

Enrolled Senate Bill 3

Sponsored by Senators MONNES ANDERSON, CARTER, COURTNEY, Representatives CLEM, GALIZIO, GREENLICK, MERKLEY, SCHAUFLE, WITT; Senators AVAKIAN, BATES, BROWN, BURDICK, DECKERT, DEVLIN, GORDLY, JOHNSON, METSGER, MONROE, MORRISSETTE, PROZANSKI, VERGER, WALKER, WESTLUND, Representatives BARKER, BARNHART, BEYER, BONAMICI, BOONE, BUCKLEY, CANNON, DINGFELDER, C EDWARDS, GELSER, HOLVEY, HUNT, KOTEK, MACPHERSON, NATHANSON, READ, RILEY, ROBLAN, ROSENBAUM

CHAPTER

AN ACT

Relating to health; creating new provisions; amending ORS 323.010, 323.455, 323.500, 323.505, 323.625, 391.800, 414.025, 414.725, 414.839, 442.507, 735.701, 735.710 and 735.754; repealing ORS 323.457; appropriating money; and prescribing an effective date.

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

OREGON HEALTHY KIDS PROGRAM

SECTION 1. Sections 2 and 3 of this 2007 Act are added to and made a part of ORS chapter 414.

SECTION 2. (1) The Oregon Healthy Kids Program is created to provide affordable, accessible health care for Oregon’s children. The program is composed of:

(a) Medical assistance administered by the Department of Human Services provided to children under the state programs funded by Title XIX of the Social Security Act, under the Children’s Health Insurance Program funded by Title XXI of the Social Security Act and under state programs funded by the Legislative Assembly;

(b) A private health option administered by the Office of Private Health Partnerships under sections 8 and 9 of this 2007 Act;

(c) A statewide Healthy Kids Advice Line; and

(d) A statewide Healthy Kids Healthcare Access Line.

(2) A child or a person authorized to act on behalf of a child may apply to the Department of Human Services for a determination of the child’s eligibility for the Oregon Healthy Kids Program.

(3) When an application is received by the department under subsection (2) of this section, the department shall determine whether the child is eligible for medical assistance. The department shall enroll an eligible child in an appropriate medical assistance program referred to in subsection (1) of this section.

(4) If the department determines that a child for whom application has been made under subsection (2) of this section is not eligible for medical assistance but is eligible for enroll-

ment in the private health option, the department shall transfer the application to the Office of Private Health Partnerships to complete the enrollment process.

(5) The Department of Human Services and the Office of Private Health Partnerships shall streamline and simplify the application process for the Oregon Healthy Kids Program, by means including the development and implementation of an online application process for the program.

(6) Notwithstanding subsection (5) of this section, the department shall adopt verification requirements to ensure that recipients of benefits in the Oregon Healthy Kids Program are legal residents.

SECTION 3. (1)(a) Except as provided in subsection (2) of this section, to be eligible for the private health option under sections 8 and 9 of this 2007 Act or for the Children's Health Insurance Program funded by Title XXI of the Social Security Act, a child must be uninsured for a minimum of 60 consecutive days immediately preceding enrollment.

(b) As used in this subsection, "uninsured" means that a person is not enrolled in an unsubsidized or privately funded health benefit plan.

(2) The Department of Human Services may adopt rules specifying exceptions to the requirement in subsection (1) of this section.

(3) A child is eligible for enrollment in the Children's Health Insurance Program only if the household income of the child's family is no more than 200 percent of the federal poverty guidelines.

(4) The department shall adopt rules for annually renewing enrollment in the Oregon Healthy Kids Program.

SECTION 4. ORS 414.025 is amended to read:

414.025. As used in this chapter, unless the context or a specially applicable statutory definition requires otherwise:

(1) "Category of aid" means assistance provided by the Oregon Supplemental Income Program, temporary assistance for needy families granted under ORS 418.035 to 418.125 or federal Supplemental Security Income payments.

(2) "Categorically needy" means, insofar as funds are available for the category, a person who is a resident of this state and who:

(a) Is receiving a category of aid.

(b) Would be eligible for, but is not receiving a category of aid.

(c) Is in a medical facility and, if the person left such facility, would be eligible for a category of aid.

(d) Is under the age of 21 years and would be a dependent child under the program for temporary assistance for needy families except for age and regular attendance in school or in a course of professional or technical training.

(e)(A) Is a caretaker relative named in ORS 418.035 (2)(a)(C) who cares for a dependent child who would be a dependent child under the program for temporary assistance for needy families except for age and regular attendance in school or in a course of professional or technical training; or

(B) Is the spouse of such caretaker relative and fulfills the requirements of ORS 418.035 (1).

(f) Is under the age of 21 years, is in a foster family home or licensed child-caring agency or institution under a purchase of care agreement and is one for whom a public agency of this state is assuming financial responsibility, in whole or in part.

(g) Is a spouse of an individual receiving a category of aid and who is living with the recipient of a category of aid, whose needs and income are taken into account in determining the cash needs of the recipient of a category of aid, and who is determined by the Department of Human Services to be essential to the well-being of the recipient of a category of aid.

(h) Is a caretaker relative named in ORS 418.035 (2)(a)(C) who cares for a dependent child receiving temporary assistance for needy families or is the spouse of such caretaker relative and fulfills the requirements of ORS 418.035 (1).

(i) Is under the age of 21 years, is in a youth care center and is one for whom a public agency of this state is assuming financial responsibility, in whole or in part.

(j) Is under the age of 21 years and is in an intermediate care facility which includes institutions for the mentally retarded; or is under the age of 22 years and is in a psychiatric hospital.

(k) Is under the age of 21 years and is in an independent living situation with all or part of the maintenance cost paid by the Department of Human Services.

(L) Is a member of a family that received temporary assistance for needy families in at least three of the six months immediately preceding the month in which such family became ineligible for such assistance because of increased hours of or increased income from employment. As long as the member of the family is employed, such families will continue to be eligible for medical assistance for a period of at least six calendar months beginning with the month in which such family became ineligible for assistance because of increased hours of employment or increased earnings.

(m) Is an adopted person under 21 years of age for whom a public agency is assuming financial responsibility in whole or in part.

(n) Is an individual or is a member of a group who is required by federal law to be included in the state's medical assistance program in order for that program to qualify for federal funds.

(o) Is an individual or member of a group who, subject to the rules of the department and within available funds, may optionally be included in the state's medical assistance program under federal law and regulations concerning the availability of federal funds for the expenses of that individual or group.

