

## HOUSE AMENDMENTS TO HOUSE BILL 2116

By COMMITTEE ON HEALTH CARE

April 27

1 On page 1 of the printed bill, line 2, delete “731.292 and 731.840” and insert “414.047, 414.536,  
2 414.706, 414.839, 731.292, 731.840 and 735.701”.

3 In line 3, delete “1,” and delete “5,” and delete “4,”.

4 In line 12, after the second comma insert “funding the private health option described in section  
5 29 of this 2009 Act”.

6 After line 19, insert:

7 “(3) The Department of Human Services shall develop a system for reimbursement by the de-  
8 partment to the Office of Private Health Partnerships out of the Health System Fund for costs as-  
9 sociated with administering the private health option pursuant to section 29 of this 2009 Act.”.

10 On page 3, delete lines 22 through 45.

11 On page 4, delete lines 1 through 37 and insert:

12 “**NOTE:** Section 11 was deleted by amendment. Subsequent sections were not renumbered.

13 “**SECTION 12.** Section 2, chapter 736, Oregon Laws 2003, as amended by section 1, chapter 780,  
14 Oregon Laws 2007, is amended to read:

15 “**Sec. 2.** (1) An assessment is imposed on each hospital in this state that is not a waived  
16 hospital. The assessment shall be imposed at a rate determined by the Director of Human Services  
17 by rule that is the director’s best estimate of the rate needed to fund the services and costs identi-  
18 fied in section 9, chapter 736, Oregon Laws 2003. The rate of assessment shall be imposed on the  
19 net revenue of each hospital subject to assessment. The director shall consult with representatives  
20 of hospitals before setting the assessment.

21 “(2) Notwithstanding subsection (1) of this section, the rate of assessment may not exceed 1.5  
22 percent.

23 “(3) The assessment shall be reported on a form prescribed by the Department of Human Ser-  
24 vices and shall contain the information required to be reported by the department. The assessment  
25 form shall be filed with the department on or before the 75th day following the end of the calendar  
26 quarter for which the assessment is being reported. Except as provided in subsection (7) of this  
27 section, the hospital shall pay the assessment at the time the hospital files the assessment report.  
28 The payment shall accompany the report.

29 “(4) To the extent permitted by federal law, aggregate taxes levied under this section may not  
30 exceed payments under [*section 9 (2), chapter 736, Oregon Laws 2003*] **section 1 (2) of this 2009**  
31 **Act.**

32 “(5) Notwithstanding subsection (4) of this section, a hospital is not guaranteed that any addi-  
33 tional moneys paid to the hospital in the form of payments for services shall equal or exceed the  
34 amount of the assessment paid by the hospital.

35 “(6) Hospitals operated by the United States Department of Veterans Affairs and pediatric spe-

1 cialty hospitals providing care to children at no charge are exempt from the assessment imposed  
2 under this section.

3 “[*(7)(a)*] *The Department of Human Services shall develop a schedule for collection of the assess-*  
4 *ment for the calendar quarter ending September 30, 2009, that will result in the collection occurring*  
5 *between December 15, 2009, and the time all Medicaid cost settlements are finalized for that calendar*  
6 *quarter.*]

7 “[*(b)*] (7) The Department of Human Services shall prescribe by rule criteria for late payment  
8 of assessments.

9 “**NOTE:** Section 13 was deleted by amendment. Subsequent sections were not renumbered.”.

10 On page 5, delete lines 44 and 45.

11 On page 6, delete lines 1 through 9 and insert:

12 “**SECTION 19.** (1) Section 9, chapter 736, Oregon Laws 2003, as amended by section 2,  
13 chapter 757, Oregon Laws 2005, and section 2, chapter 780, Oregon Laws 2007, is repealed.

14 “(2) Section 12, chapter 736, Oregon Laws 2003, as amended by section 4, chapter 780,  
15 Oregon Laws 2007, is repealed.

16 “(3) Section 13, chapter 736, Oregon Laws 2003, as amended by section 5, chapter 780,  
17 Oregon Laws 2007, is repealed.

18 “**SECTION 20.** Sections 1 to 9 of this 2009 Act, the amendments to ORS 731.292 and  
19 731.840 and sections 2, 8, 10, 14 and 51, chapter 736, Oregon Laws 2003, by sections 10, 12 and  
20 14 to 18 of this 2009 Act and the repeal of sections 9, 12 and 13, chapter 736, Oregon Laws  
21 2003, by section 19 of this 2009 Act become operative on October 1, 2009.”.

