

HOUSE AMENDMENTS TO A-ENGROSSED HOUSE BILL 2087

By JOINT COMMITTEE ON WAYS AND MEANS

June 24

1 On page 1 of the printed A-engrossed bill, line 2, delete “414.440 and 419C.550” and insert
2 “414.231, 414.440, 419C.550, 430.630, 430.632, 430.640, 431.385, 431.416 and 624.510 and section 9,
3 chapter ___, 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, chapter ___, Oregon Laws 2013
5 (Enrolled House Bill 2859), and section 42, chapter ___, Oregon Laws 2013 (Enrolled House Bill
6 3458); repealing sections 39, 48, 54 and 55 chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240),
7 sections 73, 82, 83, 84, 85, 94 and 95, chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859), and
8 section 10, chapter ___, Oregon Laws 2013 (Enrolled House Bill 3458)”.

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

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

11 “430.630. (1) In addition to any other requirements that may be established by rule by the
12 Oregon Health Authority, each community mental health program, subject to the availability of
13 funds, shall provide the following basic services to persons with alcoholism or drug dependence, and
14 persons who are alcohol or drug abusers:

15 “(a) Outpatient services;

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

17 “(c) Training, case and program consultation and education for community agencies, related
18 professions and the public;

19 “(d) Guidance and assistance to other human service agencies for joint development of pre-
20 vention programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and
21 drug dependence; and

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

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

27 “(a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention
28 and prehospital screening examination;

29 “(b) Care and treatment for a portion of the day or night, which may include day treatment
30 centers, work activity centers and after-school programs;

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

33 “(d) Continuity of care, such as that provided by service coordinators, community case devel-
34 opment specialists and core staff of federally assisted community mental health centers;

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

1 “(f) Other alternative services to state hospitalization as defined by the Oregon Health Author-
2 ity.

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

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

7 “(b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturb-
8 ances, including the costs of investigations and prehearing detention in community hospitals or
9 other facilities approved by the authority for persons involved in involuntary commitment proce-
10 dures;

11 “(c) Vocational and social services that are appropriate for the client’s age, designed to improve
12 the client’s vocational, social, educational and recreational functioning;

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

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

17 “(f) Residential services;

18 “(g) Medication monitoring;

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

20 “(i) Public education and information;

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

22 “(k) Consultation with other community agencies;

23 “(L) Preventive mental health services for children and adolescents, including primary pre-
24 vention efforts, early identification and early intervention services. Preventive services should be
25 patterned after service models that have demonstrated effectiveness in reducing the incidence of
26 emotional, behavioral and cognitive disorders in children. As used in this paragraph:

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

29 “(B) ‘Early intervention services’ for children at risk of later development of emotional disturb-
30 ances means programs and activities for children and their families that promote conditions, oppor-
31 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
32 increased personal competence; and

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

35 “(m) Preventive mental health services for older adults, including primary prevention efforts,
36 early identification and early intervention services. Preventive services should be patterned after
37 service models that have demonstrated effectiveness in reducing the incidence of emotional and be-
38 havioral disorders and suicide attempts in older adults. As used in this paragraph:

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

41 “(B) ‘Early intervention services’ for older adults at risk of development of emotional disturb-
42 ances means programs and activities for older adults and their families that promote conditions,
43 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
44 increased personal competence and that deter suicide; and

45 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional problems from occurring

1 by addressing issues early so that disturbances do not have an opportunity to develop.

2 “(4) A community mental health program shall assume responsibility for psychiatric care in state
3 and community hospitals, as provided in subsection (3)(e) of this section, in the following circum-
4 stances:

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

10 “(b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
11 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
12 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

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

19 “(5) Subject to the review and approval of the Oregon Health Authority, a **community** mental
20 health program may initiate additional services after the services defined in this section are pro-
21 vided.

22 “(6) Each community mental health program and the state hospital serving the program’s ge-
23 ographic area shall enter into a written agreement concerning the policies and procedures to be
24 followed by the program and the hospital when a patient is admitted to, and discharged from, the
25 hospital and during the period of hospitalization.

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

30 “(8) A community mental health program may request and the authority may grant a waiver
31 regarding provision of one or more of the services described in subsection (3) of this section upon
32 a showing by the county and a determination by the authority that persons with mental or emotional
33 disturbances in that county would be better served and unnecessary institutionalization avoided.

