
MEMORANDUM

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To: Human Services Subcommittee of the Joint Committee on Ways and Means

From: Kim To, Legislative Fiscal Office, 503-986-1830

Date: June 20, 2013

Subject: HB 2087 Relating to Health Care Delivery
Work Session Recommendation

House Bill 2087 authorizes the Department of Corrections, the Oregon Youth Authority, and local correctional facilities to apply for medical assistance on behalf of inmates of the facilities, rather than requiring inmates to apply for themselves. The Oregon Health Authority (OHA) reports that corrections officials estimate that as many as 75% of potentially eligible inmates refuse to apply for Medicaid benefits given the choice. HB 2087 allows a proxy or designated representative to complete and submit the application. With passage of this bill, it is anticipated that a larger number of inmates will be eligible for medical assistance coverage for hospital costs, and the state would be able to claim Medicaid matching funds for hospital inpatient care provided to incarcerated individuals through the Medical Assistance Programs (MAP), per federal law and regulation. The bill does not declare an emergency and would be assumed to be effective January 1, 2014.

The measure previously had hearings in the House Committee on Health Care on 4/12/2013 and 4/18/2013. The bill was originally assigned to the Public Safety Subcommittee.

The original staff measure summary, the - A2 and - A3 amendments, and the fiscal impact statement are attached to this memo, and available on the Oregon Legislative Information System (OLIS).

Fiscal impact

This measure is anticipated to realize savings for the state. OHA estimates that the Department of Corrections could save approximately \$13 million in the 2013-15 biennium. The Oregon Youth Authority (OYA) estimates approximately \$70,000 in savings a biennium, based on actual hospitalization payments for youth under the custody of OYA. Extrapolating from data provided by Multnomah County, the Oregon Health Authority

estimates that Multnomah County could save roughly between \$0.75 and 1.0 million in the 2013-15 biennium from submitting claims for inpatient services to Medicaid.

The amendments

The -A2 amendment allows local mental health authorities flexibility in developing Biennial Implementation Plans by removing specific requirements regarding the timing of the Biennial Implementation Plans. The amendment also requires the plans be coordinated with community health improvement plans developed by coordinate care organizations (CCOs). Complying with these provisions would not result in a fiscal impact for the Oregon Health Authority and local mental health authorities.

The -A3 amendment resolves technical conflicts in the event that House Bill 2216, House Bill 2240, House Bill 2859, and House Bill 3458 become law. The - A3 makes no substantive changes, and would not result in a fiscal impact.

Recommendation

LFO recommends moving both the - A2 and - A3 amendment into the bill.

Motion

Motion: Senator/Representative _____:

I move the dash A2 and dash A3 amendment into HB 2087.

Recommendation

The measure is recommended to be moved to the Full Committee on Joint Ways and Means.

Motion

Motion: Senator/Representative _____:

I move HB 2087 with the dash A2 and dash A3 amendment to the Full Committee with a “do pass” recommendation as amended.

Assignment of Carriers

Full: _____

Senate: _____

House: _____

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2087**

1 On page 1 of the printed A-engrossed bill, line 2, delete “and 419C.550”
2 and insert “, 419C.550, 430.630, 430.632, 430.640, 431.385, 431.416 and 624.510”.

3 On page 2, after line 28, insert:

4 **“SECTION 3.** ORS 430.630 is amended to read:

5 “430.630. (1) In addition to any other requirements that may be established
6 by rule by the Oregon Health Authority, each community mental health
7 program, subject to the availability of funds, shall provide the following
8 basic services to persons with alcoholism or drug dependence, and persons
9 who are alcohol or drug abusers:

10 “(a) Outpatient services;

11 “(b) Aftercare for persons released from hospitals;

12 “(c) Training, case and program consultation and education for commu-
13 nity agencies, related professions and the public;

14 “(d) Guidance and assistance to other human service agencies for joint
15 development of prevention programs and activities to reduce factors causing
16 alcohol abuse, alcoholism, drug abuse and drug dependence; and

17 “(e) Age-appropriate treatment options for older adults.

18 “(2) As alternatives to state hospitalization, it is the responsibility of the
19 community mental health program to ensure that, subject to the availability
20 of funds, the following services for persons with alcoholism or drug depend-
21 ence, and persons who are alcohol or drug abusers, are available when
22 needed and approved by the Oregon Health Authority:

1 “(a) Emergency services on a 24-hour basis, such as telephone consulta-
2 tion, crisis intervention and prehospital screening examination;

3 “(b) Care and treatment for a portion of the day or night, which may in-
4 clude day treatment centers, work activity centers and after-school programs;

5 “(c) Residential care and treatment in facilities such as halfway houses,
6 detoxification centers and other community living facilities;

7 “(d) Continuity of care, such as that provided by service coordinators,
8 community case development specialists and core staff of federally assisted
9 community mental health centers;

10 “(e) Inpatient treatment in community hospitals; and

11 “(f) Other alternative services to state hospitalization as defined by the
12 Oregon Health Authority.

13 “(3) In addition to any other requirements that may be established by rule
14 of the Oregon Health Authority, each community mental health program,
15 subject to the availability of funds, shall provide or ensure the provision of
16 the following services to persons with mental or emotional disturbances:

17 “(a) Screening and evaluation to determine the client’s service needs;

18 “(b) Crisis stabilization to meet the needs of persons with acute mental
19 or emotional disturbances, including the costs of investigations and pre-
20 hearing detention in community hospitals or other facilities approved by the
21 authority for persons involved in involuntary commitment procedures;

22 “(c) Vocational and social services that are appropriate for the client’s
23 age, designed to improve the client’s vocational, social, educational and rec-
24 reational functioning;

25 “(d) Continuity of care to link the client to housing and appropriate and
26 available health and social service needs;

27 “(e) Psychiatric care in state and community hospitals, subject to the
28 provisions of subsection (4) of this section;

29 “(f) Residential services;

30 “(g) Medication monitoring;

1 “(h) Individual, family and group counseling and therapy;

2 “(i) Public education and information;

3 “(j) Prevention of mental or emotional disturbances and promotion of
4 mental health;

5 “(k) Consultation with other community agencies;

6 “(L) Preventive mental health services for children and adolescents, in-
7 cluding primary prevention efforts, early identification and early inter-
8 vention services. Preventive services should be patterned after service models
9 that have demonstrated effectiveness in reducing the incidence of emotional,
10 behavioral and cognitive disorders in children. As used in this paragraph:

11 “(A) ‘Early identification’ means detecting emotional disturbance in its
12 initial developmental stage;

13 “(B) ‘Early intervention services’ for children at risk of later development
14 of emotional disturbances means programs and activities for children and
15 their families that promote conditions, opportunities and experiences that
16 encourage and develop emotional stability, self-sufficiency and increased
17 personal competence; and

18 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
19 problems from occurring by addressing issues early so that disturbances do
20 not have an opportunity to develop; and

21 “(m) Preventive mental health services for older adults, including primary
22 prevention efforts, early identification and early intervention services. Pre-
23 ventive services should be patterned after service models that have demon-
24 strated effectiveness in reducing the incidence of emotional and behavioral
25 disorders and suicide attempts in older adults. As used in this paragraph:

26 “(A) ‘Early identification’ means detecting emotional disturbance in its
27 initial developmental stage;

28 “(B) ‘Early intervention services’ for older adults at risk of development
29 of emotional disturbances means programs and activities for older adults and
30 their families that promote conditions, opportunities and experiences that

1 encourage and maintain emotional stability, self-sufficiency and increased
2 personal competence and that deter suicide; and

3 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
4 problems from occurring by addressing issues early so that disturbances do
5 not have an opportunity to develop.

6 “(4) A community mental health program shall assume responsibility for
7 psychiatric care in state and community hospitals, as provided in subsection
8 (3)(e) of this section, in the following circumstances:

9 “(a) The person receiving care is a resident of the county served by the
10 program. For purposes of this paragraph, ‘resident’ means the resident of a
11 county in which the person maintains a current mailing address or, if the
12 person does not maintain a current mailing address within the state, the
13 county in which the person is found, or the county in which a court-
14 committed person with a mental illness has been conditionally released.

15 “(b) The person has been hospitalized involuntarily or voluntarily, pur-
16 suant to ORS 426.130 or 426.220, except for persons confined to the Secure
17 Child and Adolescent Treatment Unit at Oregon State Hospital, or has been
18 hospitalized as the result of a revocation of conditional release.

19 “(c) Payment is made for the first 60 consecutive days of hospitalization.

20 “(d) The hospital has collected all available patient payments and third-
21 party reimbursements.

22 “(e) In the case of a community hospital, the authority has approved the
23 hospital for the care of persons with mental or emotional disturbances, the
24 community mental health program has a contract with the hospital for the
25 psychiatric care of residents and a representative of the program approves
26 voluntary or involuntary admissions to the hospital prior to admission.

