

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
HOUSE BILL 4017**

1 On page 1 of the printed bill, line 2, after the semicolon insert “creating
2 new provisions; amending ORS 678.038;”.

3 Delete lines 4 through 28 and delete pages 2 and 3 and insert:

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

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

8 **“(b) ‘Blueprint’ means the written document described in 42 C.F.R.**
9 **600.110.**

10 **“(c) ‘Coordinated care organization’ has the meaning given that**
11 **term in ORS 414.025.**

12 **“(d) ‘Health insurance exchange’ has the meaning given that term**
13 **in ORS 741.300.**

14 **“(e) ‘Standard health plan’ means a health plan available through**
15 **the Basic Health Program.**

16 **“(2) The Department of Consumer and Business Services shall ob-**
17 **tain, as necessary, updates of the data produced in the feasibility study**
18 **commissioned under section 1, chapter 96, Oregon Laws 2014, to use**
19 **in developing the report described in subsection (3) of this section.**

20 **“(3) Not later than December 31, 2016, the department, in collab-**
21 **oration with the Oregon Health Authority and in consultation with the**

1 stakeholder advisory group created in subsection (6) of this section,
2 shall create and present to the interim committees of the Legislative
3 Assembly related to health a report containing a blueprint for a Basic
4 Health Program.

5 “(4) In developing the blueprint, the department, authority and
6 stakeholder advisory group shall consider and address the following
7 recommendations contained in the report produced in accordance with
8 section 1, chapter 256, Oregon Laws 2015:

9 “(a) The Basic Health Program should serve, at a minimum, resi-
10 dents of this state who are:

11 “(A) Under 65 years of age;

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

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

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

22 “(b) Basic Health Program participants should be able to use the
23 health insurance exchange Internet portal to enroll in a standard
24 health plan.

25 “(c) Basic Health Program participants should have the choice of
26 enrolling in a standard health plan offered by a coordinated care or-
27 ganization or a commercial insurer.

28 “(d) The standard health plan should cover the same health benefits
29 that are covered in the state medical assistance program and should
30 conform to the Oregon Integrated and Coordinated Health Care De-

1 livery System described in ORS 414.620 (1).

2 “(e) Basic Health Plan participants should not be subject to
3 deductibles, coinsurance, copayments or other cost-sharing require-
4 ments.

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

8 “(g) Premiums for Basic Health Program participants whose in-
9 comes are at or above 138 percent of the federal poverty guidelines
10 should be based on a sliding scale that ensures that the premiums are
11 not greater than the premiums participants would pay for qualified
12 health plans purchased on the health insurance exchange minus the
13 premium tax credit described in 26 U.S.C. 36B.

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

17 “(i) Health care providers should be reimbursed for the services
18 provided to Basic Health Program participants at a rate equal to the
19 average of the rate paid by Medicare and the rate paid by commercial
20 insurers for the services.

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

23 “(5) The report presented to the interim committees of the Legis-
24 lative Assembly must include the administrative framework for griev-
25 ance procedures, for premium billing and for providing customer
26 service to Basic Health Program participants.

27 “(6) The department and the authority shall convene a stakeholder
28 advisory group consisting, at a minimum, of:

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

30 “(b) Advocates for consumers of health care;

1 “(c) Representatives of health care provider groups;

2 “(d) Representatives of coordinated care organizations; and

3 “(e) Representatives of the health insurance industry.

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

13 “(2) The department may not submit an application for a waiver to
14 the United States Secretary of Health and Human Services or Secre-
15 tary of the Treasury until the department has presented the proposed
16 application for a waiver to the committees of the Legislative Assembly
17 related to health and to the Legislative Assembly as specified in sub-
18 section (3) of this section.

19 “(3) Not later than March 1, 2017, the department shall report to the
20 Legislative Assembly, in the manner provided in ORS 192.245, its rec-
21 ommendations for submitting an application for a waiver under 42
22 U.S.C. 18052.

23 “SECTION 3. ORS 678.038 is amended to read:

24 “678.038. A registered nurse who is employed by a public or private
25 school, **or by an education service district or a local public health au-**
26 **thority as defined in ORS 431.003 to provide nursing services at a public**
27 **or private school,** may accept an order from a physician licensed to practice
28 medicine or osteopathy in another state or territory of the United States if
29 the order is related to the care or treatment of a student who has been en-
30 rolled at the school for not more than 90 days.

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

4
