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By STA 2/8
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OK-12
amenduser

House Bill 3614

Sponsored by COMMITTEE ON ELECTIONS, ETHICS AND RULES (at the request of House Interim Committee on Health Care)

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 as introduced.

Creates grant program to increase access to and effectiveness of health care.
Directs Department of Human Services to take steps to maximize enrollment of children in state medical assistance program. Requires minimum 12-month period of enrollment and automatic reenrollment for persons under 19 years of age who are eligible for medical assistance and who are legal residents of Oregon.
Appropriates moneys from General Fund to Department of Human Services for grant program.
Sunsets grant program on January 2, 2012.
Declares emergency, effective on passage.

A BILL FOR AN ACT

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Relating to health care; creating new provisions; amending ORS 414.047; appropriating money; and declaring an emergency.

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

~~SECTION 1. The Department of Human Services shall take steps necessary to maximize the number of eligible children enrolled in the state medical assistance program, including but not limited to all of the following:~~

~~(1) The department shall adopt policies, procedures and forms that streamline and simplify the state medical assistance program application process. In developing forms and processes, the department shall consult with persons not employed by the department who have experience in serving vulnerable and hard-to-reach populations.~~

~~(2) The department shall provide direct assistance to individuals and families in applying for, enrolling in and maintaining enrollment in the state medical assistance program.~~

~~(3) The department shall facilitate outreach and enrollment efforts designed to connect uninsured, eligible adults and children with all available publicly funded health programs, including but not limited to the Family Health Insurance Assistance Program established under ORS 735.720 to 735.740.~~

17a "SECTION 1. The Department of Human Services shall consider
17b policies, procedures and forms that streamline and simplify the state
17c medical assistance program application process. In developing policies,
17d procedures and forms, the department shall consult with persons not
17e employed by the department who have experience in serving vulner-
17f able and hard-to-reach populations."

SECTION 2. ORS 414.047 is amended to read:

414.047. (1) Application for any category of aid shall also constitute application for medical assistance.

(2) Except as [otherwise] provided in this section, each person requesting medical assistance shall [make application therefor] apply to the Department of Human Services. The department shall determine eligibility for and fix the date on which [such] the assistance [may begin] begins, and shall obtain [such] other information required by the rules of the department.

(3) If an applicant is unable to make application for medical assistance, an application may be made by someone acting responsibly for the applicant.

(4)(a) The department shall adopt rules establishing a minimum 12-month period of en-

~~1 enrollment for persons under 19 years of age who are determined eligible for medical assistance
2 and are legal residents of Oregon.~~

~~3 (b) The department shall reenroll a person immediately following the initial 12-month
4 period of enrollment for successive 12-month periods of enrollment so long as the person is
5 a legal resident of Oregon under 19 years of age and is eligible for medical assistance on the
6 date of reenrollment.~~

6 a "rollment for persons described in 42 U.S.C. 1396a(l)(1)(C) or (D) who are determined
7 b eligible for medical assistance.
8 c "(b) The department shall reenroll a person immediately following the
9 d initial 12-month period of enrollment for successive 12-month periods of en-
10 e rollment so long as the person meets the description in 42 U.S.C.
11 f 1396a(l)(1)(C) or (D) and is eligible for medical assistance on the date of re-
12 g enrollment."

7 (c) The department may not require a new application as a condition of reenrollment
8 under paragraph (b) of this subsection and must determine the person's eligibility for medical
9 assistance using information and sources available to the department or documentation
10 readily available to the person.

11 SECTION 3. (1) There is established a grant program to improve access to and the ef-
12 fectiveness of health care delivery for families.

13 (2) The goals of the program are to:

14 (a) Improve preventive health services;

15 (b) Increase access to appropriate, affordable and efficiently delivered primary care for
16 families;

17 (c) Provide new access to health care for children;

18 (d) Explore alternative models for reimbursement of health care services; and

19 (e) Collect information to allow for an evaluation of each grant-funded project.

20 (3) The Department of Human Services shall award grants for four projects. At least one
21 of the grants shall be awarded for a project that ~~serves a rural area~~ "predominantly
22 serves a rural area as defined by the Office of Rural Health. At least one
23 of the other grants shall be awarded for a project that includes service
24 in a rural area"

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21 b
21 c

22 (4) The department shall adopt rules in accordance with ORS 183.333 to:

23 (a) Establish criteria for awarding grants based on the goals of the program.

24 (b) Determine the amount of each grant.

25 (c) Administer the program.

26 (5) The department shall award grants under this section for projects that:

27 (a) Create incentives for collaborative, community-based organizations to bring diverse
28 stakeholders together to coordinate, communicate and improve access to health care for lo-
29 cal residents of the community; and

30 (b) Improve health care delivery in the community by providing:

31 (A) Patient-centered care in which there is a sustained relationship between a patient
32 and a culturally competent provider team and that utilizes patient-driven goals and
33 evidence-based practices;

34 (B) Team-based care that takes advantage of nursing services, including care coordi-
35 nation, school-based health services, home visits, telephone triage and clinical case manage-
36 ment, and that maximizes services during each patient visit;

37 (C) Coordinated care that links patients to comprehensive services in the community,
38 including specialty care, mental health care, dental care ^{v. vision care} and social services.

39 (D) Provider accessibility through the use of telephone and electronic mail, and the re-
40 moval of transportation, language, cultural and other barriers to timely care; and

41 (E) Collaboration with the community that ensures that health-related interests and
42 services are coordinated, psychosocial services are incorporated, resources are leveraged and
43 maximized and assessments are conducted on health status, disparities and effectiveness of
44 services.

45 (6) To be awarded grants, applicants must demonstrate the ability to leverage nonstate

1 resources given the strengths and limitations of their geographic locations.

2 (7) Each project must include an evaluation component that accurately monitors and
3 measures:

4 (a) The impact of the project on the cost and quality of and access to health care; and

5 (b) How the structure and operation of the organization reflects the interests of and is
6 accountable to the diverse needs of the local community.

7 SECTION 4. In addition to and not in lieu of any other appropriation, there is appropri-
8 ated to the Department of Human Services, for the biennium beginning July 1, 2007, out of
9 the General Fund, the amount of \$ 11.1 million for the purpose of carrying out the provisions of
10 section 3 of this 2008 Act.

11 SECTION 5. (1) The Department of Human Services shall take any actions before the
12 operative dates specified in sections 6 and 7 of this 2008 Act, including taking steps to obtain
13 any required federal approval, that will enable the department to implement, on and after
14 the operative date specified in section 6 or 7 of this 2008 Act, the requirements of section 1
15 of this 2008 Act and the amendments to ORS 414.047 by section 2 of this 2008 Act.

16 (2) The department shall notify Legislative Counsel of the application for and upon the
17 receipt or denial of any required federal approval.

18 SECTION 6. Except as provided in section 5 of this 2008 Act, section 1 of this 2008 Act
19 becomes operative on July 1, 2008.

20 SECTION 7. Except as provided in section 5 of this 2008 Act, the amendments to ORS
21 414.047 by section 2 of this 2008 Act become operative on the later of January 1, 2009 or the date
22 that the Department of Human Services can implement the amendments with federal finan-
23 cial participation under Medicaid.

24 SECTION 8. Section 3 of this 2008 Act is repealed January 2, 2012.

25 SECTION 9. This 2008 Act being necessary for the immediate preservation of the public
26 peace, health and safety, an emergency is declared to exist, and this 2008 Act takes effect
27 on its passage.

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