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

36 “(A) The board of county commissioners of one or more counties that establishes or operates a
37 community mental health program;

38 “(B) The tribal council, in the case of a federally recognized tribe of Native Americans that
39 elects to enter into an agreement to provide mental health services; or

40 “(C) A regional local mental health authority comprising two or more boards of county com-
41 missioners.

42 “(b) Each local mental health authority that provides mental health services shall determine the
43 need for local mental health services and adopt a comprehensive local plan for the delivery of
44 mental health services for children, families, adults and older adults that describes the methods by
45 which the local mental health authority shall provide those services. *[The local mental health au-*

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

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

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

11 “(B) Maximize resources for consumers and minimize administrative expenses;

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

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

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

15 “(F) Address local housing needs for persons with mental health disorders;

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

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

20 “(I) Provide transportation supports; and

21 “(J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
22 corrections systems and local mental health programs to ensure that persons with mental illness
23 who come into contact with the justice and corrections systems receive needed care and to ensure
24 continuity of services for adults and juveniles leaving the corrections system.

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

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

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

30 “(C) Coordinate with the local public safety coordinating council to address the services de-
31 scribed in paragraph (c)(J) of this subsection;

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

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

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

38 “(G) Ensure that the local plan coordinates planning, funding and services with:

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

40 “(ii) Providers of social supports, including but not limited to housing, employment, transporta-
41 tion and education; and

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

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

45 “(I) Demonstrate ways to integrate local services and administrative functions in order to sup-

1 port integrated service delivery in the local plan; and

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

4 “(e) The local plan must describe how the local mental health authority will ensure the delivery
5 of and be accountable for clinically appropriate services in a continuum of care based on consumer
6 needs. The local plan shall include, but not be limited to, services providing the following levels of
7 care:

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

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

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

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

12 “(E) Psychiatric day treatment;

13 “(F) Treatments that maximize client independence;

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

15 “(H) Support services;

16 “(I) Prevention and early intervention services;

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

18 “(K) Dual diagnosis services;

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

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

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

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

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

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

30 “(C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
31 the identity of persons of concern and offering mental health services to those in custody;

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

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

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

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

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

40 “(C) Be culturally appropriate and competent;

41 “(D) Be, for children, older adults and adults with mental health needs, from providers appro-
42 priate to deliver those services;

43 “(E) Be delivered in an integrated service delivery system with integrated service sites or pro-
44 cesses, and with the use of integrated service teams;

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

1 “(G) Be distributed geographically;

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

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

4 “(J) Ensure appropriate transition planning between providers and service delivery systems,

5 with an emphasis on transition between children and adult mental health services;

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

7 “(L) Be delivered collaboratively;

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

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

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

11 “(h) A local mental health authority shall submit to the Oregon Health Authority a copy of the

12 local plan and [biennial] revisions adopted under paragraph (b) of this subsection at time intervals

13 established by the **Oregon Health** Authority.

14 “(i) Each local commission on children and families shall reference the local plan for the deliv-

15 ery of mental health services in the local coordinated comprehensive plan created pursuant to ORS

16 417.775.

17 “**SECTION 4.** ORS 430.630, as amended by section 101, chapter 37, Oregon Laws 2012, is

18 amended to read:

19 “430.630. (1) In addition to any other requirements that may be established by rule by the

20 Oregon Health Authority, each community mental health program, subject to the availability of

21 funds, shall provide the following basic services to persons with alcoholism or drug dependence, and

22 persons who are alcohol or drug abusers:

23 “(a) Outpatient services;

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

25 “(c) Training, case and program consultation and education for community agencies, related

26 professions and the public;

27 “(d) Guidance and assistance to other human service agencies for joint development of pre-

28 vention programs and activities to reduce factors causing alcohol abuse, alcoholism, drug abuse and

29 drug dependence; and

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

31 “(2) As alternatives to state hospitalization, it is the responsibility of the community mental

32 health program to ensure that, subject to the availability of funds, the following services for persons

33 with alcoholism or drug dependence, and persons who are alcohol or drug abusers, are available

34 when needed and approved by the Oregon Health Authority:

35 “(a) Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention

36 and prehospital screening examination;

37 “(b) Care and treatment for a portion of the day or night, which may include day treatment

38 centers, work activity centers and after-school programs;

39 “(c) Residential care and treatment in facilities such as halfway houses, detoxification centers

40 and other community living facilities;

41 “(d) Continuity of care, such as that provided by service coordinators, community case devel-

42 opment specialists and core staff of federally assisted community mental health centers;

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

44 “(f) Other alternative services to state hospitalization as defined by the Oregon Health Author-

45 ity.