27 “(5) Subject to the review and approval of the Oregon Health Authority,
28 a **community** mental health program may initiate additional services after
29 the services defined in this section are provided.

30 “(6) Each community mental health program and the state hospital serv-

1 ing the program's geographic area shall enter into a written agreement con-
2 cerning the policies and procedures to be followed by the program and the
3 hospital when a patient is admitted to, and discharged from, the hospital and
4 during the period of hospitalization.

5 “(7) Each community mental health program shall have a mental health
6 advisory committee, appointed by the board of county commissioners or the
7 county court or, if two or more counties have combined to provide mental
8 health services, the boards or courts of the participating counties or, in the
9 case of a Native American reservation, the tribal council.

10 “(8) A community mental health program may request and the authority
11 may grant a waiver regarding provision of one or more of the services de-
12 scribed in subsection (3) of this section upon a showing by the county and
13 a determination by the authority that persons with mental or emotional
14 disturbances in that county would be better served and unnecessary
15 institutionalization avoided.

16 “(9)(a) As used in this subsection, ‘local mental health authority’ means
17 one of the following entities:

18 “(A) The board of county commissioners of one or more counties that es-
19 tablishes or operates a community mental health program;

20 “(B) The tribal council, in the case of a federally recognized tribe of Na-
21 tive Americans that elects to enter into an agreement to provide mental
22 health services; or

23 “(C) A regional local mental health authority comprising two or more
24 boards of county commissioners.

25 “(b) Each local mental health authority that provides mental health ser-
26 vices shall determine the need for local mental health services and adopt a
27 comprehensive local plan for the delivery of mental health services for chil-
28 dren, families, adults and older adults that describes the methods by which
29 the local mental health authority shall provide those services. [*The local*
30 *mental health authority shall review and revise the local plan biennially.*] The

1 purpose of the local plan is to create a blueprint to provide mental health
2 services that are directed by and responsive to the mental health needs of
3 individuals in the community served by the local plan. **A local mental
4 health authority shall coordinate its local planning with the develop-
5 ment of the community health improvement plan under section 13,
6 chapter 8, Oregon Laws 2012, by the coordinated care organization
7 serving the area. The Oregon Health Authority may require a local
8 mental health authority to review and revise the local plan period-
9 ically.**

10 “(c) The local plan shall identify ways to:

11 “(A) Coordinate and ensure accountability for all levels of care described
12 in paragraph (e) of this subsection;

13 “(B) Maximize resources for consumers and minimize administrative ex-
14 penses;

15 “(C) Provide supported employment and other vocational opportunities for
16 consumers;

17 “(D) Determine the most appropriate service provider among a range of
18 qualified providers;

19 “(E) Ensure that appropriate mental health referrals are made;

20 “(F) Address local housing needs for persons with mental health disor-
21 ders;

22 “(G) Develop a process for discharge from state and local psychiatric
23 hospitals and transition planning between levels of care or components of the
24 system of care;

25 “(H) Provide peer support services, including but not limited to drop-in
26 centers and paid peer support;

27 “(I) Provide transportation supports; and

28 “(J) Coordinate services among the criminal and juvenile justice systems,
29 adult and juvenile corrections systems and local mental health programs to
30 ensure that persons with mental illness who come into contact with the

1 justice and corrections systems receive needed care and to ensure continuity
2 of services for adults and juveniles leaving the corrections system.

3 “(d) When developing a local plan, a local mental health authority shall:

4 “(A) Coordinate with the budgetary cycles of state and local governments
5 that provide the local mental health authority with funding for mental
6 health services;

7 “(B) Involve consumers, advocates, families, service providers, schools and
8 other interested parties in the planning process;

9 “(C) Coordinate with the local public safety coordinating council to ad-
10 dress the services described in paragraph (c)(J) of this subsection;

11 “(D) Conduct a population based needs assessment to determine the types
12 of services needed locally;

13 “(E) Determine the ethnic, age-specific, cultural and diversity needs of the
14 population served by the local plan;

15 “(F) Describe the anticipated outcomes of services and the actions to be
16 achieved in the local plan;

17 “(G) Ensure that the local plan coordinates planning, funding and ser-
18 vices with:

19 “(i) The educational needs of children, adults and older adults;

20 “(ii) Providers of social supports, including but not limited to housing,
21 employment, transportation and education; and

22 “(iii) Providers of physical health and medical services;

23 “(H) Describe how funds, other than state resources, may be used to
24 support and implement the local plan;

25 “(I) Demonstrate ways to integrate local services and administrative
26 functions in order to support integrated service delivery in the local plan;
27 and

28 “(J) Involve the local mental health advisory committees described in
29 subsection (7) of this section.

30 “(e) The local plan must describe how the local mental health authority

1 will ensure the delivery of and be accountable for clinically appropriate
2 services in a continuum of care based on consumer needs. The local plan
3 shall include, but not be limited to, services providing the following levels
4 of care:

5 “(A) Twenty-four-hour crisis services;

6 “(B) Secure and nonsecure extended psychiatric care;

7 “(C) Secure and nonsecure acute psychiatric care;

8 “(D) Twenty-four-hour supervised structured treatment;

9 “(E) Psychiatric day treatment;

10 “(F) Treatments that maximize client independence;

11 “(G) Family and peer support and self-help services;

12 “(H) Support services;

13 “(I) Prevention and early intervention services;

14 “(J) Transition assistance between levels of care;

15 “(K) Dual diagnosis services;

16 “(L) Access to placement in state-funded psychiatric hospital beds;

17 “(M) Precommitment and civil commitment in accordance with ORS
18 chapter 426; and

19 “(N) Outreach to older adults at locations appropriate for making contact
20 with older adults, including senior centers, long term care facilities and
21 personal residences.

22 “(f) In developing the part of the local plan referred to in paragraph (c)(J)
23 of this subsection, the local mental health authority shall collaborate with
24 the local public safety coordinating council to address the following:

25 “(A) Training for all law enforcement officers on ways to recognize and
26 interact with persons with mental illness, for the purpose of diverting them
27 from the criminal and juvenile justice systems;

28 “(B) Developing voluntary locked facilities for crisis treatment and
29 follow-up as an alternative to custodial arrests;

30 “(C) Developing a plan for sharing a daily jail and juvenile detention

1 center custody roster and the identity of persons of concern and offering
2 mental health services to those in custody;

3 “(D) Developing a voluntary diversion program to provide an alternative
4 for persons with mental illness in the criminal and juvenile justice systems;
5 and

6 “(E) Developing mental health services, including housing, for persons
7 with mental illness prior to and upon release from custody.

8 “(g) Services described in the local plan shall:

9 “(A) Address the vision, values and guiding principles described in the
10 Report to the Governor from the Mental Health Alignment Workgroup,
11 January 2001;

12 “(B) Be provided to children, older adults and families as close to their
13 homes as possible;

14 “(C) Be culturally appropriate and competent;

15 “(D) Be, for children, older adults and adults with mental health needs,
16 from providers appropriate to deliver those services;

17 “(E) Be delivered in an integrated service delivery system with integrated
18 service sites or processes, and with the use of integrated service teams;

19 “(F) Ensure consumer choice among a range of qualified providers in the
20 community;

21 “(G) Be distributed geographically;

22 “(H) Involve consumers, families, clinicians, children and schools in
23 treatment as appropriate;

24 “(I) Maximize early identification and early intervention;

25 “(J) Ensure appropriate transition planning between providers and service
26 delivery systems, with an emphasis on transition between children and adult
27 mental health services;

28 “(K) Be based on the ability of a client to pay;

29 “(L) Be delivered collaboratively;

30 “(M) Use age-appropriate, research-based quality indicators;

1 “(N) Use best-practice innovations; and

2 “(O) Be delivered using a community-based, multisystem approach.

3 “(h) A local mental health authority shall submit to the Oregon Health
4 Authority a copy of the local plan and [*biennial*] revisions adopted under
5 paragraph (b) of this subsection at time intervals established by the **Oregon**
6 **Health Authority**.

7 “(i) Each local commission on children and families shall reference the
8 local plan for the delivery of mental health services in the local coordinated
9 comprehensive plan created pursuant to ORS 417.775.

10 “**SECTION 4.** ORS 430.630, as amended by section 101, chapter 37, Oregon
11 Laws 2012, is amended to read:

12 “430.630. (1) In addition to any other requirements that may be established
13 by rule by the Oregon Health Authority, each community mental health
14 program, subject to the availability of funds, shall provide the following
15 basic services to persons with alcoholism or drug dependence, and persons
16 who are alcohol or drug abusers:

17 “(a) Outpatient services;

18 “(b) Aftercare for persons released from hospitals;

19 “(c) Training, case and program consultation and education for commu-
20 nity agencies, related professions and the public;

21 “(d) Guidance and assistance to other human service agencies for joint
22 development of prevention programs and activities to reduce factors causing
23 alcohol abuse, alcoholism, drug abuse and drug dependence; and

24 “(e) Age-appropriate treatment options for older adults.

