

**REVENUE: No revenue impact**

**FISCAL: May have fiscal impact, statement not yet issued**

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means by prior reference
<b>Vote:</b>	9 - 0 - 0
<b>Yeas:</b>	Bonamici, Bruun, Cannon, Flores, Gelser, Kotek, Maurer, Richardson, Greenlick
<b>Nays:</b>	0
<b>Exc.:</b>	0
<b>Prepared By:</b>	Sandy Thiele-Cirka, Administrator
<b>Meeting Dates:</b>	2/5, 2/6, 2/7, 2/8

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**WHAT THE MEASURE DOES:** Instructs Department of Human Services (DHS) to consider policies and procedures that streamline and simplify the state medical assistant program application process. 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. Creates a grant program to increase access to and effectiveness of health care. Appropriates \$1 million General Fund to DHS for grant program. Sunsets grant program on January 2, 2012. Declares an emergency, effective on passage.

**ISSUES DISCUSSED:**

- Components of the bill that generate fiscal impact: outreach language, 6-12 months enrollment changes, and access grants
- Poverty Level Medical (PLM) children and Temporary Assistance for Needy Families (TANF) distinctions
- Twelve month enrollment period for children
- Amendments (-4 and -7)
- Review of fiscal and caseload scenarios based on differing implementation dates

**EFFECT OF COMMITTEE AMENDMENT:** Instructs DHS to consider policies and procedures that streamline and simplify the state medical assistance program application process. Specifies that the 12-month enrollment applies to persons who are Poverty Level Medical (PLM) children. Specifies \$1 million for grant program. Changes implementation date from July 1, 2008 to January 1, 2009.

**BACKGROUND:** In Oregon, through the State Children's Health Insurance Program (SCHIP) and the Family Health Insurance Assistance Program (FHIAP), children are allowed 12-month enrollment, while other children enrolled in the public health program are required to renew their coverage every six months. Studies indicate that children with insurance gaps of greater than six months experience a higher rate of unmet health care needs and those eligible children are at increased risk for losing coverage at renewal. Proponents state that continuous enrollment is a cost-effective and sensible solution for maintaining health coverage for eligible children.

With the creation of the Oregon Health Fund Board (SB 329), reforming the health care system in Oregon is a priority. HB 3614 A creates a grant program that will allow qualifying communities to develop pilot projects that will enhance and build on the delivery of health care in Oregon communities.