(p) Is a pregnant woman who would be eligible for temporary assistance for needy families including such aid based on the unemployment of a parent, whether or not the woman is eligible for cash assistance.

(q) Would be eligible for temporary assistance for needy families pursuant to 42 U.S.C. 607 based upon the unemployment of a parent, whether or not the state provides cash assistance.

(r) Except as otherwise provided in this section and to the extent of available funds, is a pregnant woman or child for whom federal financial participation is available under Title XIX or Title XXI of the federal Social Security Act.

(s) Is not otherwise categorically needy and is not eligible for care under Title XVIII of the federal Social Security Act or is not a full-time student in a post-secondary education program as defined by the Department of Human Services by rule, but whose family income is less than the federal poverty level and whose family investments and savings equal less than the investments and savings limit established by the department by rule.

(3) "Health benefit plan" has the meaning given that term in ORS 735.720.

[3] (4) "Income" has the meaning given that term in ORS 411.704.

[4] (5) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such similar investments or savings as the Department of Human Services may establish by rule that are available to the applicant or recipient to contribute toward meeting the needs of the applicant or recipient.

[5] (6) "Medical assistance" means so much of the following medical and remedial care and services as may be prescribed by the Department of Human Services according to the standards established pursuant to ORS 414.065, including payments made for services provided under an insurance or other contractual arrangement and money paid directly to the recipient for the purchase of medical care:

(a) Inpatient hospital services, other than services in an institution for mental diseases;

(b) Outpatient hospital services;

(c) Other laboratory and X-ray services;

(d) Skilled nursing facility services, other than services in an institution for mental diseases;

(e) Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere;

(f) Medical care, or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law;

- (g) Home health care services;
- (h) Private duty nursing services;
- (i) Clinic services;
- (j) Dental services;
- (k) Physical therapy and related services;
- (L) Prescribed drugs, including those dispensed and administered as provided under ORS chapter 689;
- (m) Dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select;
- (n) Other diagnostic, screening, preventive and rehabilitative services;
- (o) Inpatient hospital services, skilled nursing facility services and intermediate care facility services for individuals 65 years of age or over in an institution for mental diseases;
- (p) Any other medical care, and any other type of remedial care recognized under state law;
- (q) Periodic screening and diagnosis of individuals under the age of 21 years to ascertain their physical or mental impairments, and such health care, treatment and other measures to correct or ameliorate impairments and chronic conditions discovered thereby;
- (r) Inpatient hospital services for individuals under 22 years of age in an institution for mental diseases; and
- (s) Hospice services.

[6] (7) "Medical assistance" includes any care or services for any individual who is a patient in a medical institution or any care or services for any individual who has attained 65 years of age or is under 22 years of age, and who is a patient in a private or public institution for mental diseases. "Medical assistance" includes "health services" as defined in ORS 414.705. "Medical assistance" does not include care or services for an inmate in a nonmedical public institution.

[7] (8) "Medically needy" means a person who is a resident of this state and who is considered eligible under federal law for medically needy assistance.

[8] (9) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes, "resources" does not include charitable contributions raised by a community to assist with medical expenses.

SECTION 5. ORS 414.725 is amended to read:

414.725. (1)(a) Pursuant to rules adopted by the Department of Human Services, the department shall execute prepaid managed care health services contracts for health services funded by the Legislative Assembly. The contract must require that all services are provided to the extent and scope of the Health Services Commission's report for each service provided under the contract. The contracts are not subject to ORS chapters 279A and 279B, except ORS 279A.250 to 279A.290 and 279B.235. Notwithstanding ORS 414.720 (8), the rules adopted by the department shall establish timelines for executing the contracts described in this paragraph.

(b) It is the intent of ORS 414.705 to 414.750 that the state use, to the greatest extent possible, prepaid managed care health services organizations to provide physical health, dental, mental health and chemical dependency services under ORS 414.705 to 414.750.

(c) The department shall solicit qualified providers or plans to be reimbursed for providing the covered services. The contracts may be with hospitals and medical organizations, health maintenance organizations, managed health care plans and any other qualified public or private prepaid managed care health services organization. The department may not discriminate against any contractors that offer services within their providers' lawful scopes of practice.

(2) The department may institute a fee-for-service case management system or a fee-for-service payment system for the same physical health, dental, mental health or chemical dependency services provided under the health services contracts for persons eligible for health services under ORS 414.705 to 414.750 in designated areas of the state in which a prepaid managed care health services organization is not able to assign an enrollee to a person or entity that is primarily responsible for coordinating the physical health, dental, mental health or chemical dependency services provided to the enrollee. In addition, the department may make other special arrangements as necessary to in-

crease the interest of providers in participation in the state's managed care system, including but not limited to the provision of stop-loss insurance for providers wishing to limit the amount of risk they wish to underwrite.

(3) As provided in subsections (1) and (2) of this section, the aggregate expenditures by the department for health services provided pursuant to ORS 414.705 to 414.750 may not exceed the total dollars appropriated for health services under ORS 414.705 to 414.750.

(4) Actions taken by providers, potential providers, contractors and bidders in specific accordance with ORS 414.705 to 414.750 in forming consortiums or in otherwise entering into contracts to provide health care services shall be performed pursuant to state supervision and shall be considered to be conducted at the direction of this state, shall be considered to be lawful trade practices and may not be considered to be the transaction of insurance for purposes of the Insurance Code.

(5) Health care providers contracting to provide services under ORS 414.705 to 414.750 shall advise a patient of any service, treatment or test that is medically necessary but not covered under the contract if an ordinarily careful practitioner in the same or similar community would do so under the same or similar circumstances.

(6) A prepaid managed care health services organization shall provide information on contacting available providers to an enrollee in writing within 30 days of assignment to the health services organization.

(7) Each prepaid managed care health services organization shall provide upon the request of an enrollee or prospective enrollee annual summaries of the organization's aggregate data regarding:

(a) Grievances and appeals; and

(b) Availability and accessibility of services provided to enrollees.

(8) A prepaid managed care health services organization may not limit enrollment in a designated area based on the zip code of an enrollee or prospective enrollee.

(9)(a) Notwithstanding subsection (2) of this section, a prepaid managed care health services organization shall reimburse a qualified community health center or safety net clinic for a contracted service provided by the center or clinic to an enrollee of the organization participating in the Oregon Healthy Kids Program. The department by rule shall adopt standards for qualifying community health centers and safety net clinics for reimbursement under this subsection.

