A-Engrossed House Bill 3614

Ordered by the House February 12 Including House Amendments dated February 12

Sponsored by COMMITTEE ON ELECTIONS, ETHICS AND RULES (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.

Creates grant program to increase access to and effectiveness of health care.

Directs Department of Human Services to [take steps to maximize enrollment of children in] consider streamlining and simplifying application process for state medical assistance program. Requires minimum 12-month period of enrollment and automatic reenrollment for persons under 19 years of age who are eligible for specified program of medical assistance and who are legal residents of Oregon.

Appropriates moneys from General Fund to Department of Human Services for grant program. Sunsets grant program on January 2, 2012.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to health care; creating new provisions; amending ORS 414.047; appropriating money; and declaring an emergency.

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

SECTION 1. The Department of Human Services shall consider policies, procedures and forms that streamline and simplify the state medical assistance program application process. In developing policies, procedures and forms, the department shall consult with persons not employed by the department who have experience in serving vulnerable and hard-to-reach populations.

SECTION 2. ORS 414.047 is amended to read:

414.047. (1) Application for any category of aid shall also constitute application for medical assistance.

- (2) Except as [otherwise] provided in this section, each person requesting medical assistance shall [make application therefor] apply to the Department of Human Services. The department shall determine eligibility for and fix the date on which [such] the assistance [may begin] begins, and shall obtain [such] other information required by the rules of the department.
- (3) If an applicant is unable to make application for medical assistance, an application may be made by someone acting responsibly for the applicant.
- (4)(a) The department shall adopt rules establishing a minimum 12-month period of enrollment for persons described in 42 U.S.C. 1396a(l)(1)(C) or (D) who are determined eligible for medical assistance.
- (b) The department shall reenroll a person immediately following the initial 12-month period of enrollment for successive 12-month periods of enrollment as long as the person

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- meets the description in 42 U.S.C. 1396a(l)(1)(C) or (D) and is eligible for medical assistance on the date of reenrollment.
 - (c) The department may not require a new application as a condition of reenrollment under paragraph (b) of this subsection and must determine the person's eligibility for medical assistance using information and sources available to the department or documentation readily available to the person.
 - <u>SECTION 3.</u> (1) There is established a grant program to improve access to and the effectiveness of health care delivery for families.
 - (2) The goals of the program are to:

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- (a) Improve preventive health services;
- (b) Increase access to appropriate, affordable and efficiently delivered primary care for families;
 - (c) Provide new access to health care for children;
 - (d) Explore alternative models for reimbursement of health care services; and
 - (e) Collect information to allow for an evaluation of each grant-funded project.
- (3) The Department of Human Services shall award grants for four projects. At least one of the grants shall be awarded for a project that predominantly serves a rural area as defined by the Office of Rural Health. At least one of the other grants shall be awarded for a project that includes service in a rural area.
 - (4) The department shall adopt rules in accordance with ORS 183.333 to:
 - (a) Establish criteria for awarding grants based on the goals of the program.
 - (b) Determine the amount of each grant.
- (c) Administer the program.
 - (5) The department shall award grants under this section for projects that:
 - (a) Create incentives for collaborative, community-based organizations to bring diverse stakeholders together to coordinate, communicate and improve access to health care for local residents of the community; and
 - (b) Improve health care delivery in the community by providing:
 - (A) Patient-centered care in which there is a sustained relationship between a patient and a culturally competent provider team and that utilizes patient-driven goals and evidence-based practices;
 - (B) Team-based care that takes advantage of nursing services, including care coordination, school-based health services, home visits, telephone triage and clinical case management, and that maximizes services during each patient visit;
 - (C) Coordinated care that links patients to comprehensive services in the community, including specialty care, mental health care, dental care, vision care and social services;
 - (D) Provider accessibility through the use of telephone and electronic mail, and the removal of transportation, language, cultural and other barriers to timely care; and
 - (E) Collaboration with the community that ensures that health-related interests and services are coordinated, psychosocial services are incorporated, resources are leveraged and maximized and assessments are conducted on health status, disparities and effectiveness of services.
 - (6) To be awarded grants, applicants must demonstrate the ability to leverage nonstate resources given the strengths and limitations of their geographic locations.
 - (7) Each project must include an evaluation component that accurately monitors and

measures:

- (a) The impact of the project on the cost and quality of and access to health care; and
- (b) How the structure and operation of the organization reflects the interests of and is accountable to the diverse needs of the local community.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Department of Human Services, for the biennium beginning July 1, 2007, out of the General Fund, the amount of \$1 million for the purpose of carrying out the provisions of section 3 of this 2008 Act.

- SECTION 5. (1) The Department of Human Services shall take any actions before the operative dates specified in sections 6 and 7 of this 2008 Act, including taking steps to obtain any required federal approval, that will enable the department to implement, on and after the operative date specified in section 6 or 7 of this 2008 Act, the requirements of section 1 of this 2008 Act and the amendments to ORS 414.047 by section 2 of this 2008 Act.
- (2) The department shall notify Legislative Counsel of the application for and upon the receipt or denial of any required federal approval.
- SECTION 6. Except as provided in section 5 of this 2008 Act, section 1 of this 2008 Act becomes operative on July 1, 2008.
- SECTION 7. Except as provided in section 5 of this 2008 Act, the amendments to ORS 414.047 by section 2 of this 2008 Act become operative on the later of January 1, 2009, or the date that the Department of Human Services can implement the amendments with federal financial participation under Medicaid.
 - SECTION 8. Section 3 of this 2008 Act is repealed January 2, 2012.
- <u>SECTION 9.</u> This 2008 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2008 Act takes effect on its passage.