25 “(2) As alternatives to state hospitalization, it is the responsibility of the
26 community mental health program to ensure that, subject to the availability
27 of funds, the following services for persons with alcoholism or drug depend-
28 ence, and persons who are alcohol or drug abusers, are available when
29 needed and approved by the Oregon Health Authority:

30 “(a) Emergency services on a 24-hour basis, such as telephone consulta-

1 tion, crisis intervention and prehospital screening examination;

2 “(b) Care and treatment for a portion of the day or night, which may in-
3 clude day treatment centers, work activity centers and after-school programs;

4 “(c) Residential care and treatment in facilities such as halfway houses,
5 detoxification centers and other community living facilities;

6 “(d) Continuity of care, such as that provided by service coordinators,
7 community case development specialists and core staff of federally assisted
8 community mental health centers;

9 “(e) Inpatient treatment in community hospitals; and

10 “(f) Other alternative services to state hospitalization as defined by the
11 Oregon Health Authority.

12 “(3) In addition to any other requirements that may be established by rule
13 of the Oregon Health Authority, each community mental health program,
14 subject to the availability of funds, shall provide or ensure the provision of
15 the following services to persons with mental or emotional disturbances:

16 “(a) Screening and evaluation to determine the client’s service needs;

17 “(b) Crisis stabilization to meet the needs of persons with acute mental
18 or emotional disturbances, including the costs of investigations and pre-
19 hearing detention in community hospitals or other facilities approved by the
20 authority for persons involved in involuntary commitment procedures;

21 “(c) Vocational and social services that are appropriate for the client’s
22 age, designed to improve the client’s vocational, social, educational and rec-
23 reational functioning;

24 “(d) Continuity of care to link the client to housing and appropriate and
25 available health and social service needs;

26 “(e) Psychiatric care in state and community hospitals, subject to the
27 provisions of subsection (4) of this section;

28 “(f) Residential services;

29 “(g) Medication monitoring;

30 “(h) Individual, family and group counseling and therapy;

1 “(i) Public education and information;

2 “(j) Prevention of mental or emotional disturbances and promotion of
3 mental health;

4 “(k) Consultation with other community agencies;

5 “(L) Preventive mental health services for children and adolescents, in-
6 cluding primary prevention efforts, early identification and early inter-
7 vention services. Preventive services should be patterned after service models
8 that have demonstrated effectiveness in reducing the incidence of emotional,
9 behavioral and cognitive disorders in children. As used in this paragraph:

10 “(A) ‘Early identification’ means detecting emotional disturbance in its
11 initial developmental stage;

12 “(B) ‘Early intervention services’ for children at risk of later development
13 of emotional disturbances means programs and activities for children and
14 their families that promote conditions, opportunities and experiences that
15 encourage and develop emotional stability, self-sufficiency and increased
16 personal competence; and

17 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
18 problems from occurring by addressing issues early so that disturbances do
19 not have an opportunity to develop; and

20 “(m) Preventive mental health services for older adults, including primary
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24 disorders and suicide attempts in older adults. As used in this paragraph:

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29 their families that promote conditions, opportunities and experiences that
30 encourage and maintain emotional stability, self-sufficiency and increased

1 personal competence and that deter suicide; and

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3 problems from occurring by addressing issues early so that disturbances do
4 not have an opportunity to develop.

5 “(4) A community mental health program shall assume responsibility for
6 psychiatric care in state and community hospitals, as provided in subsection
7 (3)(e) of this section, in the following circumstances:

8 “(a) The person receiving care is a resident of the county served by the
9 program. For purposes of this paragraph, ‘resident’ means the resident of a
10 county in which the person maintains a current mailing address or, if the
11 person does not maintain a current mailing address within the state, the
12 county in which the person is found, or the county in which a court-
13 committed person with a mental illness has been conditionally released.

14 “(b) The person has been hospitalized involuntarily or voluntarily, pur-
15 suant to ORS 426.130 or 426.220, except for persons confined to the Secure
16 Child and Adolescent Treatment Unit at Oregon State Hospital, or has been
17 hospitalized as the result of a revocation of conditional release.

18 “(c) Payment is made for the first 60 consecutive days of hospitalization.

19 “(d) The hospital has collected all available patient payments and third-
20 party reimbursements.

21 “(e) In the case of a community hospital, the authority has approved the
22 hospital for the care of persons with mental or emotional disturbances, the
23 community mental health program has a contract with the hospital for the
24 psychiatric care of residents and a representative of the program approves
25 voluntary or involuntary admissions to the hospital prior to admission.

26 “(5) Subject to the review and approval of the Oregon Health Authority,
27 a **community** mental health program may initiate additional services after
28 the services defined in this section are provided.

29 “(6) Each community mental health program and the state hospital serv-
30 ing the program’s geographic area shall enter into a written agreement con-

1 cerning the policies and procedures to be followed by the program and the
2 hospital when a patient is admitted to, and discharged from, the hospital and
3 during the period of hospitalization.

4 “(7) Each community mental health program shall have a mental health
5 advisory committee, appointed by the board of county commissioners or the
6 county court or, if two or more counties have combined to provide mental
7 health services, the boards or courts of the participating counties or, in the
8 case of a Native American reservation, the tribal council.

9 “(8) A community mental health program may request and the authority
10 may grant a waiver regarding provision of one or more of the services de-
11 scribed in subsection (3) of this section upon a showing by the county and
12 a determination by the authority that persons with mental or emotional
13 disturbances in that county would be better served and unnecessary
14 institutionalization avoided.

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16 one of the following entities:

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18 tablishes or operates a community mental health program;

19 “(B) The tribal council, in the case of a federally recognized tribe of Na-
20 tive Americans that elects to enter into an agreement to provide mental
21 health services; or

22 “(C) A regional local mental health authority comprising two or more
23 boards of county commissioners.

24 “(b) Each local mental health authority that provides mental health ser-
25 vices shall determine the need for local mental health services and adopt a
26 comprehensive local plan for the delivery of mental health services for chil-
27 dren, families, adults and older adults that describes the methods by which
28 the local mental health authority shall provide those services. [*The local*
29 *mental health authority shall review and revise the local plan biennially.*] The
30 purpose of the local plan is to create a blueprint to provide mental health

1 services that are directed by and responsive to the mental health needs of
2 individuals in the community served by the local plan. **A local mental**
3 **health authority shall coordinate its local planning with the develop-**
4 **ment of the community health improvement plan under section 13,**
5 **chapter 8, Oregon Laws 2012, by the coordinated care organization**
6 **serving the area. The Oregon Health Authority may require a local**
7 **mental health authority to review and revise the local plan period-**
8 **ically.**

9 “(c) The local plan shall identify ways to:

10 “(A) Coordinate and ensure accountability for all levels of care described
11 in paragraph (e) of this subsection;

12 “(B) Maximize resources for consumers and minimize administrative ex-
13 penses;

14 “(C) Provide supported employment and other vocational opportunities for
15 consumers;

16 “(D) Determine the most appropriate service provider among a range of
17 qualified providers;

18 “(E) Ensure that appropriate mental health referrals are made;

19 “(F) Address local housing needs for persons with mental health disor-
20 ders;

21 “(G) Develop a process for discharge from state and local psychiatric
22 hospitals and transition planning between levels of care or components of the
23 system of care;

24 “(H) Provide peer support services, including but not limited to drop-in
25 centers and paid peer support;

26 “(I) Provide transportation supports; and

27 “(J) Coordinate services among the criminal and juvenile justice systems,
28 adult and juvenile corrections systems and local mental health programs to
29 ensure that persons with mental illness who come into contact with the
30 justice and corrections systems receive needed care and to ensure continuity

1 of services for adults and juveniles leaving the corrections system.

2 “(d) When developing a local plan, a local mental health authority shall:

3 “(A) Coordinate with the budgetary cycles of state and local governments
4 that provide the local mental health authority with funding for mental
5 health services;

6 “(B) Involve consumers, advocates, families, service providers, schools and
7 other interested parties in the planning process;

8 “(C) Coordinate with the local public safety coordinating council to ad-
9 dress the services described in paragraph (c)(J) of this subsection;

10 “(D) Conduct a population based needs assessment to determine the types
11 of services needed locally;

12 “(E) Determine the ethnic, age-specific, cultural and diversity needs of the
13 population served by the local plan;

14 “(F) Describe the anticipated outcomes of services and the actions to be
15 achieved in the local plan;

16 “(G) Ensure that the local plan coordinates planning, funding and ser-
17 vices with:

18 “(i) The educational needs of children, adults and older adults;

19 “(ii) Providers of social supports, including but not limited to housing,
20 employment, transportation and education; and

21 “(iii) Providers of physical health and medical services;

22 “(H) Describe how funds, other than state resources, may be used to
23 support and implement the local plan;

24 “(I) Demonstrate ways to integrate local services and administrative
25 functions in order to support integrated service delivery in the local plan;
26 and

27 “(J) Involve the local mental health advisory committees described in
28 subsection (7) of this section.