(b) As used in this subsection, "community health center or safety net clinic" means a nonprofit medical clinic that provides primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient. "Community health center or safety net clinic" includes a school-based clinic.

SECTION 6. ORS 414.839 is amended to read:

414.839. (1) Subject to funds available, the Department of Human Services may provide public subsidies for the purchase of health insurance coverage [*provided by public programs or private insurance, including but not limited to*] **in** the Family Health Insurance Assistance Program, for currently uninsured individuals [*based on*] **whose** incomes [*up to*] **are not more than** 200 percent of the federal poverty [*level*] **guidelines**. The objective is to create a transition from dependence on public programs to privately financed health insurance.

(2) Public subsidies shall apply only to health benefit plans that meet or exceed the basic benchmark health benefit plan or plans established under ORS 735.733.

(3) Cost-sharing shall be permitted and structured in such a manner to encourage appropriate use of preventive care and avoidance of unnecessary services.

(4) Cost-sharing shall be based on an individual's ability to pay and may not exceed the cost of purchasing a plan.

(5) The state may pay a portion of the cost of the subsidy, based on the individual's income and other resources.

SECTION 7. Sections 8 to 13 of this 2007 Act are added to and made a part of ORS chapter 735.

SECTION 8. (1) The Office of Private Health Partnerships shall administer a private health option to expand private health care coverage for Oregon's children.

(2) The office shall contract with carriers to provide health benefit plans approved under section 9 of this 2007 Act. The office will manage the collection and payment of premiums for children participating in the plans.

(3) The office shall provide a subsidy for a health benefit plan provided pursuant to a contract entered into under this section for a child whose family's household income is more than 200 percent but no more than 300 percent of the federal poverty guidelines. The amount of the subsidy shall be determined in accordance with subsection (4) of this section and is payable to the carrier in the manner specified by the contract.

(4) The office shall adopt rules for determining the subsidies to be paid under this section based upon the following factors:

- (a) Household income;
- (b) Family size; and
- (c) Other factors established by the office.

(5) The office shall adopt rules under which families with household incomes that are more than 300 percent of the federal poverty guidelines may purchase health benefit plans offered through the private health option.

(6) As used in this section and section 9 of this 2007 Act:

- (a) "Carrier" has the meaning given that term in ORS 735.700.
- (b) "Child" means a person under 19 years of age.
- (c) "Health benefit plan" has the meaning given that term in ORS 735.720.

SECTION 9. (1) The Office of Private Health Partnerships must approve health benefit plans offered through the private health option described in section 8 of this 2007 Act. To be approved, health benefit plans must offer benefit packages comparable to those provided under section 2 (1)(a) of this 2007 Act and must cover mental health, vision and dental services.

(2) Approved health benefit plans may impose copayments or co-insurance amounts that are based upon a family's ability to pay as determined according to criteria adopted by the office by rule.

(3) Approved health benefit plans may not exclude coverage of pre-existing conditions.

SECTION 10. (1) The Office of Private Health Partnerships is responsible for marketing the Oregon Healthy Kids Program statewide, as well as coordinating, with the Department of Human Services, statewide enrollment training and outreach.

(2) In addition to the duties described in subsection (1) of this section, to maximize the enrollment and retention of eligible children in the Oregon Healthy Kids Program, the office shall develop and administer a grant program to provide funding to organizations and local groups for outreach and enrollment activities. The department and the office shall collaborate in developing and administering the grant program.

(3) The criteria for awarding grants under subsection (2) of this section shall include, but are not limited to, the extent to which a grantee offers:

- (a) Information and assistance to a diverse geographic area or a culturally diverse community in this state, including communities that need the information and assistance provided in alternative formats and in languages other than English;
- (b) Assistance with the application process; and
- (c) Assistance to individuals and families in enrolling and maintaining enrollment in the Oregon Healthy Kids Program.

SECTION 11. Notwithstanding eligibility criteria and subsidy amounts determined pursuant to section 8 of this 2007 Act, subsidies under the private health option shall be provided to eligible children to the extent the Legislative Assembly appropriates funds for that purpose or establishes expenditure limitations to provide such subsidies.

SECTION 12. There is established in the State Treasury, separate and distinct from the General Fund, the Private Health Option Program Account, which shall consist of moneys appropriated to the account by the Legislative Assembly and all moneys transferred as reimbursements to the account by the Department of Human Services under section 14 of this 2007 Act. All moneys in the Private Health Option Program Account are continuously appropriated to the Office of Private Health Partnerships to carry out the provisions of sections 8, 9 and 10 of this 2007 Act.

SECTION 13. (1) Except as otherwise provided in this section and ORS 735.710, the Office of Private Health Partnerships and the Department of Human Services may not disclose information provided as part of an application for enrollment in the Oregon Healthy Kids Program except for purposes directly connected with the administration of the program.

(2) The office and the department may exchange applicant information with other state and federal agencies for the purposes of determining eligibility for and administering the Oregon Healthy Kids Program, identifying economic trends relevant to administration of the program and providing the report required by section 16 of this 2007 Act.

(3) In accordance with applicable state and federal law, the office or the department may request that applicants provide their Social Security numbers and may use those numbers in the administration of the Oregon Healthy Kids Program.

SECTION 14. (1) The Department of Human Services shall apply to the Centers for Medicare and Medicaid Services for the waivers necessary to implement sections 2, 3, 8, 9 and 10 of this 2007 Act and to obtain federal financial participation for health care coverage provided to children through the Oregon Healthy Kids Program.

(2) The department shall adopt rules implementing sections 2 and 3 of this 2007 Act as soon as practicable after receipt of the necessary waivers. The Office of Private Health Partnerships shall adopt rules implementing sections 8, 9 and 10 of this 2007 Act as soon as practicable after receipt of the necessary waivers.

(3) The office and the department shall work cooperatively to obtain federal financial participation under subsection (1) of this section.

(4) The office and the department shall develop a system for reimbursement by the department to the office for costs associated with administering the private health option.

SECTION 15. (1) The Oregon Healthy Kids Program Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Oregon Healthy Kids Program Fund shall be credited to the fund.

(2) Moneys in the Oregon Healthy Kids Program Fund are continuously appropriated to the Department of Human Services for purposes of the Oregon Healthy Kids Program created by section 2 of this 2007 Act.