22 In line 15, after the second comma insert “funding the private health option described in section  
23 29 of this 2009 Act”.

24 After line 22, insert:

25 “(3) The Department of Human Services shall develop a system for reimbursement by the de-  
26 partment to the Office of Private Health Partnerships out of the Health System Fund for costs as-  
27 sociated with administering the private health option pursuant to section 29 of this 2009 Act.”.

28 After line 24, insert:

29 “**SECTION 23.** Sections 24, 25, 27 and 28 of this 2009 Act are added to and made a part  
30 of ORS chapter 414.

31 “**SECTION 24.** As used in sections 25 and 27 of this 2009 Act:

32 “(1) ‘Child’ means a person under 19 years of age.

33 “(2) ‘Health benefit plan’ has the meaning given that term in ORS 735.720.

34 “**SECTION 25.** (1) The Health Care for All Oregon Children program is established to  
35 make affordable, accessible health care available to all of Oregon’s children. The program is  
36 composed of:

37 “(a) Medical assistance funded in whole or in part by Title XIX of the Social Security Act,  
38 by the State Children’s Health Insurance Program under Title XXI of the Social Security  
39 Act and by moneys appropriated or allocated for that purpose by the Legislative Assembly;  
40 and

41 “(b) A private health option administered by the Office of Private Health Partnerships  
42 under section 29 of this 2009 Act.

43 “(2) A child is eligible for the program if the child is lawfully present in this state and  
44 the income of the child’s family is at or below 200 percent of the federal poverty guidelines.  
45 There is no asset limit to qualify for the program.

1       **“(3)(a) A child receiving medical assistance under the program is continuously eligible for**  
2 **a minimum period of 12 months.**

3       **“(b) The Department of Human Services shall reenroll a child for successive 12-month**  
4 **periods as long as the child remains eligible.**

5       **(4) Except for medical assistance funded by Title XIX of the Social Security Act and ex-**  
6 **cept as provided in section 27 of this 2009 Act, the department may prescribe by rule a period**  
7 **of uninsurance prior to enrollment in the program.**

8       **“SECTION 26.** Section 25 of this 2009 Act is amended to read:

9       **“(1) The Health Care for All Oregon Children program is established to make affordable, ac-**  
10 **cessible health care available to all of Oregon’s children. The program is composed of:**

11       **“(a) Medical assistance funded in whole or in part by Title XIX of the Social Security Act, by**  
12 **the State Children’s Health Insurance Program under Title XXI of the Social Security Act and by**  
13 **moneys appropriated or allocated for that purpose by the Legislative Assembly; and**

14       **“(b) A private health option administered by the Office of Private Health Partnerships under**  
15 **section 29 of this 2009 Act.**

16       **“(2) A child is eligible for the program if the child is lawfully present in this state and the in-**  
17 **come of the child’s family is at or below [200] 300 percent of the federal poverty guidelines. There**  
18 **is no asset limit to qualify for the program.**

19       **“(3)(a) A child receiving medical assistance under the program is continuously eligible for a**  
20 **minimum period of 12 months.**

21       **“(b) The Department of Human Services shall reenroll a child for successive 12-month periods**  
22 **as long as the child remains eligible.**

23       **“(4) Except for medical assistance funded by Title XIX of the Social Security Act and except as**  
24 **provided in section 27 of this 2009 Act, the department may prescribe by rule a period of uninsur-**  
25 **ance prior to enrollment in the program.**

26       **“SECTION 27. (1) A child qualifies for the Health Care for All Oregon Children program**  
27 **if the child has:**

28       **“(a) A disability as defined in the federal Supplemental Security Income program;**

29       **“(b) Family income or resources that exceed the allowable limits for federal Supplemental**  
30 **Security Income; and**

31       **“(c) Family income at or below 300 percent of the federal poverty guidelines.**

32       **“(2) A child who qualifies for the program pursuant to this section who has access to**  
33 **coverage under an employer sponsored health benefit plan for which the employer pays 40**  
34 **percent or more of the total cost of premiums, must enroll in the employer sponsored health**  
35 **benefit plan.**