29 “(e) The local plan must describe how the local mental health authority
30 will ensure the delivery of and be accountable for clinically appropriate

1 services in a continuum of care based on consumer needs. The local plan
2 shall include, but not be limited to, services providing the following levels
3 of care:

4 “(A) Twenty-four-hour crisis services;

5 “(B) Secure and nonsecure extended psychiatric care;

6 “(C) Secure and nonsecure acute psychiatric care;

7 “(D) Twenty-four-hour supervised structured treatment;

8 “(E) Psychiatric day treatment;

9 “(F) Treatments that maximize client independence;

10 “(G) Family and peer support and self-help services;

11 “(H) Support services;

12 “(I) Prevention and early intervention services;

13 “(J) Transition assistance between levels of care;

14 “(K) Dual diagnosis services;

15 “(L) Access to placement in state-funded psychiatric hospital beds;

16 “(M) Precommitment and civil commitment in accordance with ORS
17 chapter 426; and

18 “(N) Outreach to older adults at locations appropriate for making contact
19 with older adults, including senior centers, long term care facilities and
20 personal residences.

21 “(f) In developing the part of the local plan referred to in paragraph (c)(J)
22 of this subsection, the local mental health authority shall collaborate with
23 the local public safety coordinating council to address the following:

24 “(A) Training for all law enforcement officers on ways to recognize and
25 interact with persons with mental illness, for the purpose of diverting them
26 from the criminal and juvenile justice systems;

27 “(B) Developing voluntary locked facilities for crisis treatment and
28 follow-up as an alternative to custodial arrests;

29 “(C) Developing a plan for sharing a daily jail and juvenile detention
30 center custody roster and the identity of persons of concern and offering

1 mental health services to those in custody;

2 “(D) Developing a voluntary diversion program to provide an alternative
3 for persons with mental illness in the criminal and juvenile justice systems;
4 and

5 “(E) Developing mental health services, including housing, for persons
6 with mental illness prior to and upon release from custody.

7 “(g) Services described in the local plan shall:

8 “(A) Address the vision, values and guiding principles described in the
9 Report to the Governor from the Mental Health Alignment Workgroup,
10 January 2001;

11 “(B) Be provided to children, older adults and families as close to their
12 homes as possible;

13 “(C) Be culturally appropriate and competent;

14 “(D) Be, for children, older adults and adults with mental health needs,
15 from providers appropriate to deliver those services;

16 “(E) Be delivered in an integrated service delivery system with integrated
17 service sites or processes, and with the use of integrated service teams;

18 “(F) Ensure consumer choice among a range of qualified providers in the
19 community;

20 “(G) Be distributed geographically;

21 “(H) Involve consumers, families, clinicians, children and schools in
22 treatment as appropriate;

23 “(I) Maximize early identification and early intervention;

24 “(J) Ensure appropriate transition planning between providers and service
25 delivery systems, with an emphasis on transition between children and adult
26 mental health services;

27 “(K) Be based on the ability of a client to pay;

28 “(L) Be delivered collaboratively;

29 “(M) Use age-appropriate, research-based quality indicators;

30 “(N) Use best-practice innovations; and

1 “(O) Be delivered using a community-based, multisystem approach.

2 “(h) A local mental health authority shall submit to the Oregon Health
3 Authority a copy of the local plan and [*biennial*] revisions adopted under
4 paragraph (b) of this subsection at time intervals established by the **Oregon**
5 **Health Authority**.

6 “**SECTION 5.** ORS 430.632 is amended to read:

7 “430.632. **The Oregon Health Authority may require** a local mental
8 health authority [*shall submit to*] **to periodically report to** the Oregon
9 Health Authority [*by October 1 of each even-numbered year a report*] on the
10 implementation of the comprehensive local plan adopted under ORS 430.630
11 (9).

12 “**SECTION 6.** ORS 430.640 is amended to read:

13 “430.640. (1) The Oregon Health Authority, in carrying out the legislative
14 policy declared in ORS 430.610, subject to the availability of funds, shall:

15 “(a) Assist Oregon counties and groups of Oregon counties in the estab-
16 lishment and financing of community mental health programs operated or
17 contracted for by one or more counties.

18 “(b) If a county declines to operate or contract for a community mental
19 health program, contract with another public agency or private corporation
20 to provide the program. The county must be provided with an opportunity
21 to review and comment.

22 “(c) In an emergency situation when no community mental health pro-
23 gram is operating within a county or when a county is unable to provide a
24 service essential to public health and safety, operate the program or service
25 on a temporary basis.

26 “(d) At the request of the tribal council of a federally recognized tribe
27 of Native Americans, contract with the tribal council for the establishment
28 and operation of a community mental health program in the same manner
29 in which the authority contracts with a county court or board of county
30 commissioners.

1 “(e) If a county agrees, contract with a public agency or private corpo-
2 ration for all services within one or more of the following program areas:

3 “(A) Mental or emotional disturbances.

4 “(B) Drug abuse.

5 “(C) Alcohol abuse and alcoholism.

6 “(f) Approve or disapprove the [*biennial*] **local** plan and budget informa-
7 tion for the establishment and operation of each community mental health
8 program. Subsequent amendments to or modifications of an approved plan
9 or budget information involving more than 10 percent of the state funds
10 provided for services under ORS 430.630 may not be placed in effect without
11 prior approval of the authority. However, an amendment or modification af-
12 fecting 10 percent or less of state funds for services under ORS 430.630
13 within the portion of the program for persons with mental or emotional dis-
14 turbances or within the portion for persons with alcohol or drug dependence
15 may be made without authority approval.

16 “(g) Make all necessary and proper rules to govern the establishment and
17 operation of community mental health programs, including adopting rules
18 defining the range and nature of the services which shall or may be provided
19 under ORS 430.630.

20 “(h) Collect data and evaluate services in the state hospitals in accord-
21 ance with the same methods prescribed for community mental health pro-
22 grams under ORS 430.634.

23 “(i) Develop guidelines that include, for the development of comprehensive
24 local plans in consultation with local mental health authorities:

25 “(A) The use of integrated services;

26 “(B) The outcomes expected from services and programs provided;

27 “(C) Incentives to reduce the use of state hospitals;

28 “(D) Mechanisms for local sharing of risk for state hospitalization;

29 “(E) The provision of clinically appropriate levels of care based on an
30 assessment of the mental health needs of consumers;

1 “(F) The transition of consumers between levels of care; and

2 “(G) The development, maintenance and continuation of older adult men-
3 tal health programs with mental health professionals trained in geriatrics.

4 “(j) Work with local mental health authorities to provide incentives for
5 community-based care whenever appropriate while simultaneously ensuring
6 adequate statewide capacity.

7 “(k) Provide technical assistance and information regarding state and
8 federal requirements to local mental health authorities throughout the local
9 planning process required under ORS 430.630 (9).

10 “(L) Provide incentives for local mental health authorities to enhance or
11 increase vocational placements for adults with mental health needs.

12 “(m) Develop or adopt nationally recognized system-level performance
13 measures, linked to the Oregon Benchmarks, for state-level monitoring and
14 reporting of mental health services for children, adults and older adults, in-
15 cluding but not limited to quality and appropriateness of services, outcomes
16 from services, structure and management of local plans, prevention of mental
17 health disorders and integration of mental health services with other needed
18 supports.

19 “(n) Develop standardized criteria for each level of care described in ORS
20 430.630 (9), including protocols for implementation of local plans, strength-
21 based mental health assessment and case planning.

22 “(o) Develop a comprehensive long-term plan for providing appropriate
23 and adequate mental health treatment and services to children, adults and
24 older adults that is derived from the needs identified in local plans, is con-
25 sistent with the vision, values and guiding principles in the Report to the
26 Governor from the Mental Health Alignment Workgroup, January 2001, and
27 addresses the need for and the role of state hospitals.

28 “(p) Report biennially to the Governor and the Legislative Assembly on
29 the progress of the local planning process and the implementation of the lo-
30 cal plans adopted under ORS 430.630 (9)(b) and the state planning process

1 described in paragraph (o) of this subsection, and on the performance meas-
2 ures and performance data available under paragraph (m) of this subsection.

3 “(q) On a periodic basis, not to exceed 10 years, reevaluate the method-
4 ology used to estimate prevalence and demand for mental health services
5 using the most current nationally recognized models and data.

6 “(r) Encourage the development of regional local mental health authori-
7 ties comprised of two or more boards of county commissioners that establish
8 or operate a community mental health program.

