

REVENUE: No revenue impact
FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means
Vote:	9 - 0 - 0
Yeas:	Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Weidner, Greenlick
Nays:	0
Exc.:	0
Prepared By:	Tyler Larson, Administrator
Meeting Dates:	3/8, 3/20

WHAT THE MEASURE DOES: Abolishes private option in Health Care for All Oregon Children program. Allows coverage for up to 300 percent of federal poverty guidelines with federal financial participation. Allows Department of Human Services (DHS) or Oregon Health Authority (OHA) enroll eligible child. Requires OHA seek federal financial participation. Requires OHA give written notice to responsible adults regarding end of private option and ensure transfer of enrollees to another medical assistance program.

ISSUES DISCUSSED:

- Provisions of the bill
- Impact on medical assistance recipients

EFFECT OF COMMITTEE AMENDMENT: Replaces the measure.

BACKGROUND: In 2010, the federal government enacted the Patient Protection and Affordable Care Act (ACA). The ACA aims to decrease the number of uninsured Americans and reduce the overall costs of health care. The ACA creates mandates, subsidies and tax credits to employers and individuals to increase the coverage rate.

Four key pieces of legislation bring Oregon into compliance with the provisions of the ACA and update related programs:

- House Bill 2240-A implements federal requirements in Oregon's insurance code and abolishes programs which are obsolete with provisions of ACA.
- House Bill 3458-A establishes the Oregon Supplemental Reinsurance Program in the Oregon Health Authority. The program stabilizes rates and premiums for the market by providing supplemental reinsurance payments to insurers.
- House Bill 2859-A updates Oregon's medical assistance programs to reflect federal Medicaid and Children's Health Insurance Program changes.
- House Bill 2091-A updates the Health Care for All Oregon Children Program to reflect federal requirements.

FISCAL IMPACT OF PROPOSED LEGISLATION**Measure: HB 2091 - A**Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office***Only Impacts on Original or Engrossed Versions are Considered Official***Prepared by: Kim To
Reviewed by: Linda Ames
Date: 4/16/2013**Measure Description:**

Abolishes private health option in Health Care for All Oregon Children Program (Healthy Kids)

Government Unit(s) Affected:

Oregon Health Authority (OHA)

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Summary of Net Expenditure Impact – Oregon Health Authority

	2013-15 Biennium	2015-17 Biennium - TBD
General Fund	(11,856,702)	
Other Funds	41,738	
Federal Funds	(30,489,108)	
Total Funds	(\$42,304,072)	
Positions	(2)	
FTE	(16.81)	

Analysis:

House Bill 2091 A-Engrossed repeals the private health option in Health Care for All Oregon Children Program (Healthy Kids) and moves all children currently enrolled in that option to the Medical Assistance Programs (MAP). The bill authorizes coverage of all children whose family incomes are 0 to 300 percent of the federal poverty level (FPL), as long as federal financial participation is available for the costs of coverage. The bill contains an emergency clause, and is effective on passage.

Passage of this bill is anticipated to achieve savings for the state. Under current law, Healthy Kids provides private insurance options for children in families with income over 200 percent and up to and including 300 percent of the FPL. Options include Healthy KidsConnect (HKC) which provides plans offered through private market insurance carriers, and Healthy Kids Employer Sponsored Insurance (HK ESI) which covers children on a parent's employer plan. House Bill 2091 abolishes all these private insurance options, and expands eligibility for the medical assistance program. The bill requires OHA to request approval from US Health and Human Services to obtain federal financial participation in paying the costs to provide this coverage for the expanded population. Assuming federal approval, the bill then requires the authority, in cooperation with carriers, to transfer children currently enrolled in the private health option into direct medical assistance coverage by June 30, 2015.

The closure of Healthy Kids is anticipated in the 2013-15 Governor's Budget. At the time of the development of the Governor's Budget, OHA anticipated rolling transition dates for Healthy KidsConnect and Healthy Kids Employer Sponsored Insurance. Calculations in this fiscal impact statement have been adjusted to reflect transitioning all children out of Healthy Kids by the end of December 2013.

Expenditure Impact – Closing Healthy Kids

	2013-15 Biennium	2015-17 Biennium - TBD
General Fund	(22,100,723)	
Other Funds	41,738	
Federal Funds	(59,684,426)	
Total Funds	(\$81,743,411)	
Positions	(3)	
FTE	(17.81)	

Passage of this bill will result in an increase in the population for whom MAP administers benefits. In addition to the cost of this increased population, MAP will incur project planning and implementation costs in order to transition all programs from OPHP to MAP. OHA estimates the cost of the population increase to be approximately \$39,439,339 Total Funds for the 2013-15 biennium. In addition, OHA anticipates establishing one limited duration project manager position to coordinate the transition and implementation of all programs. This administrative cost of is estimated at \$201,973 Total Funds [\$101,162 General Fund] for the 2013-15 biennium.

Expenditure Impact – Medical Assistance Programs (MAP)

	2013-15 Biennium	2015-17 Biennium - TBD
General Fund	10,244,021	
Other Funds	0	
Federal Funds	29,195,318	
Total Funds	\$39,439,339	
Positions	1	
FTE	1.00	

These adjustments will be included in House Bill 5030, the Oregon Health Authority budget bill.