(3) Notwithstanding subsection (2) of this section, if and to the extent that the Legislative Assembly determines that the Oregon Healthy Kids Program is fully funded, moneys in the Oregon Healthy Kids Program Fund established by this section may be used, in amounts determined by the Legislative Assembly, to fund other health services provided by the department.

SECTION 16. The Office for Oregon Health Policy and Research shall analyze and evaluate the implementation of the Oregon Healthy Kids Program and report its findings to the Legislative Assembly every two years in the manner provided by ORS 192.245. The report shall include at least the following information for the preceding two-year period:

(1) An estimate of the number of children who are eligible for but not enrolled in the program;

(2) The number of children enrolled in the program;

(3) The number of children disenrolled from the program and the reasons for disenrollment;

(4) A description of any identified barriers to enrolling or maintaining enrollment of children in the program and a description of the plans developed by the office and the Department of Human Services to overcome the barriers; and

(5) An estimate of the number of families who have voluntarily discontinued employer-sponsored dependent health coverage and enrolled their children in the program.

SECTION 17. ORS 735.701 is amended to read:

735.701. (1) The Office of Private Health Partnerships is established.

(2) The office shall carry out the duties described under ORS 414.831, 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act.**

SECTION 18. ORS 735.710 is amended to read:

735.710. (1) In carrying out its duties under ORS 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act**, the Office of Private Health Partnerships may:

(a) Enter into contracts for administration of ORS 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act**, including collection of premiums and paying carriers.

(b) Retain consultants and employ staff.

(c) Enter into contracts with carriers or health care providers for health benefit plans.

(d) Set premium rates for eligible employees and small employers.

(e) Perform other duties to provide low-cost health benefit plans of types likely to be purchased by small employers.

(f) Establish contributions to be paid by small employers toward the premiums incurred on behalf of covered eligible employees.

(g) Establish procedures by rule for the publication or release of aggregate data relating to:

(A) Applicants for enrollment and persons enrolled in the Family Health Insurance Assistance Program;

(B) Health benefit plans for small employers offered by the office; and

(C) Other programs operated by the office.

(2) Notwithstanding any other health benefit plan contracted for and offered by the office, the office shall contract for a health benefit plan or plans best designed to meet the needs and provide for the welfare of eligible employees and small employers.

(3) The office may approve more than one carrier for each type of plan contracted for and offered, but the number of carriers shall be held to a number consistent with adequate service to eligible employees and family members.

(4) Where appropriate for a contracted and offered health benefit plan, the office shall provide options under which an eligible employee may arrange coverage for family members of the employee.

(5) In developing any health benefit plan, the office may provide an option of additional coverage for eligible employees and family members at an additional cost or premium.

(6) Transfer of enrollment from one health benefit plan to another shall be open to all eligible employees and family members under rules adopted by the office.

(7) If the office requests less health care service or benefit than is otherwise required by state law, a carrier is not required to offer such service or benefit.

(8) The office may contract for and offer health benefit plans for small employers that provide a sufficient level of benefits to be eligible for a subsidy under ORS 735.724 as well as health benefit plans for small employers that are not eligible for a subsidy under ORS 735.724.

(9) The office may employ whatever means are reasonably necessary to carry out the purposes of ORS 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act**. Such authority includes but is not limited to authority to seek clarification, amendment, modification, suspension or termination of any agreement or contract that in the office's judgment requires such action.

SECTION 19. ORS 735.710, as amended by section 8, chapter 742, Oregon Laws 2003, section 4, chapter 238, Oregon Laws 2005, section 4, chapter 262, Oregon Laws 2005, section 4, chapter 727, Oregon Laws 2005, and section 20, chapter 744, Oregon Laws 2005, is amended to read:

735.710. (1) In carrying out its duties under ORS 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act**, the Office of Private Health Partnerships shall:

(a) Enter into contracts for administration of ORS 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act**, including collection of premiums and paying carriers.

(b) Retain consultants and employ staff.

(c) Enter into contracts with carriers or health care providers for health benefit plans, including contracts where final payment may be reduced if usage is below a level fixed in the contract.

(d) Set premium rates for eligible employees and small employers.

(e) Perform other duties to provide low-cost health benefit plans of types likely to be purchased by small employers.

(f) Establish contributions to be paid by small employers toward the premiums incurred on behalf of covered eligible employees.

(g) Establish procedures by rule for the publication or release of aggregate data relating to:

(A) Applicants for enrollment and persons enrolled in the Family Health Insurance Assistance Program;

(B) Health benefit plans for small employers offered by the office; and

(C) Other programs operated by the office.

(2) Notwithstanding any other health benefit plan contracted for and offered by the office, the office shall contract for a health benefit plan or plans best designed to meet the needs and provide for the welfare of eligible employees and small employers.

(3) The office may approve more than one carrier for each type of plan contracted for and offered, but the number of carriers shall be held to a number consistent with adequate service to eligible employees and family members.

(4) Where appropriate for a contracted and offered health benefit plan, the office shall provide options under which an eligible employee may arrange coverage for family members of the employee.

(5) In developing any health benefit plan, the office may provide an option of additional coverage for eligible employees and family members at an additional cost or premium.

(6) Transfer of enrollment from one health benefit plan to another shall be open to all eligible employees and family members under rules adopted by the office.

(7) If the office requests less health care service or benefit than is otherwise required by state law, a carrier is not required to offer such service or benefit.

(8) Health benefit plans for small employers contracted for and offered by the office must provide a sufficient level of benefits to be eligible for a subsidy under ORS 735.724.

(9) The office may employ whatever means are reasonably necessary to carry out the purposes of ORS 735.700 to 735.714 and 735.720 to 735.740 **and sections 2, 8, 9 and 10 of this 2007 Act**. Such authority includes but is not limited to authority to seek clarification, amendment, modification, suspension or termination of any agreement or contract that in the office's judgment requires such action.

SECTION 20. ORS 735.754 is amended to read:

735.754. (1) In order to increase public subsidies for the purchase of health insurance coverage provided by public programs or private insurance described by ORS 414.839 **and sections 8, 9 and 10 of this 2007 Act**, the Office of Private Health Partnerships, the Oregon Medical Insurance Pool Board and the Department of Human Services shall work cooperatively to obtain federal matching dollars. The office, the Oregon Medical Insurance Pool Board and the department shall develop a system for payment or reimbursement of other costs and subsidies provided to subsidized members.

(2) For each subsidized member, the Oregon Medical Insurance Pool Board shall determine:

(a) The full cost of administering the benefits plan of the subsidized member; and

(b) The amount of other costs.