9 “(2) The Oregon Health Authority may provide technical assistance and
10 other incentives to assist in the planning, development and implementation
11 of regional local mental health authorities whenever the Oregon Health
12 Authority determines that a regional approach will optimize the comprehen-
13 sive local plan described under ORS 430.630 (9).

14 “(3) The enumeration of duties and functions in subsections (1) and (2)
15 of this section shall not be deemed exclusive nor construed as a limitation
16 on the powers and authority vested in the authority by other provisions of
17 law.

18 “**SECTION 7.** ORS 431.385 is amended to read:

19 “431.385. (1) The local public health authority shall submit [*an annual*]
20 **a local** plan to the Oregon Health Authority for performing services pursu-
21 ant to ORS 431.375 to 431.385 and 431.416. The [*annual*] **local** plan shall be
22 [*submitted*] **updated periodically** on a date established by the Oregon Health
23 Authority by rule or on a date mutually agreeable to the authority and the
24 local public health authority.

25 “(2) If the local public health authority decides not to submit [*an*
26 *annual*] **a local** plan under the provisions of ORS 431.375 to 431.385 and
27 431.416, the authority shall become the local public health authority for that
28 county or health district.

29 “(3) The authority shall review and approve or disapprove each **local**
30 plan. Variances to the local public health plan must be approved by the au-

1 thority. In consultation with the Conference of Local Health Officials, the
2 authority shall establish the elements of a **local** plan and an appeals process
3 whereby a local **public** health authority may obtain a hearing if its **local**
4 plan is disapproved.

5 “(4) Each local commission on children and families shall reference the
6 local public health plan in the local coordinated comprehensive plan created
7 pursuant to ORS 417.775.

8 “(5) **The Oregon Health Authority may adopt uniform timelines and**
9 **requirements for the submission of local plans by local public health**
10 **authorities and local mental health authorities and the submission of**
11 **community health improvement plans by coordinated care organiza-**
12 **tions to the extent that the requirements for local plans and commu-**
13 **nity health improvement plans overlap.**

14 “**SECTION 8.** ORS 431.385, as amended by section 102, chapter 37, Oregon
15 Laws 2012, is amended to read:

16 “431.385. (1) The local public health authority shall submit [*an annual*]
17 **a local** plan to the Oregon Health Authority for performing services pursu-
18 ant to ORS 431.375 to 431.385 and 431.416. The [*annual*] **local** plan shall be
19 [*submitted*] **updated periodically** on a date established by the Oregon Health
20 Authority by rule or on a date mutually agreeable to the authority and the
21 local public health authority.

22 “(2) If the local public health authority decides not to submit [*an*
23 *annual*] **a local** plan under the provisions of ORS 431.375 to 431.385 and
24 431.416, the authority shall become the local public health authority for that
25 county or health district.

26 “(3) The authority shall review and approve or disapprove each **local**
27 plan. Variances to the local public health plan must be approved by the au-
28 thority. In consultation with the Conference of Local Health Officials, the
29 authority shall establish the elements of a **local** plan and an appeals process
30 whereby a local **public** health authority may obtain a hearing if its **local**

1 plan is disapproved.

2 **“(4) The Oregon Health Authority may adopt uniform timelines and**
3 **requirements for the submission of local plans by local public health**
4 **authorities and local mental health authorities and the submission of**
5 **community health improvement plans by coordinated care organiza-**
6 **tions to the extent that the requirements for local plans and commu-**
7 **nity health improvement plans overlap.**

8 **“SECTION 9.** ORS 431.416 is amended to read:

9 “431.416. The local public health authority or health district shall:

10 “(1) Administer and enforce the rules of the local public health authority
11 or the health district and public health laws and rules of the Oregon Health
12 Authority.

13 “(2) Assure activities necessary for the preservation of health or pre-
14 vention of disease in the area under its jurisdiction as provided in the [*an-*
15 *nual*] **local** plan of the authority or district are performed. These activities
16 shall include but not be limited to:

17 “(a) Epidemiology and control of preventable diseases and disorders;

18 “(b) Parent and child health services, including family planning clinics
19 as described in ORS 435.205;

20 “(c) Collection and reporting of health statistics;

21 “(d) Health information and referral services; and

22 “(e) Environmental health services.

23 **“SECTION 10.** ORS 624.510 is amended to read:

24 “624.510. (1) The Director of the Oregon Health Authority shall enter into
25 an intergovernmental agreement with each local public health authority es-
26 tablished under ORS 431.375, delegating to the local public health authority
27 the administration and enforcement within the jurisdiction of the local pub-
28 lic health authority of the powers, duties and functions of the director under
29 ORS 624.010 to 624.121, 624.310 to 624.430, 624.650 and 624.992. The intergov-
30 ernmental agreement must describe the powers, duties and functions of the

1 local public health authority relating to fee collection, licensing, inspections,
2 enforcement, civil penalties and issuance and revocation of permits and cer-
3 tificates, standards for enforcement by the local public health authority and
4 the monitoring to be performed by the Oregon Health Authority. The Oregon
5 Health Authority shall establish the descriptions and standards in consulta-
6 tion with the local public health authority officials and in accordance with
7 ORS 431.345. The intergovernmental agreement must be a part of the local
8 [annual] plan submitted by the local public health authority under ORS
9 431.385. The Oregon Health Authority shall review the performance of the
10 local public health authority under any expiring intergovernmental agree-
11 ment. The review shall include criteria to determine if provisions of ORS
12 624.073 are uniformly applied to all licensees within the jurisdiction of the
13 local public health authority. In accordance with ORS chapter 183, the di-
14 rector may suspend or rescind an intergovernmental agreement under this
15 subsection. If the Oregon Health Authority suspends or rescinds an inter-
16 governmental agreement, the unexpended portion of the fees collected under
17 subsection (2) of this section shall be available to the Oregon Health Au-
18 thority for carrying out the powers, duties and functions under this section.

19 “(2) A local public health authority shall collect fees on behalf of the
20 Oregon Health Authority that are adequate to cover the administration and
21 enforcement costs incurred by the local public health authority under this
22 section and the cost of oversight by the Oregon Health Authority. If the fee
23 collected by a local public health authority for a license or service is more
24 than 20 percent above or below the fee for that license or service charged
25 by the Oregon Health Authority, the Oregon Health Authority shall analyze
26 the local public health authority fee process and determine whether the local
27 public health authority used the proper cost elements in determining the fee
28 and whether the amount of the fee is justified. Cost elements may include,
29 but need not be limited to, expenses related to administration, program costs,
30 salaries, travel expenses and Oregon Health Authority consultation fees. If

1 the Oregon Health Authority determines that the local public health au-
2 thority did not use the proper cost elements in determining the fee or that
3 the amount of the fee is not justified, the Oregon Health Authority may or-
4 der the local public health authority to reduce any fee to a level supported
5 by the Oregon Health Authority's analysis of the fee process.

6 “(3) The Oregon Health Authority, after consultation with groups repre-
7 senting local health officials in the state, shall by rule assess a remittance
8 from each local public health authority to which health enforcement powers,
9 duties or functions have been delegated under subsection (1) of this section.
10 The amount of the remittance must be specified in the intergovernmental
11 agreement. The remittance shall supplement existing funds for consultation
12 services and development and maintenance of the statewide food service
13 program. The Oregon Health Authority shall consult with groups represent-
14 ing local health officials in the state and statewide restaurant associations
15 in developing the statewide food service program.

16 “(4) In any action, suit or proceeding arising out of local public health
17 authority administration of functions pursuant to subsection (1) of this sec-
18 tion and involving the validity of a rule adopted by the Oregon Health Au-
19 thority, the Oregon Health Authority shall be made a party to the action,
20 suit or proceeding.”.

21 In line 29, delete “3” and insert “11”.

22

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2087**

1 On page 1 of the printed A-engrossed bill, line 2, delete “414.440 and
2 419C.550” and insert “414.231, 414.440 and 419C.550 and section 9, chapter ____,
3 Oregon Laws 2013 (Enrolled House Bill 2091), sections 40, 64 and 65, chapter
4 ____, Oregon Laws 2013 (Enrolled House Bill 2240), sections 104 and 105,
5 chapter ____, Oregon Laws 2013 (Enrolled House Bill 2859), and section 42,
6 chapter ____, Oregon Laws 2013 (Enrolled House Bill 3458); repealing sections
7 39, 48, 54 and 55 chapter ____, Oregon Laws 2013 (Enrolled House Bill 2240),
8 sections 73, 82, 83, 84, 85, 94 and 95, chapter ____, Oregon Laws 2013 (Enrolled
9 House Bill 2859), and section 10, chapter ____, Oregon Laws 2013 (Enrolled
10 House Bill 3458)”.

