

A-Engrossed House Bill 4017

Ordered by the House February 11
Including House Amendments dated February 11

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (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.

Requires Department of Consumer and Business Services in collaboration with Oregon Health Authority and stakeholder advisory group to *[create]* **report recommendations to interim committees of Legislative Assembly related to health for blueprint for Basic Health Program. Specifies *[requirements for program]* recommendations that must be considered and addressed from feasibility study.** Grants sole authority to department to submit waiver for state innovation under Patient Protection and Affordable Care Act. Requires department to report to legislative committees and Legislative Assembly on blueprint for Basic Health Program and recommendations for waiver for state innovation. **Prohibits department from submitting waiver for state innovation prior to presenting recommendations to interim committees of Legislative Assembly related to health.**

Authorizes registered nurse employed by education service district or local public health authority to accept order from out-of-state physician in providing nursing services in public or private school.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to health care; creating new provisions; amending ORS 678.038; and declaring an emer-
3 gency.

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

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

6 (a) **“Basic Health Program” means a program certified by the United States Secretary**
7 **of Health and Human Services under 42 U.S.C. 18051.**

8 (b) **“Blueprint” means the written document described in 42 C.F.R. 600.110.**

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

10 (d) **“Health insurance exchange” has the meaning given that term in ORS 741.300.**

11 (e) **“Standard health plan” means a health plan available through the Basic Health Pro-**
12 **gram.**

13 (2) **The Department of Consumer and Business Services shall obtain, as necessary, up-**
14 **dates of the data produced in the feasibility study commissioned under section 1, chapter 96,**
15 **Oregon Laws 2014, to use in developing the report described in subsection (3) of this section.**

16 (3) **Not later than December 31, 2016, the department, in collaboration with the Oregon**
17 **Health Authority and in consultation with the stakeholder advisory group created in sub-**
18 **section (6) of this section, shall create and present to the interim committees of the Legis-**
19 **lative Assembly related to health a report containing a blueprint for a Basic Health Program.**

20 (4) **In developing the blueprint, the department, authority and stakeholder advisory group**

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.

1 shall consider and address the following recommendations contained in the report produced
2 in accordance with section 1, chapter 256, Oregon Laws 2015:

3 (a) The Basic Health Program should serve, at a minimum, residents of this state who
4 are:

5 (A) Under 65 years of age;

6 (B) Not eligible to enroll in employer-sponsored health insurance that is affordable as
7 determined under 26 U.S.C. 36B(c)(2)(C); and

8 (C)(i) United States citizens with incomes at or above 138 percent but no greater than
9 200 percent of the federal poverty guidelines and who do not qualify for the state medical
10 assistance program or TRICARE; or

11 (ii) Lawfully present noncitizens with incomes below 200 percent of the federal poverty
12 guidelines, including those who would qualify for the state medical assistance program but
13 for their immigration status or the duration of their residency in the United States.

14 (b) Basic Health Program participants should be able to use the health insurance ex-
15 change Internet portal to enroll in a standard health plan.

16 (c) Basic Health Program participants should have the choice of enrolling in a standard
17 health plan offered by a coordinated care organization or a commercial insurer.

18 (d) The standard health plan should cover the same health benefits that are covered in
19 the state medical assistance program and should conform to the Oregon Integrated and Co-
20 ordinated Health Care Delivery System described in ORS 414.620 (1).

21 (e) Basic Health Plan participants should not be subject to deductibles, coinsurance,
22 copayments or other cost-sharing requirements.

23 (f) Basic Health Program participants whose incomes are below 138 percent of the federal
24 poverty guidelines should not be required to pay premiums.

25 (g) Premiums for Basic Health Program participants whose incomes are at or above 138
26 percent of the federal poverty guidelines should be based on a sliding scale that ensures that
27 the premiums are not greater than the premiums participants would pay for qualified health
28 plans purchased on the health insurance exchange minus the premium tax credit described
29 in 26 U.S.C. 36B.

30 (h) Basic Health Program participants should be eligible to remain continuously enrolled
31 in a standard health plan for a period of 12 consecutive months as long as they reside in this
32 state.

33 (i) Health care providers should be reimbursed for the services provided to Basic Health
34 Program participants at a rate equal to the average of the rate paid by Medicare and the rate
35 paid by commercial insurers for the services.

36 (j) The cost of the Basic Health Program should be maintained at a fixed rate of growth
37 annually.

38 (5) The report presented to the interim committees of the Legislative Assembly must
39 include the administrative framework for grievance procedures, for premium billing and for
40 providing customer service to Basic Health Program participants.

41 (6) The department and the authority shall convene a stakeholder advisory group con-
42 sisting, at a minimum, of:

43 (a) Advocates for low-income individuals and families;

44 (b) Advocates for consumers of health care;

45 (c) Representatives of health care provider groups;

1 (d) Representatives of coordinated care organizations; and

2 (e) Representatives of the health insurance industry.

3 **SECTION 2.** (1) Subject to subsection (2) of this section, the Department of Consumer
4 and Business Services shall have sole authority to apply for a waiver for state innovation
5 under 42 U.S.C. 18052. In developing an application for a waiver, the department shall con-
6 vene an advisory group to advise and assist the department in identifying federal provisions
7 subject to waiver that are expected to improve the delivery of quality health care to resi-
8 dents of this state including, but not limited to, alternative approaches for achieving the
9 objectives of the Basic Health Program as described in section 1 (4) of this 2016 Act.

10 (2) The department may not submit an application for a waiver to the United States
11 Secretary of Health and Human Services or Secretary of the Treasury until the department
12 has presented the proposed application for a waiver to the committees of the Legislative
13 Assembly related to health and to the Legislative Assembly as specified in subsection (3) of
14 this section.

15 (3) Not later than March 1, 2017, the department shall report to the Legislative Assembly,
16 in the manner provided in ORS 192.245, its recommendations for submitting an application
17 for a waiver under 42 U.S.C. 18052.

18 **SECTION 3.** ORS 678.038 is amended to read:

19 678.038. A registered nurse who is employed by a public or private school, **or by an education**
20 **service district or a local public health authority as defined in ORS 431.003 to provide nursing**
21 **services at a public or private school**, may accept an order from a physician licensed to practice
22 medicine or osteopathy in another state or territory of the United States if the order is related to
23 the care or treatment of a student who has been enrolled at the school for not more than 90 days.

24 **SECTION 4.** This 2016 Act being necessary for the immediate preservation of the public
25 peace, health and safety, an emergency is declared to exist, and this 2016 Act takes effect
26 on its passage.

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