

SENATE AMENDMENTS TO SENATE BILL 862

By COMMITTEE ON HEALTH CARE AND VETERANS' AFFAIRS

April 20

- 1 On page 1 of the printed bill, delete lines 5 through 29 and delete page 2.
2 On page 3, delete lines 1 through 14 and insert:
3 **“SECTION 1. As used in sections 1 to 4 of this 2009 Act:**
4 **“(1) ‘Community’ means the area of geographically contiguous political subdivisions as**
5 **determined by the board of directors of a community-based health care initiative.**
6 **“(2) ‘Qualified employee’ means an individual who:**
7 **“(a) Is employed by a qualified employer;**
8 **“(b) Resides or works within a community;**
9 **“(c) Does not have health insurance; and**
10 **“(d) Does not qualify for publicly funded health care.**
11 **“(3) ‘Qualified employer’ means an employer that:**
12 **“(a) Employs 1 to 50 employees;**
13 **“(b) Pays a median wage to its employees that is equal to or below an amount that is 300**
14 **percent of the federal poverty guidelines;**
15 **“(c) For 12 months prior to enrollment in a community-based health care improvement**
16 **program, or for the duration of the employer’s operation if the employer has been in opera-**
17 **tion less than 12 months, has not provided to employees employer-based health insurance**
18 **coverage for which the employer contributes at least 50 percent of the cost of premiums;**
19 **“(d) Offers community-based health care services through a community-based health**
20 **care improvement program to all qualified employees and their dependents regardless of**
21 **health status;**
22 **“(e) Agrees to participate in a community-based health care improvement program for**
23 **at least 12 months; and**
24 **“(f) Agrees to provide information that is deemed necessary by the community-based**
25 **health care initiative to determine eligibility, assess dues and pay claims.**
26 **“SECTION 2. (1) The Administrator of the Office for Oregon Health Policy and Research**
27 **shall adopt rules for the approval of a community-based health care initiative that meets the**
28 **requirements under subsection (2) of this section and of a community-based health care im-**
29 **provement program that meets the requirements under subsection (3) of this section.**
30 **“(2) The community-based health care initiative:**
31 **“(a) Is a nonprofit corporation governed by a board of directors that includes, but is not**
32 **limited to, representatives of participating health care providers and qualified employers. At**
33 **least 80 percent of the board members must be residents of the community.**
34 **“(b) Contracts with health care providers that offer health care services in the commu-**
35 **nity to provide services to enrollees in the program.**

1 “(c) Recruits qualified employers to enroll in the program.

2 “(d) Establishes an operational structure for:

3 “(A) Assisting employees of qualified employers or their dependents to enroll in state

4 medical assistance programs if appropriate;

5 “(B) Enrolling qualified employees and their dependents in the community-based health

6 care improvement program;

7 “(C) Billing and collecting dues from qualified employers and qualified employees; and

8 “(D) Reimbursing participating health care providers for services to enrollees.

9 “(e) Establishes a set of health care services that are covered in the community-based

10 health care improvement program, cost-sharing requirements and incentives to encourage

11 the utilization of primary care, wellness and chronic disease management services.

12 “(f) Maintains a liquid reserve account in an amount sufficient to pay all claims that have

13 been incurred but not yet charged for a period of at least two months.

14 “(g) Provides to each qualified employee enrolled in the program a clear and concise

15 written statement that describes the community-based health care improvement program

16 and that includes:

17 “(A) The health care services that are covered;

18 “(B) Any exclusions or limitations on coverage of health care services, including any re-

19 quirements for prior authorization;

20 “(C) Copayments, coinsurance, deductibles and any other cost-sharing requirements;

21 “(D) A list of participating health care providers;

22 “(E) The complaint process described in subsection (3)(b) of this section; and

23 “(F) The conditions under which the program or coverage through the program may be

24 terminated.

25 “(h) Complies with the requirements of sections 3 and 4 of this 2009 Act.

26 “(3) The community-based health care improvement program:

27 “(a) Reimburses the cost of the set of health care services established by the initiative

28 and provided in the community to qualified employers, qualified employees and their depen-

29 dents.

30 “(b) Includes an enrollee complaint process that ensures the resolution of complaints

31 within 45 days.

32 “SECTION 3. (1) A community-based health care initiative may limit enrollment in a

33 community-based health care improvement program. If enrollment is limited, the initiative

34 must establish a waiting list.

35 “(2) Except as provided in this section, an initiative may not restrict or deny enrollment

36 in the program except for nonpayment of dues, fraud or misrepresentation.

37 “(3) As a condition for enrolling a qualified employer and maintaining the employer’s

38 enrollment in the program, an initiative may require a minimum percentage of participation

39 by qualified employees of an employer.

40 “SECTION 4. A community-based health care initiative approved by the Administrator

41 of the Office for Oregon Health Policy and Research must report to the Legislative Assembly

42 no later than October 1 of each year. The report must contain at a minimum the following

43 information:

44 “(1) The financial status of the community-based health care improvement program, in-

45 cluding the dues, the costs per enrollee per month, the total amount of claims paid, the total

- 1 amount of dues collected and the administrative expenses;
- 2 “(2) A description of the set of health care services covered by the program and an
3 analysis of service utilization;
- 4 “(3) The number of qualified employers, qualified employees and dependents enrolled;
- 5 “(4) The number and scope of practice of participating health care providers;
- 6 “(5) Recommendations for improving the program and establishing programs in other
7 geographical regions of the state; and
- 8 “(6) Any other information requested by the administrator or the Legislative
9 Assembly.”.

10 On page 5, line 22, delete “Director of Human Ser-”.

11 In line 23, delete “vices” and insert “Administrator of the Office for Oregon Health Policy and
12 Research” and delete “coverage” and insert “improvement”.

13 In line 24, delete “director” and insert “administrator”.

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