36       **“(3) The Department of Human Services may not require a period of uninsurance prior**  
37 **to enrollment of a child who meets the requirements of this section.**

38       **“(4) If the family income of the child is at or below 200 percent of the federal poverty**  
39 **guidelines, the department shall:**

40       **“(a) Pay the employee share of the premium for an employer sponsored health benefit**  
41 **plan and shall pay copayments, deductibles and other employee cost-sharing in full; or**

42       **“(b) If the child does not have access to coverage under an employer sponsored health**  
43 **benefit plan, the child shall be enrolled in medical assistance.**

44       **“(5) If the family income of the child is above 200 percent but at or below 300 percent of**  
45 **the federal poverty guidelines, the department shall:**

1       “(a) Pay a portion of the employee cost of the premium on a sliding scale basis for an  
2 employer sponsored health benefit plan available to the child and shall pay the copayments,  
3 deductibles and other cost sharing in full; or

4       “(b) If the child does not have access to coverage under an employer sponsored health  
5 benefit plan, the child shall be enrolled in medical assistance and shall pay a monthly pre-  
6 mium to the department. The department shall prescribe by rule the amount of the pre-  
7 mium, which may not exceed five percent of the family income.

8       “SECTION 28. The Department of Human Services shall provide medical assistance to a  
9 person under 21 years of age who, on the person’s 18th birthday, was in a foster family home  
10 or licensed child-caring agency or institution under a purchase of care agreement and, at  
11 that time, was a person for whom a public agency of this state assumed financial responsi-  
12 bility, in whole or in part, for medical assistance provided under ORS 414.706 and 414.707.

13       “SECTION 29. (1) As used in this section:

14       “(a) ‘Child’ means a person under 19 years of age.

15       “(b) ‘Health benefit plan’ has the meaning given that term in ORS 735.720.

16       “(2) The Office of Private Health Partnerships shall administer a private health option  
17 to expand access to private health insurance for Oregon’s children.

18       “(3) The office shall adopt by rule criteria for health benefit plans to qualify for premium  
19 assistance under the private health option. The criteria may include, but are not limited to,  
20 the following:

21       “(a) The health benefit plan meets or exceeds the requirements for a basic benchmark  
22 health benefit plan under ORS 735.733.

23       “(b) The health benefit plan offers a benefit package comparable to the health services  
24 provided to children receiving medical assistance, including mental health, vision and dental  
25 services, and without any exclusion of or delay of coverage for preexisting conditions.

26       “(c) The health benefit plan imposes copayments or other cost sharing that is based upon  
27 a family’s ability to pay.

28       “(d) Expenditures for the health benefit plan qualify for federal financial participation.

29       “(4) The amount of premium assistance provided under this section shall be:

30       “(a) Equal to the full cost of the premium for children whose family income is at or below  
31 200 percent of the federal poverty guidelines and who have access to employer sponsored  
32 health insurance; and

33       “(b) Based on a sliding scale under criteria established by the office by rule for children  
34 whose family income is above 200 percent but at or below 300 percent of the federal poverty  
35 guidelines, regardless of whether the child has access to coverage under an employer spon-  
36 sored health benefit plan.

37       “(5) A child whose family income is more than 300 percent of the federal poverty guide-  
38 lines shall be offered the opportunity to purchase a health benefit plan through the private  
39 health option but may not receive premium assistance.

40       “SECTION 30. Notwithstanding eligibility criteria and premium assistance amounts de-  
41 termined pursuant to section 29 of this 2009 Act, the Office of Private Health Partnerships  
42 shall provide premium assistance under the private health option to eligible children to the  
43 extent the Legislative Assembly appropriates funds for that purpose or establishes expendi-  
44 ture limitations to provide such premium assistance.

45       “SECTION 31. (1) The Department of Human Services shall apply to the Centers for

1 Medicare and Medicaid Services for any approval necessary to obtain federal financial par-  
2 ticipation in the costs of programs described in sections 25, 27, 28 and 29 of this 2009 Act.

3 “(2) The department and the Office of Private Health Partnerships shall adopt rules im-  
4 plementing the Health Care for All Oregon Children program as soon as practicable after  
5 receipt of the necessary federal approval and may provide for implementation in stages in  
6 accordance with the availability of funding.

7 “(3) Section 25 of this 2009 Act becomes operative on the later of October 1, 2009, or the  
8 date the Department of Human Services receives any federal approval required to secure  
9 federal financial participation under subsection (1) of this section.