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

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

5 “(b) Crisis stabilization to meet the needs of persons with acute mental or emotional disturb-
6 ances, including the costs of investigations and prehearing detention in community hospitals or
7 other facilities approved by the authority for persons involved in involuntary commitment proce-
8 dures;

9 “(c) Vocational and social services that are appropriate for the client’s age, designed to improve
10 the client’s vocational, social, educational and recreational functioning;

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

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

15 “(f) Residential services;

16 “(g) Medication monitoring;

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

18 “(i) Public education and information;

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

20 “(k) Consultation with other community agencies;

21 “(L) Preventive mental health services for children and adolescents, including primary pre-
22 vention efforts, early identification and early intervention services. Preventive services should be
23 patterned after service models that have demonstrated effectiveness in reducing the incidence of
24 emotional, behavioral and cognitive disorders in children. As used in this paragraph:

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

27 “(B) ‘Early intervention services’ for children at risk of later development of emotional disturb-
28 ances means programs and activities for children and their families that promote conditions, oppor-
29 tunities and experiences that encourage and develop emotional stability, self-sufficiency and
30 increased personal competence; and

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

33 “(m) Preventive mental health services for older adults, including primary prevention efforts,
34 early identification and early intervention services. Preventive services should be patterned after
35 service models that have demonstrated effectiveness in reducing the incidence of emotional and be-
36 havioral disorders and suicide attempts in older adults. As used in this paragraph:

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

39 “(B) ‘Early intervention services’ for older adults at risk of development of emotional disturb-
40 ances means programs and activities for older adults and their families that promote conditions,
41 opportunities and experiences that encourage and maintain emotional stability, self-sufficiency and
42 increased personal competence and that deter suicide; and

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

45 “(4) A community mental health program shall assume responsibility for psychiatric care in state

1 and community hospitals, as provided in subsection (3)(e) of this section, in the following circum-
2 stances:

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

8 “(b) The person has been hospitalized involuntarily or voluntarily, pursuant to ORS 426.130 or
9 426.220, except for persons confined to the Secure Child and Adolescent Treatment Unit at Oregon
10 State Hospital, or has been hospitalized as the result of a revocation of conditional release.

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

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

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

17 “(5) Subject to the review and approval of the Oregon Health Authority, a **community** mental
18 health program may initiate additional services after the services defined in this section are pro-
19 vided.

20 “(6) Each community mental health program and the state hospital serving the program’s ge-
21 ographic area shall enter into a written agreement concerning the policies and procedures to be
22 followed by the program and the hospital when a patient is admitted to, and discharged from, the
23 hospital and during the period of hospitalization.

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

28 “(8) A community mental health program may request and the authority may grant a waiver
29 regarding provision of one or more of the services described in subsection (3) of this section upon
30 a showing by the county and a determination by the authority that persons with mental or emotional
31 disturbances in that county would be better served and unnecessary institutionalization avoided.

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

34 “(A) The board of county commissioners of one or more counties that establishes or operates a
35 community mental health program;

36 “(B) The tribal council, in the case of a federally recognized tribe of Native Americans that
37 elects to enter into an agreement to provide mental health services; or

38 “(C) A regional local mental health authority comprising two or more boards of county com-
39 missioners.

40 “(b) Each local mental health authority that provides mental health services shall determine the
41 need for local mental health services and adopt a comprehensive local plan for the delivery of
42 mental health services for children, families, adults and older adults that describes the methods by
43 which the local mental health authority shall provide those services. [*The local mental health au-*
44 *thority shall review and revise the local plan biennially.*] The purpose of the local plan is to create
45 a blueprint to provide mental health services that are directed by and responsive to the mental

1 health needs of individuals in the community served by the local plan. **A local mental health au-**
2 **thority shall coordinate its local planning with the development of the community health**
3 **improvement plan under section 13, chapter 8, Oregon Laws 2012, by the coordinated care**
4 **organization serving the area. The Oregon Health Authority may require a local mental**
5 **health authority to review and revise the local plan periodically.**

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

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

9 “(B) Maximize resources for consumers and minimize administrative expenses;

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

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

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

13 “(F) Address local housing needs for persons with mental health disorders;

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

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

18 “(I) Provide transportation supports; and

19 “(J) Coordinate services among the criminal and juvenile justice systems, adult and juvenile
20 corrections systems and local mental health programs to ensure that persons with mental illness
21 who come into contact with the justice and corrections systems receive needed care and to ensure
22 continuity of services for adults and juveniles leaving the corrections system.