(3) The Oregon Medical Insurance Pool Board shall bill the Family Health Insurance Assistance Program for the total amount of the premium received by the Oregon Medical Insurance Pool Board and for the amount of other costs. The program shall forward the bill to the department.

(4) The department shall pay the program an amount equal to the portion of the premium that is a subsidy and for other costs. The program shall forward the payment to the Oregon Medical Insurance Pool Board.

SECTION 21. (1) **The Healthy Kids Safety Net Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Healthy Kids Safety Net Fund shall be credited to the fund. The Healthy Kids Safety Net Fund shall consist of moneys transferred to the fund under section 23 of this 2007 Act and moneys received by the Department of Human Services in the form of gifts, grants, bequests, endowments or donations.**

(2) **Moneys in the Healthy Kids Safety Net Fund are continuously appropriated to the Department of Human Services for the purpose of carrying out the provisions of section 22 of this 2007 Act.**

SECTION 22. (1) **The Department of Human Services shall award grants to community health centers and safety net clinics to ensure the capacity of each grantee to provide health care services to underserved or vulnerable populations.**

(2) **The department shall by rule adopt criteria for awarding grants under this section.**

(3) **As used in this section, "community health centers and safety net clinics" means nonprofit medical clinics that provide primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient. "Community health centers and safety net clinics" includes school-based clinics.**

SECTION 23. **All moneys received by the Department of Revenue from the taxes imposed under section 15 (1)(a), Article IX of the Oregon Constitution, shall be paid over to the State Treasurer to be held in a suspense account established under ORS 293.445. After the payment of refunds:**

(1) **4.918 percent shall be credited to the Tobacco Use Reduction Account established under ORS 431.832 to fund cigarette and tobacco use prevention and education programs recommended in the Best Practices for Comprehensive Tobacco Control Programs published by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.**

(2) **72.34 percent shall be credited to the Oregon Healthy Kids Program Fund established by section 15 of this 2007 Act.**

(3) **18.54 percent shall be credited to the Oregon Health Plan Fund established by ORS 414.109.**

(4) **3.04 percent shall be transferred to the Healthy Kids Safety Net Fund established by section 21 of this 2007 Act.**

(5) **1.16 percent shall be transferred to the Rural Health Care Revolving Account established by ORS 442.480 for the purposes described in section 44 of this 2007 Act.**

SECTION 24. **Section 23 of this 2007 Act is amended to read:**

Sec. 23. **All moneys received by the Department of Revenue from the taxes imposed under section 15 (1)(a), Article IX of the Oregon Constitution, shall be paid over to the State Treasurer to be held in a suspense account established under ORS 293.445. After the payment of refunds:**

(1) **[4.918] 10 percent shall be credited to the Tobacco Use Reduction Account established under ORS 431.832 to fund cigarette and tobacco use prevention and education programs recommended in the Best Practices for Comprehensive Tobacco Control Programs published by the United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.**

(2) **[72.34] 68.47 percent shall be credited to the Oregon Healthy Kids Program Fund established by section 15 of this 2007 Act.**

(3) [18.54] **17.55** percent shall be credited to the Oregon Health Plan Fund established by ORS 414.109.

(4) [3.04] **2.88** percent shall be transferred to the Healthy Kids Safety Net Fund established by section 21 of this 2007 Act.

(5) [1.16] **1.10** percent shall be transferred to the Rural Health Care Revolving Account established by ORS 442.480 for the purposes described in section 44 of this 2007 Act.

SECTION 25. The amendments to section 23 of this 2007 Act by section 24 of this 2007 Act become operative on July 1, 2009.

SECTION 26. Section 23 of this 2007 Act applies to taxes imposed on or after the effective date of this 2007 Act.

SECTION 27. ORS 323.455, as amended by section 27b, chapter 804, Oregon Laws 2003, is amended to read:

323.455. (1) All moneys received by the Department of Revenue from the tax imposed by ORS 323.030 (1) **and 323.031 (1)** shall be paid over to the State Treasurer to be held in a suspense account established under ORS 293.445. After the payment of refunds[, 89.65]:

(a) **21.69** percent shall be credited to the General Fund[.];

(b) [3.45] **2.3** percent is appropriated to the cities of this state[.];

(c) [3.45] **2.3** percent is appropriated to the counties of this state; and

(d) [3.45] **2.3** percent is continuously appropriated to the Department of Transportation for the purpose of financing and improving transportation services for elderly and disabled individuals as provided in ORS 391.800 to 391.830.

(2) After the appropriation and crediting of moneys to the General Fund, cities, counties and the Department of Transportation under subsection (1) of this section, of the balance of the moneys in the suspense account, 71.41 percent shall be credited to the Oregon Health Plan Fund established by ORS 414.109 for the purpose of funding the maintenance and expansion of the number of persons eligible for medical assistance under the Oregon Health Plan or for funding the maintenance of the benefits available under the Oregon Health Plan, or both.

[(2)] (3) The moneys so appropriated to cities and counties shall be paid on a monthly basis within 35 days after the end of the month for which a distribution is made. Each city shall receive such share of the money appropriated to all cities as its population, as determined under ORS 190.510 to 190.590 last preceding such apportionment, bears to the total population of the cities of the state, and each county shall receive such share of the money as its population, determined under ORS 190.510 to 190.590 last preceding such apportionment, bears to the total population of the state.

[(3)] (4) The moneys appropriated to the Department of Transportation under subsection (1) of this section shall be distributed and transferred to the Elderly and Disabled Special Transportation Fund established by ORS 391.800 at the same time as the cigarette tax moneys are distributed to cities and counties under this section.

[(4) Of the moneys credited to the General Fund under this section 51.92 percent shall be dedicated to funding the maintenance and expansion of the number of persons eligible for medical assistance under the Oregon Health Plan, or to funding the maintenance of the benefits available under the Oregon Health Plan, or both, and 5.77 percent shall be credited to the Tobacco Use Reduction Account established under ORS 431.832.]

SECTION 28. The unexpended balances of amounts in the suspense account described in ORS 323.457 on December 31, 2007, are transferred to the suspense account described in ORS 323.455 for distribution as prescribed in ORS 323.455.

SECTION 29. ORS 323.505 is amended to read:

323.505. (1)(a) A tax is hereby imposed upon the distribution of all tobacco products in this state **at the following rates:**

(A) Sixty-five percent of the wholesale sales price of cigars, but not to exceed 50 cents per cigar; or

(B) Sixty-five percent of the wholesale sales price of all tobacco products that are not cigars.