10 “(4) Sections 26 and 28 of this 2009 Act become operative on the later of January 1, 2010,  
11 or the date the Department of Human Services receives any federal approval required to  
12 secure federal financial participation under subsection (1) of this section.

13 “(5) Section 27 of this 2009 Act becomes operative on the later of January 1, 2011, or the  
14 date the Department of Human Services receives any federal approval required to secure  
15 federal financial participation under subsection (1) of this section.

16 “SECTION 32. (1) There is established in the State Treasury, separate and distinct from  
17 the General Fund the Private Health Option Program Fund. The Private Health Option Pro-  
18 gram Fund consists of moneys transferred to the Office of Private Health Partnerships by  
19 the Department of Human Services under section 1 (3) of this 2009 Act. Interest earned by  
20 the fund shall be credited to the fund.

21 “(2) Moneys in the Private Health Option Program Fund are continuously appropriated  
22 to the Office of Private Health Partnerships for carrying out sections 25 and 29 of this 2009  
23 Act.

24 “SECTION 33. (1) A prepaid managed care health services organization shall contract  
25 with a community health center or safety net clinic for the provision of covered services by  
26 the center or clinic to an enrollee of the organization participating in the Health Care for  
27 All Oregon Children program established under section 25 of this 2009 Act if the center or  
28 clinic agrees to similar contractual terms, conditions and reimbursement rates negotiated  
29 with subcontractors providing the same or similar services to the organization.

30 “(2) As used in this section, ‘community health center or safety net clinic’ means a  
31 nonprofit medical clinic that provides primary physical health, vision, dental or mental  
32 health services to low-income patients without charge or using a sliding fee scale based on  
33 the income of the patient. ‘Community health center or safety net clinic’ includes a school-  
34 based health center.

35 “SECTION 34. (1) The Department of Human Services shall award grants to community  
36 health centers and safety net clinics, as defined in section 33 of this 2009 Act, to ensure the  
37 capacity of each grantee to provide health care services to underserved or vulnerable popu-  
38 lations, within the limits of funds provided by the Legislative Assembly for this purpose.

39 “(2) The department shall provide outreach for the Health Care for All Oregon Children  
40 program, including development and administration of an application assistance program,  
41 and including grants to provide funding to organizations and local groups for outreach and  
42 enrollment activities for the program, within the limits of funds provided by the Legislative  
43 Assembly for this purpose.

44 “(3) Notwithstanding subsections (1) and (2) of this section, the department shall provide  
45 funds for expansion and continuation of school-based health centers.

1       “(4) The department shall by rule adopt criteria for awarding grants and providing funds  
2 under this section.

3       “(5) The department shall analyze and evaluate the implementation of the Health Care  
4 for All Oregon Children program.

5       “SECTION 35. (1) The Department of Human Services is responsible for statewide out-  
6 reach and marketing of the medical assistance and premium assistance programs adminis-  
7 tered by the department and the Office of Private Health Partnerships with the goal of  
8 enrolling in those programs all eligible individuals residing in this state.

9       “(2) To maximize the enrollment and retention of eligible individuals in the medical as-  
10 sistance and premium assistance programs, the department shall develop and administer a  
11 grant program to provide funding to organizations and community based groups to deliver  
12 culturally specific and targeted outreach and direct application assistance to:

13       “(a) Members of racial, ethnic and language minority communities;

14       “(b) Individuals living in geographic isolation; and

15       “(c) Individuals with additional barriers to accessing health care, such as individuals with  
16 cognitive, mental health or sensory disorders, physical disabilities or chemical dependency  
17 and individuals experiencing homelessness.

18       “SECTION 36. (1) The Department of Human Services shall implement a streamlined and  
19 simple application process for the medical assistance and premium assistance programs ad-  
20 ministered by the department and the Office of Private Health Partnerships. The process  
21 shall include, but not be limited to:

22       “(a) An online application that may be submitted via the Internet;

23       “(b) Application forms that are readable at a sixth grade level and that request the  
24 minimum amount of information necessary to begin processing the application; and

25       “(c) Application assistance from qualified staff to aid individuals who have language,  
26 cognitive, physical or geographic barriers to applying for medical assistance or premium as-  
27 sistance.

