

House Bill 3367

Sponsored by Representative GREENLICK (at the request of Safety Net Advisory Council)

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**.

Requires representation of federally qualified health centers on Medicaid Advisory Committee and Oregon Health Policy Commission.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to federally qualified health centers; amending ORS 414.211 and 442.035; and declaring an
3 emergency.

4 Whereas the Legislative Assembly acknowledges that the health care safety net provides access
5 to needed services for people who have difficulty obtaining care elsewhere due to financial, ge-
6 ographic, language and cultural barriers; and

7 Whereas a strong, resilient and adequately supported health care safety net is vital to the health
8 of Oregonians and local economies; and

9 Whereas the health care safety net recruits and retains practitioners, maintains quality of care,
10 provides preventive services and diagnoses, treats chronic and urgent conditions and gathers data
11 needed to inform public policy; and

12 Whereas the role of the health care safety net is even more significant during downturns in the
13 economy, when the safety net absorbs the care and cost-shift burden during times when fewer
14 Oregonians are covered by public and private insurance; and

15 Whereas the Legislative Assembly recognizes an obligation to Oregonians to ensure the contin-
16 ued viability of the health care safety net; now, therefore,

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

18 **SECTION 1.** ORS 414.211 is amended to read:

19 414.211. (1) There is established a Medicaid Advisory Committee consisting of not more than 15
20 members appointed by the Governor.

21 (2) The committee shall be composed of:

22 (a) A physician licensed under ORS chapter 677;

23 (b) Two members of health care consumer groups that include Medicaid recipients;

24 (c) Two Medicaid recipients, one of whom shall be a disabled person;

25 (d) The Director of Human Services or designee;

26 (e) Health care providers;

27 (f) Persons associated with health care organizations, including but not limited to managed care
28 plans under contract to the Medicaid program;

29 **(g) Representatives of federally qualified health centers; and**

30 *[(g)]* **(h) Members of the general public.**

31 (3) In making appointments, the Governor shall consult with appropriate professional and other

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 interested organizations. All members appointed to the committee shall be familiar with the medical
2 needs of low income persons.

3 (4) The term of office for each member shall be two years, but each member shall serve at the
4 pleasure of the Governor.

5 (5) Members of the committee shall receive no compensation for their services but, subject to
6 any applicable state law, shall be allowed actual and necessary travel expenses incurred in the
7 performance of their duties from the Public Welfare Account.

8 (6) **As used in this section, “federally qualified health center” means:**

9 (a) **A health center funded under Section 330 of the Public Health Service Act, 42 U.S.C.
10 254b;**

11 (b) **An entity that meets the definition of “health center” under Section 330 of the Public
12 Health Service Act, 42 U.S.C. 254b, although it does not receive grant funding under that
13 section; or**

14 (c) **An outpatient health program or facility operated by a tribal organization under the
15 Indian Self-Determination Act, 25 U.S.C. 450 et seq., or an urban Indian organization under
16 the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq.**

17 **SECTION 2.** ORS 442.035 is amended to read:

18 442.035. (1) The Oregon Health Policy Commission is established to serve as the policy-making
19 body responsible for health policy and planning for the state.

20 (2) The members of the commission shall be residents of the State of Oregon and shall be ap-
21 pointed by the Governor, subject to the following:

22 (a) The commission shall have 10 public members and shall include at least one member from
23 each congressional district of the state.

24 (b) The membership of the commission shall broadly represent the geographic, social, economic,
25 occupational, linguistic and racial population of the state and shall include individuals who repre-
26 sent Oregon’s [*rural and urban medically underserved populations.*] **federally qualified health cen-
27 ters.**

28 (c) The commission shall have a majority of members who are not direct providers of health care
29 and shall include individuals who represent Oregon’s rural and urban medically underserved popu-
30 lations.

31 (d) The commission shall have at least one member who is a physician licensed to practice in
32 this state. For the purposes of this paragraph, “physician” has the meaning given that term in ORS
33 677.010.

34 (e) Members shall be appointed to three-year terms.

35 (f) A member may not serve more than two consecutive terms.

36 (3) Voting members of the commission shall serve at the Governor’s pleasure.

37 (4) Voting members shall select a chairperson and a vice chairperson from among themselves.

38 (5) The commission shall meet at least quarterly.

39 (6) Members are entitled to compensation and expenses as provided in ORS 292.495.

40 (7) If a vacancy of a voting member is created on the commission for any reason, the Governor
41 shall fill the vacancy by appointing a member to a three-year term.

42 (8) In addition to the members appointed to the commission under subsection (2) of this section:

43 (a) The President of the Senate, in consultation with leadership from the minority party, shall
44 appoint two members of the Senate to the commission, one from the majority party and one from the
45 minority party, who shall be nonvoting, advisory members; and

1 (b) The Speaker of the House of Representatives, in consultation with leadership from the mi-
2 nority party, shall appoint two members of the House of Representatives to the commission, one
3 from the majority party and one from the minority party, who shall be nonvoting, advisory members.

4 **(9) As used in this section, “federally qualified health center” means:**

5 **(a) A health center funded under Section 330 of the Public Health Service Act, 42 U.S.C.**
6 **254b;**

7 **(b) An entity that meets the definition of “health center” under Section 330 of the Public**
8 **Health Service Act, 42 U.S.C. 254b, although it does not receive grant funding under that**
9 **section; or**

10 **(c) An outpatient health program or facility operated by a tribal organization under the**
11 **Indian Self-Determination Act, 25 U.S.C. 450 et seq., or an urban Indian organization under**
12 **the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq.**

13 **SECTION 3. This 2007 Act being necessary for the immediate preservation of the public**
14 **peace, health and safety, an emergency is declared to exist, and this 2007 Act takes effect**
15 **on its passage.**