(b) In addition, for purposes of administration and collection, the taxes imposed under section 15 (1)(b) and (c), Article IX of the Oregon Constitution, are hereby combined with the tax imposed under paragraph (a) of this subsection. The combined statutory and constitutional tax [The tax imposed by this section] is intended to be a direct tax on the consumer, for which payment upon distribution is required to achieve convenience and facility in the collection and administration of the tax. The tax shall be imposed on a distributor at the time the distributor distributes tobacco products.

(2) The combined statutory and constitutional tax [imposed under this section] shall be imposed at the rate of:

(a) [Sixty-five] Ninety-five percent of the wholesale sales price of cigars, but not to exceed 50 cents per cigar; or

(b) [Sixty-five] Ninety-five percent of the wholesale sales price of all tobacco products that are not cigars.

(3) If the combined statutory and constitutional tax [imposed under this section] does not equal an amount calculable to a whole cent, the tax shall be equal to the next higher whole cent. However, the amount remitted to the Department of Revenue by the taxpayer for each quarter shall be equal only to 98.5 percent of the total taxes due and payable by the taxpayer for the quarter.

(4) No tobacco product shall be subject to the tax if the base product or other intermediate form thereof has previously been taxed under this section.

(5) Solely for purposes of administration and collection, the taxes imposed under section 15 (1)(b) and (c), Article IX of the Oregon Constitution, shall be considered taxes imposed under ORS 323.500 to 323.645.

SECTION 30. The amendments to ORS 323.505 by section 29 of this 2007 Act apply to tobacco products tax reporting periods beginning on or after the first day of the calendar month following the effective date of this 2007 Act.

SECTION 31. All moneys received by the Department of Revenue under section 15 (1)(b) and (c), Article IX of the Oregon Constitution, shall be deposited in the State Treasury and credited to a suspense account established under ORS 293.445. After payment of refunds or credits arising from erroneous overpayments:

(1) 44.6 percent shall be dedicated to funding the maintenance and expansion of the number of persons eligible for medical assistance under the Oregon Health Plan or to funding the maintenance of the benefits available under the Oregon Health Plan, or both; and

(2) 55.4 percent shall be credited to the Tobacco Use Reduction Account established under ORS 431.832.

SECTION 32. Section 31 of this 2007 Act is amended to read:

Sec. 32. All moneys received by the Department of Revenue under section 15 (1)(b) and (c), Article IX of the Oregon Constitution, shall be deposited in the State Treasury and credited to a suspense account established under ORS 293.445. After payment of refunds or credits arising from erroneous overpayments:

(1) [44.6] 57 percent shall be dedicated to funding the maintenance and expansion of the number of persons eligible for medical assistance under the Oregon Health Plan or to funding the maintenance of the benefits available under the Oregon Health Plan, or both; and

(2) [55.4] 43 percent shall be credited to the Tobacco Use Reduction Account established under ORS 431.832.

SECTION 33. ORS 323.010 is amended to read:

323.010. As used in ORS 323.005 to 323.482, unless the context requires otherwise:

(1) "Cigarette" means any product that contains nicotine, is intended to be burned or heated under ordinary conditions of use and consists of or contains:

(a) Any roll of tobacco wrapped in paper or in any substance not containing tobacco;

(b) Tobacco, in any form, that is functional in the product and that, because of its appearance, the type of tobacco used in the filler or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette; or

(c) Any roll of tobacco that is wrapped in any substance containing tobacco and that, because of its appearance, the type of tobacco used in the filler or its packaging and labeling, is likely to be offered to, or purchased by, consumers as a cigarette described in paragraph (a) of this subsection.

(2) "Cigarette activity in this state":

(a) Means importing, storing or manufacturing cigarettes in this state, or exporting cigarettes out of this state, in order to sell the cigarettes either within or outside this state.

(b) Does not include importing, storing, manufacturing or exporting of cigarettes that are to be consumed by the person doing the importing, storing, manufacturing or exporting.

(3) "Contraband cigarettes" means cigarettes or packages of cigarettes:

(a) That do not comply with the requirements of ORS 323.005 to 323.482 or 323.856 or the cigarette tax laws of another state or the federal government;

(b) That bear trademarks that are counterfeit under ORS 647.135 or other state or federal trademark laws; or

(c) That have been sold, offered for sale or possessed for sale in this state in violation of ORS 180.440.

(4) "Department" means the Department of Revenue.

(5) "Dealer" includes every person, other than a manufacturer or a person holding a distributor's license, who engages in this state in the sale of cigarettes.

(6) "Exporting" means the act of carrying or conveying goods from a point of manufacture or storage in this state to a location outside this state and may be further defined by the department by rule.

(7) "Importing" means the act of bringing goods to a point of storage in this state from a location outside this state and may be further defined by the department by rule.

(8) "In this state" means within the exterior limits of the State of Oregon and includes all territory within these limits owned by or ceded to the United States of America.

(9) "Manufacturer" means any person who makes, manufactures or fabricates cigarettes for sale.

(10) "Package" means the individual package, box or other container in which retail sales or gifts of cigarettes are normally made or intended to be made.

(11) "Person" includes any individual, firm, copartnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver, trustee, syndicate, this state, any county, municipality, district or other political subdivision of the state, or any other group or combination acting as a unit.

(12) "Sale" includes any transfer of title or possession for a consideration, exchange or barter, in any manner or by any means whatsoever, but does not include the sale of cigarettes by a manufacturer to a distributor.

(13) "Taxpayer" means a distributor or other person required to pay **or prepay and collect** a tax under ORS 323.005 to 323.482 **or under section 15, Article IX of the Oregon Constitution**, and includes a distributor required to prepay **and collect** a tax under ORS 323.068.

(14) "Transporter" means any person importing or transporting into this state, or transporting in this state, cigarettes obtained from a source located outside this state, or from any person not licensed as a distributor under ORS 323.005 to 323.482. It does not include a licensed distributor, a common carrier to whom is issued a certificate or permit by the United States Surface Transportation Board to carry commodities in interstate commerce, or to a carrier of federal tax-free cigarettes in bond, or any person transporting no more than 199 cigarettes at any one time.

(15) "Untaxed cigarette" means any cigarette that has not yet been distributed in such manner as to result in a tax liability under ORS 323.005 to 323.482 **or under section 15, Article IX of the Oregon Constitution**.

