

**REVENUE:** May have a revenue impact, statement not yet issued

**FISCAL:** May have a revenue 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 Committees on Revenue and Ways and Means by Prior Reference
<b>Vote:</b>	7 - 3 - 0
<b>Yeas:</b>	Cannon, Dembrow, Garrett, Harker, Kennemer, Kotek, Greenlick
<b>Nays:</b>	Bruun, Maurer, Thompson
<b>Exc.:</b>	0
<b>Prepared By:</b>	Roxie Cuellar, Administrator
<b>Meeting Dates:</b>	4/6, 4/17

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**WHAT THE MEASURE DOES:** Creates fund for medical assistance, which is appropriated to Department of Human Services (DHS) for health services. Creates assessment on insurance premiums administered by Department of Consumer and Business Services and directs assessments be deposited in fund. Requires Medicaid managed care plan to pay assessment to be deposited in fund. Imposes penalties for failure to pay assessment. Requires DHS to develop a system for reimbursement by Office of Private Health Partnerships out of fund for cost associated with administering private health options. Establishes an assessment on each hospital in state, and that DHS determine rate. Allows DHS to prescribe criteria for late payments. Repeals certain sections of law. Establishes operative dates for sections of law. Establishes the Health Care for All Oregon Children program. Establishes that a child receiving assistance in program is eligible for 12 months, and that DHS re-enroll children for successive 12-month periods as long as child is eligible. Establishes criteria for children to be eligible for program. Requires DHS to provide medical assistance to children in foster family homes or other licensed agencies. Requires Office of Private Health Partnership to expand access to private health insurance for Oregon children. Establishes the benefit plan, premium criterion and eligibility for this program. Requires prepaid managed care services to contract with community health or safety net clinics for provision of services for those in children's program. Requires DHS to award grants to community health and safety net program to ensure services for underserved and vulnerable populations. Establishes that DHS is responsible for statewide outreach of program. Requires DHS to implement a simple application process for program.

**ISSUES DISCUSSED:**

- Referral to voters
- Revenue pieces from HB 2009A
- Concerns about having health reform package in two different bills
- Convergence of HB 2116 and HB 2009A in Ways and Means

**EFFECT OF COMMITTEE AMENDMENT:** Requires Department of Human Services (DHS) to develop a system for reimbursement by Office of Private Health Partnerships out of fund for costs associated with administering private health options. Establishes an assessment on each hospital in state, and that DHS determine rate. Allows DHS to prescribe criteria for late payments. Repeals certain sections of law. Establishes operative dates for sections of law. Establishes the Health Care for All Oregon Children program. Establishes that a child receiving assistance in program is eligible for 12 months, and that DHS re-enroll children for successive 12-month periods as long as child is eligible. Establishes criteria for children to be eligible for program. Requires DHS to provide medical assistance to children in foster family homes or other licensed agencies. Requires Office of Private Health Partnership to expand access to private health insurance for Oregon children. Establishes the benefit plan, premium criterion and eligibility for this program. Requires prepaid managed care services to contract with community health or safety net clinics for provision of services for those in children's program. Requires DHS to award grants to community health and safety net program to ensure services for underserved and vulnerable populations. Establishes that DHS is responsible for statewide outreach of program. Requires DHS to implement a simple application process for program.

4/28/2009 9:39:32 AM

*This summary has not been adopted or officially endorsed by action of the committee.*

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**BACKGROUND:** According to the Oregon Office for Health Policy Research (OHPR), in the 2007-09 biennium, the state will collect \$215 million in provider taxes from hospitals and Medicaid managed care organizations. These dollars will generate another \$343 million in federal matching funds to pay for health care coverage for low-income adults. Combined, these funds sustain coverage under the OHP Standard program (also known as the “expansion population”) and support payments to hospitals and Medicaid managed care organizations for providing services to all OHP enrollees.

The most current data from OHPR indicates that Oregon has between 576,000 and 621,000 uninsured individuals. Approximately 12.5 percent of Oregon children (ages 0-18) are uninsured, and approximately 20 percent of adults ages 19 – 64 are uninsured.