## 77<sup>th</sup> OREGON LEGISLATIVE ASSEMBLY – 2013 Session STAFF MEASURE SUMMARY

MEASURE: H

Carrier – House:

HB 2859-A

**Rep.** Greenlick

John Con		
	Carrier – Senate: Sen. Winter	S
<b>Revenue:</b>	No revenue impact	
Fiscal:	Fiscal statement issued	
Action:	Do Pass the A-Engrossed Measure	
Vote:	17-8-1	
House		
Yeas:	Barker, Buckley, Frederick, Jenson, Komp, Nathanson, Read, Tomei, Williamson	
Nays:	Freeman, Hanna, Huffman, McLane, Richardson, Smith	
Exc:		
<u>Senate</u>		
Yeas:	Burdick, Devlin, Edwards, Hansell, Rosenbaum, Steiner Hayward, Whitsett, Winters	
Nays:	Girod, Thomsen	
Exc:	Johnson	
Prepared	By: Linda Ames, Legislative Fiscal Office	
Meeting I	Date: May 17, 1013	

WHAT THE MEASURE DOES: Aligns state laws with federal eligibility determination process requirements for Medicaid and the Children's Health Insurance Program. Allows OHA, DHS and the Oregon Health Insurance Exchange Corporation (Cover Oregon) to share information for purpose of processing eligibility for medical assistance, health insurance exchange, premium tax credits and cost-sharing reductions. Conforms applicable statutes to reflect differences between the administration of public assistance and the administration of medical assistance. Requires OHA to establish a grievance procedure similar to the grievance procedure required in DHS. Expands types of individuals who may represent recipients of public assistance, medical assistance in contested case proceedings and obligee in administrative child support proceedings. Extends medical assistance to children who have aged out of foster care. Increases income limit for telephone assistance from 135 to 138 percent of federal poverty guidelines. Requires OHA to establish a program to provide grants to coordinated care organizations (CCOs) to fund pilot projects designed to improve patient engagement in and patient accountability for a patient's own health, disease prevention and wellness activities. Directs the Governor to petition the federal government for waivers of any federal laws that prevent the implementation of the pilot projects.

## **ISSUES DISCUSSED:**

- Fiscal impact
- Medicaid expansion

## EFFECT OF COMMITTEE AMENDMENT: No amendment.

**BACKGROUND:** In 2010, the federal government enacted the 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 in order 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 the Oregon insurance code and abolishes programs which become obsolete with the provisions of the ACA.
- House Bill 3458-A establishes the Oregon Reinsurance Program in the Oregon Health Authority. The program will help to stabilize 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.

## Joint Committee on Ways and Means