28       “(2) In developing the simplified application forms, the department shall consult with  
29 persons not employed by the department who have experience in serving vulnerable and  
30 hard-to-reach populations.

31       “(3) The department shall facilitate outreach and enrollment efforts to connect eligible  
32 individuals with all available publicly funded health programs, including but not limited to the  
33 Family Health Insurance Assistance Program.

34       “SECTION 37. (1) As used in this section, ‘qualified provider’ means a person that:

35       “(a) Is eligible for payment by the Department of Human Services for health services  
36 provided to recipients of medical assistance as defined in ORS 414.025;

37       “(b)(A) Provides outpatient hospital services or other health services, as defined in ORS  
38 414.705, that are offered by a rural health clinic in:

39       “(i) A rural health clinic;

40       “(ii) A federally-qualified health center; or

41       “(iii) An Indian Health Service facility, a tribal health clinic or an urban Indian health  
42 center; or

43       “(B) Provides clinic services under the direction of a physician, without regard to  
44 whether a physician is the administrator of the clinic;

45       “(c) Is authorized by the department to make presumptive eligibility determinations; and

1       “(d)(A) Receives funding from one or more of the following sources:  
2       “(i) Section 330 or 330A of the Public Health Service Act, 42 U.S.C. 254b or 254c;  
3       “(ii) Title V of the Social Security Act, 42 U.S.C. 701 et seq.; or  
4       “(iii) Title V of the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq.;

5       “(B) Participates in a program established under:  
6       “(i) Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786; or  
7       “(ii) Section 4(a) of the Agriculture and Consumer Protection Act of 1973, 7 U.S.C. 612c;

8       “(C) Provides prenatal services paid for with funding from Title XIX or XXI of the Social  
9       Security Act; or

10       “(D) Is the Indian Health Service or a health program or facility operated by a tribal  
11       organization under the Indian Self-Determination and Education Assistance Act, 25 U.S.C.  
12       450f et seq.

13       “(2) The department shall provide medical assistance to a pregnant woman, residing in  
14       this state, who is presumptively eligible for medical assistance as determined under ORS  
15       414.536 or this section.

16       “(3) A woman is presumptively eligible for medical assistance under this section if a  
17       qualified provider determines that the woman is pregnant and that her income does not ex-  
18       ceed the limits established by the department by rule.

19       “(4) The presumptive eligibility period for medical assistance begins on the date a quali-  
20       fied provider makes the determination under subsection (3) of this section and ends on the  
21       earlier of the following dates:

22       “(a) If the woman timely files an application for medical assistance, the date the de-  
23       partment determines eligibility for medical assistance in accordance with ORS 414.047.

24       “(b) If the woman does not timely file an application for medical assistance, the last day  
25       of the month following the month in which the presumptive eligibility period begins.

26       “(5) An application is timely filed under subsection (4) of this section if it is filed with the  
27       department on or before the last day of the month following the month in which the  
28       presumptive eligibility determination is made by a qualified provider under subsection (3) of  
29       this section.

30       “(6) The department shall furnish to qualified providers medical assistance application  
31       forms and information about how to assist an applicant in completing and filing the forms.

32       “(7) A qualified provider that makes a presumptive eligibility determination under sub-  
33       section (3) of this section shall:

34       “(a) Immediately inform the woman that she must file an application for medical assist-  
35       ance with the department on or before the last day of the month following the month in  
36       which the presumptive eligibility determination is made by a qualified provider;

37       “(b) Provide a medical assistance application form to the woman;

38       “(c) With the woman’s consent, assist her in completing the application;

39       “(d) Within five working days of the determination, notify the department; and

40       “(e) Submit the completed application to the department.

41       “**SECTION 38.** ORS 414.047 is amended to read:

42       “414.047. (1) Application for any category of aid shall also constitute application for medical  
43       assistance.

44       “(2) Except as [*otherwise*] provided in this section, each person requesting medical assistance  
45       shall [*make application therefor*] **apply** to the Department of Human Services. The department shall

1 determine **the person's** eligibility for **assistance** and fix the date on which [*such*] **the** assistance  
2 [*may begin,*] **begins** and shall obtain [*such*] other information required by [*the rules of*] **rules**  
3 **adopted by** the department.

4 “(3) If [*an applicant*] **a person** is unable to make application for medical assistance, an applica-  
5 tion may be made by someone acting responsibly for [*the applicant*] **that person**.

