving primary care. Oregon law requires commercial carriers and CCOs to report primary care spending data based on different calendar dates; December 31st for CCOs and October 1st for commercial carriers.

The Health Policy and Analytics (HPA) Division in OHA provides agency-wide policy development, strategic planning, clinical and Medicaid policy guidance. OHA's Office of Health Policy conducts impartial policy analysis, research and evaluation, and provides technical assistance to support health reform planning and implementation in Oregon. For over two decades, prior to creation of OHA's Division of HPA, the Office for Oregon Health Policy and Research (OHPR) (renamed in 2001 by House Bill 2101) conducted health services research, staffed legislatively mandated committees and commissions and served as the focal point for health policy and reform in the state. OHPR has been

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replaced with the Office of Health Policy in OHA's Division of Health Policy and Analytics.

HB 2303-A changes the date CCOs are required to annually report primary care spending to OHA and removes statutory references to the Office for Oregon Health Policy and Research.