(16) "Use or consumption" includes the exercise of any right or power over cigarettes incident to the ownership thereof, other than the sale of the cigarettes or the keeping or retention thereof for the purpose of sale.

(17) "Wholesaler" means any dealer who engages in the sale of cigarettes to any other dealer for purposes other than use or consumption.

SECTION 34. ORS 323.500 is amended to read:

323.500. As used in ORS 323.500 to 323.645, unless the context otherwise requires:

(1) "Business" means any trade, occupation, activity or enterprise engaged in for the purpose of selling or distributing tobacco products in this state.

(2) "Cigar" means a roll for smoking that is of any size or shape and that is made wholly or in part of tobacco, irrespective of whether the tobacco is pure or flavored, adulterated or mixed with any other ingredient, if the roll has a wrapper made wholly or in greater part of tobacco and if 1,000 of these rolls collectively weigh more than three pounds. "Cigar" does not include a cigarette, as defined in ORS 323.010.

(3) "Consumer" means any person who purchases tobacco products in this state for the person's use or consumption or for any purpose other than for reselling the tobacco products to another person.

(4) "Contraband tobacco products" means tobacco products or packages containing tobacco products:

(a) That do not comply with the requirements of ORS 323.500 to 323.645;

(b) That do not comply with the requirements of the tobacco products tax laws of the federal government or of other states; or

(c) That bear trademarks that are counterfeit under ORS 647.135 or other state or federal trademark laws.

(5) "Department" means the Department of Revenue.

(6) "Distribute" means:

(a) Bringing, or causing to be brought, into this state from without this state tobacco products for sale, storage, use or consumption;

(b) Making, manufacturing or fabricating tobacco products in this state for sale, storage, use or consumption in this state;

(c) Shipping or transporting tobacco products to retail dealers in this state, to be sold, stored, used or consumed by those retail dealers;

(d) Storing untaxed tobacco products in this state that are intended to be for sale, use or consumption in this state;

(e) Selling untaxed tobacco products in this state; or

(f) As a consumer, being in possession of untaxed tobacco products in this state.

(7) "Distributor" means:

(a) Any person engaged in the business of selling tobacco products in this state who brings, or causes to be brought, into this state from without the state any tobacco products for sale;

(b) Any person who makes, manufactures or fabricates tobacco products in this state for sale in this state;

(c) Any person engaged in the business of selling tobacco products without this state who ships or transports tobacco products to retail dealers in this state, to be sold by those retail dealers;

(d) Any person, including a retail dealer, who sells untaxed tobacco products in this state; or

(e) A consumer in possession of untaxed tobacco products in this state.

(8) "Manufacturer" means a person who manufactures tobacco products for sale.

(9) "Place of business" means any place where tobacco products are sold or where tobacco products are manufactured, stored or kept for the purpose of sale or consumption, including any vessel, vehicle, airplane, train or vending machine.

(10) "Retail dealer" means any person who is engaged in the business of selling or otherwise dispensing tobacco products to consumers. The term also includes the operators of or recipients of

revenue from all places such as smoke shops, cigar stores and vending machines, where tobacco products are made or stored for ultimate sale to consumers.

(11) "Sale" means any transfer, exchange or barter, in any manner or by any means, for a consideration, and includes and means all sales made by any person. It includes a gift by a person engaged in the business of selling tobacco products, for advertising, as a means of evading the provisions of ORS 323.500 to 323.645, or for any other purpose.

(12) "Taxpayer" includes a distributor or other person required to pay **or prepay and collect** a tax imposed under ORS 323.500 to 323.645 **or under section 15, Article IX of the Oregon Constitution.**

(13) "Tobacco products" means cigars, cheroots, stogies, periques, granulated, plug cut, crimp cut, ready rubbed and other smoking tobacco, snuff, snuff flour, cavendish, plug and twist tobacco, fine-cut and other chewing tobaccos, shorts, refuse scraps, clippings, cuttings and sweepings of tobacco and other kinds and forms of tobacco, prepared in such manner as to be suitable for chewing or smoking in a pipe or otherwise, or both for chewing and smoking, but shall not include cigarettes as defined in ORS 323.010.

(14) "Untaxed tobacco products" means tobacco products for which the tax required under ORS 323.500 to 323.645 **or under section 15, Article IX of the Oregon Constitution,** has not been paid.

(15) "Wholesale sales price" means the price paid for untaxed tobacco products to or on behalf of a seller by a purchaser of the untaxed tobacco products.

SECTION 35. ORS 323.625, as amended by section 53a, chapter 804, Oregon Laws 2003, is amended to read:

323.625. All moneys received by the Department of Revenue under ORS 323.500 to 323.645 shall be deposited in the State Treasury and credited to a suspense account established under ORS 293.445. After payment of refunds or credits arising from erroneous overpayments, the balance of the money shall be credited to the General Fund. Of the amount credited to the General Fund under this section [41.54] **21.3** percent shall be dedicated to funding the maintenance and expansion of the number of persons eligible for medical assistance under the Oregon Health Plan, or to funding the maintenance of the benefits available under the Oregon Health Plan, or both[, *and 4.62 percent shall be credited to the Tobacco Use Reduction Account established under ORS 431.832*].

SECTION 36. ORS 391.800 is amended to read:

391.800. (1) There is established in the State Treasury, separate and distinct from the General Fund, the Elderly and Disabled Special Transportation Fund. All moneys in the Elderly and Disabled Special Transportation Fund are appropriated continuously to the Department of Transportation for payment of the department's administrative costs of the program and payment to mass transit districts, transportation districts, Indian tribes and counties as provided in ORS 391.810.

(2) The Elderly and Disabled Special Transportation Fund shall consist of:

- (a) Moneys transferred to the fund under ORS 184.642 and 323.455 [(3)] (4);
- (b) Other moneys appropriated to the fund by the Legislative Assembly; and
- (c) Moneys obtained from interest earned on the investment of moneys in the fund.

(3) Moneys in the Elderly and Disabled Special Transportation Fund, with the approval of the State Treasurer, may be invested as provided by ORS 293.701 to 293.820, and the earnings from the investments shall be credited to the Elderly and Disabled Special Transportation Fund.