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

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

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

28 “(C) Coordinate with the local public safety coordinating council to address the services de-
29 scribed in paragraph (c)(J) of this subsection;

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

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

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

36 “(G) Ensure that the local plan coordinates planning, funding and services with:

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

38 “(ii) Providers of social supports, including but not limited to housing, employment, transporta-
39 tion and education; and

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

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

43 “(I) Demonstrate ways to integrate local services and administrative functions in order to sup-
44 port integrated service delivery in the local plan; and

45 “(J) Involve the local mental health advisory committees described in subsection (7) of this

1 section.

2 “(e) The local plan must describe how the local mental health authority will ensure the delivery
3 of and be accountable for clinically appropriate services in a continuum of care based on consumer
4 needs. The local plan shall include, but not be limited to, services providing the following levels of
5 care:

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

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

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

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

10 “(E) Psychiatric day treatment;

11 “(F) Treatments that maximize client independence;

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

13 “(H) Support services;

14 “(I) Prevention and early intervention services;

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

16 “(K) Dual diagnosis services;

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

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

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

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

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

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

28 “(C) Developing a plan for sharing a daily jail and juvenile detention center custody roster and
29 the identity of persons of concern and offering mental health services to those in custody;

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

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

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

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

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

38 “(C) Be culturally appropriate and competent;

39 “(D) Be, for children, older adults and adults with mental health needs, from providers appro-
40 priate to deliver those services;

41 “(E) Be delivered in an integrated service delivery system with integrated service sites or pro-
42 cesses, and with the use of integrated service teams;

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

44 “(G) Be distributed geographically;

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

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

2 “(J) Ensure appropriate transition planning between providers and service delivery systems,

3 with an emphasis on transition between children and adult mental health services;

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

5 “(L) Be delivered collaboratively;

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

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

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

9 “(h) A local mental health authority shall submit to the Oregon Health Authority a copy of the

10 local plan and *[biennial]* revisions adopted under paragraph (b) of this subsection at time intervals

11 established by the **Oregon Health** Authority.

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

13 “430.632. **The Oregon Health Authority may require** a local mental health authority *[shall*

14 *submit to]* **to periodically report to** the Oregon Health Authority *[by October 1 of each even-*

15 *numbered year a report]* on the implementation of the comprehensive local plan adopted under ORS

16 430.630 (9).

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

18 “430.640. (1) The Oregon Health Authority, in carrying out the legislative policy declared in

19 ORS 430.610, subject to the availability of funds, shall:

20 “(a) Assist Oregon counties and groups of Oregon counties in the establishment and financing

21 of community mental health programs operated or contracted for by one or more counties.

22 “(b) If a county declines to operate or contract for a community mental health program, contract

23 with another public agency or private corporation to provide the program. The county must be

24 provided with an opportunity to review and comment.

25 “(c) In an emergency situation when no community mental health program is operating within

26 a county or when a county is unable to provide a service essential to public health and safety, op-

27 erate the program or service on a temporary basis.

28 “(d) At the request of the tribal council of a federally recognized tribe of Native Americans,

29 contract with the tribal council for the establishment and operation of a community mental health

30 program in the same manner in which the authority contracts with a county court or board of

31 county commissioners.

32 “(e) If a county agrees, contract with a public agency or private corporation for all services

33 within one or more of the following program areas:

34 “(A) Mental or emotional disturbances.

35 “(B) Drug abuse.

36 “(C) Alcohol abuse and alcoholism.

37 “(f) Approve or disapprove the *[biennial]* **local** plan and budget information for the establishment

38 and operation of each community mental health program. Subsequent amendments to or modifica-

39 tions of an approved plan or budget information involving more than 10 percent of the state funds

40 provided for services under ORS 430.630 may not be placed in effect without prior approval of the

41 authority. However, an amendment or modification affecting 10 percent or less of state funds for

42 services under ORS 430.630 within the portion of the program for persons with mental or emotional

43 disturbances or within the portion for persons with alcohol or drug dependence may be made with-

44 out authority approval.