11 On page 2, delete lines 29 through 31 and insert:

12 **“SECTION 3. Section 73 (amending ORS 414.231), chapter ____,**
13 **Oregon Laws 2013 (Enrolled House Bill 2859), is repealed.**

14 **“SECTION 4. If House Bill 2240 becomes law, section 39 (amending**
15 **ORS 414.231), chapter ____, Oregon Laws 2013 (Enrolled House Bill 2240),**
16 **is repealed and ORS 414.231, as amended by section 1, chapter ____,**
17 **Oregon Laws 2013 (Enrolled House Bill 2091), is amended to read:**

18 “414.231. (1) As used in this section, ‘child’ means a person under 19 years
19 of age.

20 “(2) The Health Care for All Oregon Children program is established to
21 make affordable, accessible health care available to all of Oregon’s children.
22 The program provides medical assistance to children, funded in whole or in

1 part by Title XIX of the Social Security Act, by the State Children’s Health
2 Insurance Program under Title XXI of the Social Security Act and by moneys
3 appropriated or allocated for that purpose by the Legislative Assembly.

4 “(3) A child is eligible for *[the program]* **medical assistance under**
5 **subsection (2) of this section** if the child is lawfully present in this state
6 and the income of the child’s family is:

7 “(a) At or below 200 percent of the federal poverty guidelines; or

8 “(b) Above 200 percent of the federal poverty guidelines and at or below
9 300 percent of the federal poverty guidelines, as long as federal financial
10 participation is available for the costs of the coverage.

11 “(4) There is no asset limit to qualify for the program.

12 “(5)(a) A child receiving medical assistance *[under the program]* **through**
13 **the Health Care for All Oregon Children program** is continuously eligible
14 for a minimum period of 12 months **or until the child reaches 19 years of**
15 **age, whichever comes first.**

16 “(b) The Department of Human Services or the Oregon Health Authority
17 shall reenroll a child for successive 12-month periods of enrollment as long
18 as the child is eligible for medical assistance on the date of reenrollment and
19 *[there is federal financial participation in the costs of the child’s coverage]* **the**
20 **child has not yet reached 19 years of age.**

21 “(c) *[The department and the authority may not require]* **A child may not**
22 **be required to submit** a new application as a condition of reenrollment
23 under paragraph (b) of this subsection *[and]*, **and the department or the**
24 **authority** must determine the child’s eligibility for medical assistance using
25 information and sources available to the department **or the authority** or
26 documentation **that is** readily available **to the child or the child’s care-**
27 **taker.**

28 “(6) **Except for medical assistance funded by Title XIX of the Social**
29 **Security Act, the department or the authority may prescribe by rule**
30 **a period of uninsurance prior to enrollment in the program.**

1 **“SECTION 5. If House Bill 2240 becomes law, section 48 (amending**
2 **ORS 414.231), chapter __, Oregon Laws 2013 (Enrolled House Bill 2240),**
3 **is repealed and ORS 414.231, as amended by section 1, chapter __,**
4 **Oregon Laws 2013 (Enrolled House Bill 2091), and section 4 of this 2013**
5 **Act, is amended to read:**

6 “414.231. (1) As used in this section, ‘child’ means a person under 19 years
7 of age.

8 “(2) The Health Care for All Oregon Children program is established to
9 make affordable, accessible health care available to all of Oregon’s children.
10 The program provides medical assistance to children, funded in whole or in
11 part by Title XIX of the Social Security Act, by the State Children’s Health
12 Insurance Program under Title XXI of the Social Security Act and by moneys
13 appropriated or allocated for that purpose by the Legislative Assembly.

14 “(3) A child is eligible for medical assistance under subsection (2) of this
15 section if the child is lawfully present in this state and the income of the
16 child’s family is:

17 “(a) At or below 200 percent of the federal poverty guidelines; or

18 “(b) Above 200 percent of the federal poverty guidelines and at or below
19 300 percent of the federal poverty guidelines, as long as federal financial
20 participation is available for the costs of the coverage.

21 “(4) There is no asset limit to qualify for the program.

22 “(5)(a) A child receiving medical assistance through the Health Care for
23 All Oregon Children program is continuously eligible for a minimum period
24 of 12 months or until the child reaches 19 years of age, whichever comes
25 first.

26 “(b) The Department of Human Services or the Oregon Health Authority
27 shall reenroll a child for successive 12-month periods of enrollment as long
28 as the child is eligible for medical assistance on the date of reenrollment and
29 the child has not yet reached 19 years of age.

30 “(c) A child may not be required to submit a new application as a condi-

1 tion of reenrollment under paragraph (b) of this subsection, and the depart-
2 ment or the authority must determine the child's eligibility for medical
3 assistance using information and sources available to the department or the
4 authority or documentation that is readily available to the child or the
5 child's caretaker.

6 “[6] *Except for medical assistance funded by Title XIX of the Social Se-*
7 *curity Act, the department or the authority may prescribe by rule a period of*
8 *uninsurance prior to enrollment in the program.*]

9 **“SECTION 6.** If House Bill 2240 becomes law, section 40, chapter ____,
10 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

11 **“Sec. 40.** (1) The Office of Private Health Partnerships is abolished. On
12 the operative date of this section, the tenure of office of the Administrator
13 of the Office of Private Health Partnerships and the deputy director of the
14 Office of Private Health Partnerships ceases.

15 “(2) The unexpended balances of amounts in the Family Health Insurance
16 Assistance Program Account and other amounts authorized to be expended
17 by the office for the biennium beginning July 1, 2013, from revenues dedi-
18 cated, continuously appropriated, appropriated or otherwise made available
19 to the office for the purpose of administering the Family Health Insurance
20 Assistance Program are transferred to the Oregon Health Authority Fund
21 established in ORS 413.101 and are available for expenditure by the Oregon
22 Health Authority for the biennium beginning July 1, 2013, for the purpose
23 of administering and enforcing the duties, functions and powers of the office
24 with respect to the Family Health Insurance Assistance Program.

25 “(3) Nothing in this section, the amendments to ORS 192.556, 410.080,
26 413.011, 413.032, 413.201, 414.041, 414.231, 414.826, 414.828, 414.839 and 433.443
27 and section 1, chapter 867, Oregon Laws 2009, by sections 42 to 53, **chapter**
28 **____, Oregon Laws 2013 (Enrolled House Bill 2240), [of this 2013 Act] and**
29 **section 5 of this 2013 Act** or the repeal of ORS 414.831, 414.841, 414.842,
30 414.844, 414.846, 414.848, 414.851, 414.852, 414.854, 414.856, 414.858, 414.861,

1 414.862, 414.864, 414.866, 414.868, 414.870, 414.872, 735.700, 735.701, 735.702,
2 735.703, 735.705, 735.707, 735.709, 735.710 and 735.712 by section 65, **chapter**
3 **___, Oregon Laws 2013 (Enrolled House Bill 2240)** [of this 2013 Act]:

4 “(a) Relieves a person of a liability, duty or obligation accruing under or
5 with respect to the duties, functions and powers of the office. The authority
6 may undertake the collection or enforcement of any such liability, duty or
7 obligation.

8 “(b) Affects any action, proceeding or prosecution involving or with re-
9 spect to the duties, functions and powers of the office that were begun before
10 and pending on the operative date of this section, except that the authority
11 is substituted for the office in the action, proceeding or prosecution.

12 “(4) The rights and obligations of the office legally incurred under con-
13 tracts, leases and business transactions executed, entered into or begun be-
14 fore the operative date of this section are transferred to the authority. For
15 the purpose of succession to these rights and obligations, the authority is a
16 continuation of the office.

17 “(5) Notwithstanding the abolishment of the office by subsection (1) of
18 this section, the rules of the office in effect on the operative date of this
19 section continue in effect until superseded or repealed by rules of the au-
20 thority. References in rules of the office to the office or an officer or em-
21 ployee of the office are considered to be references to the authority or an
22 officer or employee of the authority.

23 “(6) Whenever, in any statutory law or resolution of the Legislative As-
24 sembly or in any rule, document, record or proceeding authorized by the
25 Legislative Assembly, reference is made to the office or an officer or em-
26 ployee of the office, the reference is considered to be a reference to the au-
27 thority or an officer or employee of the authority.

28 “**SECTION 7.** If House Bill 2240 becomes law, section 64, chapter **___,**
29 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

30 “**Sec. 64.** Sections 2 to 6 and 40, **chapter ___,** Oregon Laws 2013 (En-

1 **rolled House Bill 2240)**, [*of this 2013 Act*] and the amendments to ORS
2 192.556, 410.080, 413.011, 413.032, 413.201, 414.041, 414.231, 414.826, 414.828,
3 414.839, 433.443, 731.036, 735.625, 741.300, 743.018, 743.019, 743.405, 743.417,
4 743.420, 743.522, 743.524, 743.526, 743.528, 743.550, 743.552, 743.560, 743.610,
5 743.731, 743.733, 743.736, 743.737, 743.745, 743.748, 743.751, 743.752, 743.754,
6 743.757, 743.766, 743.767, 743.769, 743.777, 743.801, 743.804, 743.894, 743A.090,
7 743A.192, 746.015 and 746.045 and section 1, chapter 867, Oregon Laws 2009,
8 by sections 10 to 16, 18, 19, 21 to 30, 32 to 37, 42 to 58, 60, 61 and 61a,
9 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2240)**, [*of this 2013*
10 *Act*] **and section 5 of this 2013 Act** become operative January 1, 2014.