6 “(4)(a) **The department shall adopt rules establishing a minimum 12-month period of en-**  
7 **rollment for persons described in 42 U.S.C. 1396a(l)(1)(C) or (D) who are determined eligible**  
8 **for medical assistance.**

9 “(b) **The department shall reenroll a person immediately following the initial 12-month**  
10 **period of enrollment for successive 12-month periods of enrollment as long as the person**  
11 **meets the description in 42 U.S.C. 1396a(l)(1)(C) or (D) and is eligible for medical assistance**  
12 **on the date of reenrollment.**

13 “(c) **The department may not require a new application as a condition of reenrollment**  
14 **under paragraph (b) of this subsection and must determine the person's eligibility for medical**  
15 **assistance using information and sources available to the department or documentation**  
16 **readily available to the person.**

17 “**SECTION 39.** ORS 414.536 is amended to read:

18 “414.536. (1) **If** the Department of Human Services [*shall provide medical assistance to a woman*  
19 *whom the department determines is presumptively eligible for medical assistance. As used in this sec-*  
20 *tion, a woman is 'presumptively eligible for medical assistance' if the department determines that the*]  
21 **determines that a** woman likely is eligible for medical assistance under ORS 414.534, **the depart-**  
22 **ment shall determine her to be presumptively eligible for medical assistance until a formal**  
23 **determination on eligibility is made.**

24 “(2) The period of time a woman may receive medical assistance based on presumptive eligibility  
25 **under this section** is limited. The period of time:

26 “(a) Begins on the date that the department determines the woman likely meets the eligibility  
27 criteria under ORS 414.534; and

28 “(b) Ends on the earlier of the following dates:

29 “(A) If the woman applies for medical assistance following the determination by the department  
30 that the woman is presumptively eligible for medical assistance, the date on which a formal deter-  
31 mination on eligibility is made by the department in accordance with ORS 414.534; or

32 “(B) If the woman does not apply for medical assistance following the determination by the de-  
33 partment that the woman is presumptively eligible for medical assistance, the last day of the month  
34 following the month in which presumptive eligibility begins.

35 “**SECTION 40.** ORS 414.706 is amended to read:

36 “414.706. The Legislative Assembly shall approve and fund health services to the following per-  
37 sons:

38 “(1) Persons who are categorically needy as described in ORS 414.025 (2)(n) and (o);

39 “(2) Pregnant women with incomes no more than [*185*] **200** percent of the federal poverty  
40 guidelines;

41 “(3) Persons under 19 years of age with incomes no more than 200 percent of the federal poverty  
42 guidelines;

43 “(4) Persons described in ORS 414.708; and

44 “(5) Persons 19 years of age or older with incomes no more than 100 percent of the federal  
45 poverty guidelines who do not have federal Medicare coverage.



1       “**SECTION 41.** ORS 414.839 is amended to read:

2       “414.839. [(1)] Subject to funds available, the Department of Human Services may provide [*public*  
3       *subsidies*] **premium assistance** for the purchase of health insurance coverage provided by public  
4       programs or private insurance, including but not limited to:

5       “**(1)** The Family Health Insurance Assistance Program; [ *for currently uninsured individuals*  
6       *based on incomes up to 200 percent of the federal poverty level. The objective is to create a transition*  
7       *from dependence on public programs to privately financed health insurance.*]

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

10       “[(3) *Cost sharing shall be permitted and structured in such a manner to encourage appropriate*  
11       *use of preventive care and avoidance of unnecessary services.*]

12       “[(4) *Cost sharing shall be based on an individual’s ability to pay and may not exceed the cost of*  
13       *purchasing a plan.*]

14       “[(5) *The state may pay a portion of the cost of the subsidy, based on the individual’s income and*  
15       *other resources.*]

16       “**(2) Medical assistance described in ORS 414.115; and**

17       “**(3) The Health Care for All Oregon Children program established in section 25 of this**  
18       **2009 Act.**

19       “**SECTION 42.** ORS 735.701 is amended to read:

20       “735.701. (1) The Office of Private Health Partnerships is established.

21       “(2) The office shall carry out the duties described under ORS 414.831, 735.700 to 735.714 and  
22       735.720 to 735.740 **and sections 25 and 29 of this 2009 Act.**”.

23       In line 25, delete “23” and insert “43”.  
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