76th OREGON LEGISLATIVE ASSEMBLY – 2011 Regular Session **STAFF MEASURE SUMMARY** Senate Committee on Health Care, Human Services & Rural Health Policy

REVENUE: No revenue impact	
FISCAL: Minimal fiscal impact, no statement issued	
Action:	Do Pass
Vote:	5 - 0 - 0
Yeas:	Bates, Kruse, Morse, Shields, Monnes Anderson
Nays:	0
Exc.:	0
Prepared By:	Brian Nieubuurt, Administrator
Meeting Dates:	2/2

WHAT THE MEASURE DOES: Eliminates the investment and savings limits from the definition of "eligible individual" in the Family Health Insurance Assistance Program (FHIAP). Removes the definition of "family" and allows the Office of Private Health Partnerships (OPHP) to adopt a definition by rule. Authorizes OPHP to adopt dental only plans. Authorizes OPHP to adopt, by rule, criteria for the recovery of a subsidy overpayment. Removes requirement that OPHP provide health benefit plans for small employers. Authorizes OPHP to contract for or certify both individual and group health benefit plans. Adjusts the scope of authority of OPHP to include functions performed for FHIAP. Authorizes the Oregon Health Authority (OHA) to set, by rule, a date on which local health authorities submit their annual plan. Authorizes OHA to set, by rule, requirements by which an emergency medical technician can conduct educational training on the treatment of allergic responses. Decreases the minimum age requirement to receive training on treatment of allergic responses from 21 to 18 years of age. Clarifies and expands the definition of "caregiver registry," and removes obsolete definition of "referral agency" in regard to home health agencies. Expands membership of the Oregon Medical Insurance Pool (OMIP) Board from nine to 10. Expands contracting authority of the OMIP Board. Adds eligibility for OMIP to individuals who are eligible for Medicare, but not yet eligible to enroll in Medicare Parts B and D. Declares emergency; takes effect on passage.

ISSUES DISCUSSED:

- Phase out of OPHP certifying health insurance plans for small businesses •
- Loss of tenth OMIP Board member •
- OHA procurement and contract language •
- Extending third party administrator contract for one more year •
- Potential coverage gap for individuals eligible for Medicare Parts B and D, but who do not enroll •
- Minimum age requirement to receive treatment on allergic responses •
- Expansion of training for treatment of allergic responses

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: The Oregon Office of Private Health Partnerships administers programs designed to increase the number of insured Oregonians, including the Family Health Insurance Assistance Program (FHIAP), the Oregon Medical Insurance Pool (OMIP). FHIAP helps families pay the monthly premiums for private health insurance plans by paying from 50 to 95 percent of the premium for Oregonians who are uninsured and meet the Program's income and other guidelines. OMIP is the high-risk health insurance pool for the state which covers adults and children who are unable to obtain medical insurance because of health conditions.

A 1981 law authorized certain individuals to administer lifesaving treatment to people suffering severe insect sting reactions in the absence of a physician. In 1989, the legislature expanded the statute to allow for the same assistance to people having a severe allergic response to other allergens. People who complete the prescribed training can receive a physician-authorized certificate, which can be used as a prescription to obtain an emergency supply of epinephrine.