11 **“SECTION 8.** If House Bill 2240 becomes law, section 9, chapter __,
12 Oregon Laws 2013 (Enrolled House Bill 2091), is amended to read:

13 **“Sec. 9.** ORS 414.825, 414.826[,] **and** 414.828 [*and 414.831*] are repealed
14 June 30, 2015.

15 **“SECTION 9.** If House Bill 2240 becomes law, sections 82 (amending
16 ORS 414.841), 83 (amending ORS 414.842), 84 (amending ORS 414.848)
17 **and** 85 (amending ORS 414.862), chapter __, Oregon Laws 2013 (En-
18 rolled House Bill 2859), and section 10 (amending ORS 414.841), chapter
19 __, Oregon Laws 2013 (Enrolled House Bill 3458), are repealed.

20 **“SECTION 10.** If House Bill 2240 becomes law, section 104, chapter __,
21 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

22 **“Sec. 104.** The Oregon Health Authority, the Department of Human Ser-
23 vices and the Oregon Health Insurance Exchange Corporation may take any
24 action prior to January 1, 2014, necessary to carry out sections 1 and 99,
25 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [*of this 2013*
26 *Act*], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800,
27 93.967, 93.969, 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515,
28 114.517, 115.125, 115.195, 125.170, 130.425, 166.715, 179.505, 183.458, 192.588,
29 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
30 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408,

1 411.435, 411.439, 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640,
2 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.795, 411.802, 411.965,
3 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
4 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736,
5 414.740, [414.841, 414.842, 414.848, 414.862,] 416.340, 416.350, 419B.373, 419C.550,
6 426.300, 435.215, 689.778 and 735.625 and section 6, chapter 290, Oregon Laws
7 1987, section 9, chapter 736, Oregon Laws 2003, section 20, chapter 595,
8 Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections
9 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this
10 2013 Act] and the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750,
11 414.866, 414.868, 414.870 and 414.872 by section 98, **chapter __, Oregon
12 Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] on and after Jan-
13 uary 1, 2014.

14 **“SECTION 11.** If House Bill 2240 becomes law, section 105, chapter __,
15 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

16 **“Sec. 105.** Sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled
17 House Bill 2859)** [of this 2013 Act], the amendments to ORS 1.198, 18.784,
18 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939, 108.725, 109.811, 113.085,
19 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
20 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010,
21 411.070, 411.081, 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402,
22 411.404, 411.406, 411.408, 411.435, 411.439, 411.443, 411.610, 411.620, 411.630,
23 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
24 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025,
25 414.041, 414.065, 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706,
26 414.709, 414.727, 414.736, 414.740, [414.841, 414.842, 414.848, 414.862,] 416.340,
27 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625 and section
28 6, chapter 290, Oregon Laws 1987, section 9, chapter 736, Oregon Laws 2003,
29 section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon
30 Laws 2009, by sections 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled**

1 **House Bill 2859**), [of this 2013 Act] and the repeal of ORS 411.431, 411.432,
2 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section 98,
3 **chapter __**, **Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013
4 Act] become operative January 1, 2014.

5 **“SECTION 12.** If House Bill 2240 or House Bill 2859 becomes law, section
6 42, chapter __, Oregon Laws 2013 (Enrolled House Bill 3458), is amended to
7 read:

8 **“Sec. 42.** (1) ORS 414.868, 414.872, 735.614, 735.640 and 746.222 and section
9 1, chapter 803, Oregon Laws 2009, are repealed January 1, 2014.

10 **“(2)** Sections 1, 2, 4 and 4a, **chapter __, Oregon Laws 2013 (Enrolled**
11 **House Bill 3458)**, [of this 2013 Act] and ORS [414.866, 414.870,] 735.600,
12 735.605, 735.610, 735.612, 735.615, 735.616, 735.620, 735.625, 735.630, 735.635,
13 735.645 and 735.650 are repealed July 1, 2017.

14 **“SECTION 13.** If House Bill 3458 becomes law, section 65, chapter __,
15 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

16 **“Sec. 65.** ORS 414.831, 414.841, 414.842, 414.844, 414.846, 414.848, 414.851,
17 414.852, 414.854, 414.856, 414.858, 414.861, 414.862, 414.864, 414.866, 414.868,
18 414.870, 414.872, [735.616,] 735.700, 735.701, 735.702, 735.703, 735.705, 735.707,
19 735.709, 735.710, 735.712, 743.549, 743.760 and 743.761 are repealed January 1,
20 2014.

21 **“SECTION 14.** If House Bill 3458 becomes law, sections 54 (amending
22 **ORS 731.036)** and 55 (amending **ORS 735.625)**, chapter __, **Oregon Laws**
23 **2013 (Enrolled House Bill 2240)**, are repealed.

24 **“SECTION 15.** If House Bill 3458 becomes law, section 64, chapter __,
25 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

26 **“Sec. 64.** Sections 2 to 6 and 40, **chapter __, Oregon Laws 2013 (En-**
27 **rolled House Bill 2240)**, [of this 2013 Act] and the amendments to ORS
28 192.556, 410.080, 413.011, 413.032, 413.201, 414.041, 414.231, 414.826, 414.828,
29 414.839, 433.443, [731.036, 735.625,] 741.300, 743.018, 743.019, 743.405, 743.417,
30 743.420, 743.522, 743.524, 743.526, 743.528, 743.550, 743.552, 743.560, 743.610,

1 743.731, 743.733, 743.736, 743.737, 743.745, 743.748, 743.751, 743.752, 743.754,
2 743.757, 743.766, 743.767, 743.769, 743.777, 743.801, 743.804, 743.894, 743A.090,
3 743A.192, 746.015 and 746.045 and section 1, chapter 867, Oregon Laws 2009,
4 by sections 10 to 16, 18, 19, 21 to 30, 32 to 37, 42 to 58, 60, 61 and 61a,
5 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2240)**, [of this 2013
6 Act] become operative January 1, 2014.

7 **“SECTION 16. Section 94 (amending section 6, chapter 290, Oregon**
8 **Laws 1987), chapter __, Oregon Laws 2013 (Enrolled House Bill 2859),**
9 **is repealed.**

10 **“SECTION 17.** Section 104, chapter __, Oregon Laws 2013 (Enrolled
11 House Bill 2859), is amended to read:

12 **“Sec. 104.** The Oregon Health Authority, the Department of Human Ser-
13 vices and the Oregon Health Insurance Exchange Corporation may take any
14 action prior to January 1, 2014, necessary to carry out sections 1 and 99,
15 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [of this 2013
16 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800,
17 93.967, 93.969, 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515,
18 114.517, 115.125, 115.195, 125.170, 130.425, 166.715, 179.505, 183.458, 192.588,
19 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
20 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408,
21 411.435, 411.439, 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640,
22 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.795, 411.802, 411.965,
23 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
24 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736,
25 414.740, 414.841, 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550,
26 426.300, 435.215, 689.778 and 735.625 and [section 6, chapter 290, Oregon Laws
27 1987,] section 9, chapter 736, Oregon Laws 2003, section 20, chapter 595,
28 Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections
29 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this
30 2013 Act] and the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750,

1 414.866, 414.868, 414.870 and 414.872 by section 98, **chapter __, Oregon**
2 **Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] on and after Jan-
3 uary 1, 2014.

4 **“SECTION 18.** Section 105, chapter __, Oregon Laws 2013 (Enrolled
5 House Bill 2859), is amended to read:

6 **“Sec. 105.** Sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled**
7 **House Bill 2859)** [of this 2013 Act], the amendments to ORS 1.198, 18.784,
8 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939, 108.725, 109.811, 113.085,
9 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
10 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010,
11 411.070, 411.081, 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402,
12 411.404, 411.406, 411.408, 411.435, 411.439, 411.443, 411.610, 411.620, 411.630,
13 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
14 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025,
15 414.041, 414.065, 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706,
16 414.709, 414.727, 414.736, 414.740, 414.841, 414.842, 414.848, 414.862, 416.340,
17 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625 and [section
18 6, chapter 290, Oregon Laws 1987,] section 9, chapter 736, Oregon Laws 2003,
19 section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon
20 Laws 2009, by sections 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled**
21 **House Bill 2859)**, [of this 2013 Act] and the repeal of ORS 411.431, 411.432,
22 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section 98,
23 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013
24 Act] become operative January 1, 2014.