SECTION 37. **Section 38 of this 2007 Act is added to and made a part of ORS 323.005 to 323.482.**

SECTION 38. (1) **The taxes imposed on the distribution of cigarettes under section 15, Article IX of the Oregon Constitution, are subject to administration, collection and enforcement as are taxes imposed or made due under ORS 323.005 to 323.482.**

(2) **The taxes imposed on the distribution of cigarettes under section 15, Article IX of the Oregon Constitution, shall not apply to the distribution of cigarettes in any instance in which cigarettes are made exempt from taxes imposed or made due under ORS 323.005 to 323.482 as of the effective date of section 15, Article IX of the Oregon Constitution.**

SECTION 39. Section 40 of this 2007 Act is added to and made a part of ORS 323.500 to 323.645.

SECTION 40. (1) The taxes imposed on the distribution of cigars and other tobacco products under section 15, Article IX of the Oregon Constitution, are subject to administration, collection and enforcement as are taxes imposed or made due under ORS 323.500 to 323.645.

(2) The taxes imposed on the distribution of cigars and other tobacco products under section 15, Article IX of the Oregon Constitution shall not apply to the distribution of cigars and other tobacco products in any instance in which cigars and other tobacco products are made exempt from taxes imposed or made due under ORS 323.500 to 323.645 as of the effective date of section 15, Article IX of the Oregon Constitution.

SECTION 41. (1) Notwithstanding ORS 323.030 (2) and in addition to and not in lieu of any other tax, the tax imposed by section 15 (1)(a), Article IX of the Oregon Constitution, as applied in section 15 (6)(b), Article IX of the Oregon Constitution, on cigarettes that are in this state and in the possession of a distributor as of January 1, 2008, shall be determined and collected as provided in this section and section 42 of this 2007 Act.

(2) The tax is due and payable on or before 20 days after the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution. Any amount of tax that is not paid within the time required shall bear interest at the rate established under ORS 305.220 per month, or fraction of a month, from the date on which the tax is due to be paid, until paid.

(3) On or before 20 days after the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution, every dealer must file a report with the Department of Revenue in such form as the department may prescribe. The report must state the number of cigarettes in the possession of or under the control of the dealer in this state at 12:01 a.m. on the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution, and the amount of tax due. Each report must be accompanied by a remittance payable to the department for the amount of tax due.

SECTION 42. (1) Every distributor must take an inventory as of 12:01 a.m. on the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution, of all packages of cigarettes to which are affixed Oregon cigarette tax stamps and of all unaffixed Oregon cigarette tax stamps in the possession of or under the control of the distributor.

(2) Every distributor must file a report with the Department of Revenue on or before 20 days after the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution, in such form as the department may prescribe, showing:

(a) The number of Oregon cigarette tax stamps, with the designations of the stamps, that were affixed to packages of cigarettes in the possession of or under the control of the distributor at 12:01 a.m. on the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution.

(b) The number of unaffixed Oregon cigarette tax stamps, with the designations of the stamps, that were in the possession of or under the control of the distributor at 12:01 a.m. on the first day of the calendar month following the effective date of section 15, Article IX of the Oregon Constitution.

(3) The amount of tax required to be paid with respect to the affixed Oregon cigarette tax stamps shall be determined in accordance with section 15 (1)(a), Article IX of the Oregon Constitution, as applied by section 15 (6)(b), Article IX of the Oregon Constitution, and remitted with the distributor's report. Any amount of tax not paid within the time specified for the filing of the report shall bear interest at the rate established under ORS 305.220 per month, or fraction of a month, from the due date of the report until paid.

(4) Notwithstanding ORS 323.320, the department may establish a date after which the value of stamps sold prior to the effective date of section 15, Article IX of the Oregon Constitution, will not be refunded or credited to a distributor.

SECTION 43. Section 44 of this 2007 Act is added to and made a part of ORS 442.470 to 442.507.

SECTION 44. The Office of Rural Health may award to rural health care providers grants that promote any of the following goals:

- (1) Replacement or renovation of aging rural hospitals.
- (2) Modernization of capital equipment.
- (3) Preservation of access to local health services in rural areas through short-term support of vulnerable rural health care providers.
- (4) Expansion of community health educational opportunities.
- (5) Providing incentives for the development of long-term, sustainable approaches to providing improved health care services and increased access to quality health care in rural areas.
- (6) Development of collaborative approaches that sustain access to quality rural health care.
- (7) Expanding or sustaining health care for financially and physically vulnerable rural populations.
- (8) Providing operational support for rural health centers that are not federally qualified health centers.

SECTION 45. ORS 442.507 is amended to read:

442.507. (1) [*With the moneys transferred to the Office of Rural Health by ORS 442.625,*] The Office of Rural Health shall establish a dedicated grant program for the purpose of providing assistance to rural communities to enhance emergency medical service systems.

(2) Communities, as well as nonprofit or governmental agencies serving those communities, may apply to the office for grants on forms developed by the office.

(3) The office shall make the final decision concerning which entities receive grants, but the office may seek advice from the Rural Health Coordinating Council, the State Emergency Medical Service Committee and other appropriate individuals experienced with emergency medical services.

(4) The office may make grants to entities for the purchase of equipment, the establishment of new rural emergency medical service systems or the improvement of existing rural emergency medical service systems.

(5) With the exception of printing and mailing expenses associated with the grant program, the Office of Rural Health shall pay for administrative costs of the program with funds other than those transferred under ORS 442.625.

SECTION 46. Sections 2, 3, 8, 9, 10, 11, 13, 16 and 22 of this 2007 Act and the amendments to ORS 414.025, 414.725, 414.839, 735.701, 735.710 and 735.754 by sections 4, 5, 6, 17, 18, 19 and 20 of this 2007 Act become operative on July 1, 2008.

SECTION 47. The amendments to ORS 323.455 and 323.625 by sections 27 and 35 of this 2007 Act become operative on January 1, 2008.

SECTION 48. Section 32 of this 2007 Act becomes operative on July 1, 2009.

SECTION 49. ORS 323.457 is repealed on January 1, 2008.

CAPTIONS

SECTION 50. The unit captions used in this 2007 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2007 Act.

EFFECTIVE DATE

SECTION 51. This 2007 Act does not take effect unless the amendment to the Oregon Constitution proposed by Senate Joint Resolution 4 (2007) is approved by the people. This 2007 Act takes effect on the effective date of that constitutional amendment.

Passed by Senate June 15, 2007

Repassed by Senate June 25, 2007

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Secretary of Senate

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President of Senate

Passed by House June 23, 2007

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Speaker of House

Received by Governor:

.....M,....., 2007

Approved:

.....M,....., 2007

.....
Governor

Filed in Office of Secretary of State:

.....M,....., 2007

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Secretary of State