25 **“SECTION 19.** If House Bill 2216 becomes law, section 95 (amending
26 section 9, chapter 736, Oregon Laws 2003), chapter __, Oregon Laws
27 2013 (Enrolled House Bill 2859), is repealed.

28 **“SECTION 20.** If House Bill 2216 becomes law, section 104, chapter __,
29 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

30 **“Sec. 104.** The Oregon Health Authority, the Department of Human Ser-

1 vices and the Oregon Health Insurance Exchange Corporation may take any
2 action prior to January 1, 2014, necessary to carry out sections 1 and 99,
3 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [*of this 2013*
4 *Act*], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800,
5 93.967, 93.969, 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515,
6 114.517, 115.125, 115.195, 125.170, 130.425, 166.715, 179.505, 183.458, 192.588,
7 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
8 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408,
9 411.435, 411.439, 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640,
10 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.795, 411.802, 411.965,
11 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
12 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736,
13 414.740, 414.841, 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550,
14 426.300, 435.215, 689.778 and 735.625 and section 6, chapter 290, Oregon Laws
15 1987, [section 9, chapter 736, Oregon Laws 2003,] section 20, chapter 595,
16 Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections
17 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [*of this*
18 *2013 Act*] and the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750,
19 414.866, 414.868, 414.870 and 414.872 by section 98, **chapter __, Oregon**
20 **Laws 2013 (Enrolled House Bill 2859)**, [*of this 2013 Act*] on and after Jan-
21 uary 1, 2014.

22 **“SECTION 21.** If House Bill 2216 becomes law, section 105, chapter __,
23 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

24 **“Sec. 105.** Sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled**
25 **House Bill 2859)** [*of this 2013 Act*], the amendments to ORS 1.198, 18.784,
26 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939, 108.725, 109.811, 113.085,
27 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
28 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010,
29 411.070, 411.081, 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402,
30 411.404, 411.406, 411.408, 411.435, 411.439, 411.443, 411.610, 411.620, 411.630,

1 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
2 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025,
3 414.041, 414.065, 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706,
4 414.709, 414.727, 414.736, 414.740, 414.841, 414.842, 414.848, 414.862, 416.340,
5 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625 and section
6 6, chapter 290, Oregon Laws 1987, [section 9, chapter 736, Oregon Laws
7 2003,] section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867,
8 Oregon Laws 2009, by sections 3 to 97, **chapter __, Oregon Laws 2013**
9 **(Enrolled House Bill 2859)**, [of this 2013 Act] and the repeal of ORS 411.431,
10 411.432, 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by sec-
11 tion 98, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of
12 this 2013 Act] become operative January 1, 2014.

13 **“SECTION 22. This 2013 Act being necessary for the immediate**
14 **preservation of the public peace, health and safety, an emergency is**
15 **declared to exist, and this 2013 Act takes effect on its passage.”.**

16

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:	4/12

WHAT THE MEASURE DOES: Allows designee of correctional facility apply for medical assistance on behalf of person residing in facility for purpose of establishing eligibility for medical assistance during a period of hospitalization outside facility. Allows designee obtain information to determine eligibility. Requires effective date of medical assistance be date person begins hospitalization outside facility. Requires person, agency or institution having legal custody of youth or youth offender obtain and disclose information necessary for Social Security benefits, public assistance or medical assistance on behalf of youth or youth offender. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Provisions of the bill
- Medical costs of inmates and eligibility for medical assistance

EFFECT OF COMMITTEE AMENDMENT: Replaces the measure.

BACKGROUND: Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. According to *The Oregonian*, prison health services cost the state \$100 million per year and those costs are rising as the prison population gets older.

House Bill 2087-A will reduce some health care costs by allowing prison officials to seek medical assistance for qualifying individuals who will be receiving hospital treatment outside of facility.

4/16/2013 4:51:00 PM

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

FISCAL IMPACT OF PROPOSED LEGISLATION**Measure: HB 2087 - B**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, Linda Gilbert, Monica Brown
Date: 6/20/2013

Measure Description:

Allows a designee of a correctional facility to apply for medical assistance on behalf of person residing in the correctional facility for establishing eligibility for medical assistance during a period of hospitalization that will occur outside of the correctional facility. Modifies requirements for comprehensive local plan adopted by local mental health authority.

Government Unit(s) Affected:

Oregon Health Authority (OHA), Oregon Youth Authority (OYA), Department of Corrections, local correctional facilities, local mental health authorities.

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.

Analysis:

House Bill 2087 B-Engrossed authorizes the Department of Corrections, the Oregon Youth Authority, and local correctional facilities to apply for medical assistance on behalf of inmates of the facilities, rather than the inmates being required to apply for themselves. The bill does not declare an emergency and would be assumed to be effective January 1, 2014.

This bill is anticipated to realize savings for the state. However, at this time, the full fiscal impact of this bill is indeterminate. As a point of reference, the Oregon Health Authority (OHA) provides the following information: OHA reports that corrections officials estimate that as many as 75% of potentially eligible inmates refuse to apply for Medicaid benefits given the choice. This bill allows a proxy or designated representative to complete and submit the application. With passage of this bill, it is anticipated that a larger number of inmates will be eligible for medical assistance coverage, and the state would be able to claim Medicaid matching funds for hospital inpatient care provided to incarcerated individuals through the Medical Assistance Programs (MAP), per federal law and regulation, which could result in savings for the Department of Corrections, Oregon Youth Authority, and local correctional entities. OHA estimates that the Department of Corrections could save approximately \$13 million in the 2013-15 biennium. The Oregon Youth Authority (OYA) estimates approximately \$70,000 in savings a biennium, based on actual hospitalization payments for youth under the custody of OYA. Extrapolating from data provided by Multnomah County, the Oregon Health Authority estimates that Multnomah County could save roughly between \$0.75 and 1.0 million in the 2013-15 biennium from submitting claims for inpatient services to Medicaid.

The Oregon Health Authority notes that the responsibility and liability for the information provided on the inmates' applications would be with the designated representative (i.e., the state or local entity that submits the application). This could result in overpayments that the entity would need to repay.

Currently, the OHA does not include corrections inpatient expenses in their budget. Should this bill become law, the Oregon Health Authority will require General Fund dollars and Federal Fund limitation to handle the increased claims. However, additional analysis would be required to determine the final impact of the bill. In addition, the Department of Corrections requires more time and further analysis to predict the workload and expenditures that would be involved in applying for medical assistance. The Oregon Youth Authority will use existing staff and resources to apply for medical assistance on behalf of youths under its custody.

The bill also allows local mental health authorities flexibility in developing Biennial Implementation Plans by removing specific requirements regarding the timing of the Biennial Implementation Plans. The amendment also requires the plans be coordinated with community health improvement plans developed by coordinate care organizations (CCOs). Complying with these provisions would not result in a fiscal impact for the Oregon Health Authority and local mental health authorities.

In addition, the bill resolves technical conflicts in the event that House Bill 2240, House Bill 2859, and House Bill 3458 become law. These provisions make no substantive changes, and would not result in a fiscal impact.

Joint Committee on Ways and Means

Carrier – House: Rep.
Carrier – Senate: Sen.

Revenue: No revenue impact

Fiscal: Fiscal statement issued

Action:

Vote:

House

Yeas:

Nays:

Exc:

Senate

Yeas:

Nays:

Exc:

Prepared By: Kim To, Legislative Fiscal Office

Meeting Date: 6/126/2013

WHAT THE MEASURE DOES: Authorizes the Department of Corrections, the Oregon Youth Authority, and local correctional facilities to apply for medical assistance on behalf of inmates of the facilities, rather than requiring inmates to apply for themselves. The bill does not declare an emergency and would be assumed to be effective January 1, 2014.

ISSUES DISCUSSED:

- Fiscal impact

EFFECT OF COMMITTEE AMENDMENT: Allows local mental health authorities flexibility in developing Biennial Implementation Plans by removing specific requirements regarding the timing of the Biennial Implementation Plans. Requires the plans be coordinated with community health improvement plans developed by coordinate care organizations (CCOs). Resolves technical conflicts in the event that House Bill 2240, House Bill 2859, and House Bill 3458 become law.

BACKGROUND: Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. According to *The Oregonian*, prison health services cost the state \$100 million per year and those costs are rising as the prison population gets older.

The Oregon Health Authority (OHA) reports that corrections officials estimate that as many as 75% of potentially eligible inmates refuse to apply for Medicaid benefits given the choice. HB 2087 allows a proxy or designated representative to complete and submit the application. With passage of this bill, it is anticipated that a larger number of inmates will be eligible for medical assistance coverage for hospital costs, and the state would be able to claim Medicaid matching funds for hospital inpatient care provided to incarcerated individuals through the Medical Assistance Programs (MAP), per federal law and regulation.