45 “(g) Make all necessary and proper rules to govern the establishment and operation of commu-

1 nity mental health programs, including adopting rules defining the range and nature of the services
2 which shall or may be provided under ORS 430.630.

3 “(h) Collect data and evaluate services in the state hospitals in accordance with the same
4 methods prescribed for community mental health programs under ORS 430.634.

5 “(i) Develop guidelines that include, for the development of comprehensive local plans in con-
6 sultation with local mental health authorities:

7 “(A) The use of integrated services;

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

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

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

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

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

14 “(G) The development, maintenance and continuation of older adult mental health programs with
15 mental health professionals trained in geriatrics.

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

18 “(k) Provide technical assistance and information regarding state and federal requirements to
19 local mental health authorities throughout the local planning process required under ORS 430.630
20 (9).

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

23 “(m) Develop or adopt nationally recognized system-level performance measures, linked to the
24 Oregon Benchmarks, for state-level monitoring and reporting of mental health services for children,
25 adults and older adults, including but not limited to quality and appropriateness of services, out-
26 comes from services, structure and management of local plans, prevention of mental health disorders
27 and integration of mental health services with other needed supports.

28 “(n) Develop standardized criteria for each level of care described in ORS 430.630 (9), including
29 protocols for implementation of local plans, strength-based mental health assessment and case plan-
30 ning.

31 “(o) Develop a comprehensive long-term plan for providing appropriate and adequate mental
32 health treatment and services to children, adults and older adults that is derived from the needs
33 identified in local plans, is consistent with the vision, values and guiding principles in the Report
34 to the Governor from the Mental Health Alignment Workgroup, January 2001, and addresses the
35 need for and the role of state hospitals.

36 “(p) Report biennially to the Governor and the Legislative Assembly on the progress of the local
37 planning process and the implementation of the local plans adopted under ORS 430.630 (9)(b) and the
38 state planning process described in paragraph (o) of this subsection, and on the performance meas-
39 ures and performance data available under paragraph (m) of this subsection.

40 “(q) On a periodic basis, not to exceed 10 years, reevaluate the methodology used to estimate
41 prevalence and demand for mental health services using the most current nationally recognized
42 models and data.

43 “(r) Encourage the development of regional local mental health authorities comprised of two or
44 more boards of county commissioners that establish or operate a community mental health program.

45 “(2) The Oregon Health Authority may provide technical assistance and other incentives to as-

1 sist in the planning, development and implementation of regional local mental health authorities
2 whenever the Oregon Health Authority determines that a regional approach will optimize the com-
3 prehensive local plan described under ORS 430.630 (9).

4 “(3) The enumeration of duties and functions in subsections (1) and (2) of this section shall not
5 be deemed exclusive nor construed as a limitation on the powers and authority vested in the au-
6 thority by other provisions of law.

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

8 “431.385. (1) The local public health authority shall submit [*an annual*] **a local** plan to the
9 Oregon Health Authority for performing services pursuant to ORS 431.375 to 431.385 and 431.416.
10 The [*annual*] **local** plan shall be [*submitted*] **updated periodically** on a date established by the
11 Oregon Health Authority by rule or on a date mutually agreeable to the authority and the local
12 public health authority.

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

16 “(3) The authority shall review and approve or disapprove each **local** plan. Variances to the
17 local public health plan must be approved by the authority. In consultation with the Conference of
18 Local Health Officials, the authority shall establish the elements of a **local** plan and an appeals
19 process whereby a local **public** health authority may obtain a hearing if its **local** plan is disap-
20 proved.

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

23 “(5) **The Oregon Health Authority may adopt uniform timelines and requirements for the**
24 **submission of local plans by local public health authorities and local mental health authori-**
25 **ties and the submission of community health improvement plans by coordinated care organ-**
26 **izations to the extent that the requirements for local plans and community health**
27 **improvement plans overlap.**

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

30 “431.385. (1) The local public health authority shall submit [*an annual*] **a local** plan to the
31 Oregon Health Authority for performing services pursuant to ORS 431.375 to 431.385 and 431.416.
32 The [*annual*] **local** plan shall be [*submitted*] **updated periodically** on a date established by the
33 Oregon Health Authority by rule or on a date mutually agreeable to the authority and the local
34 public health authority.

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

38 “(3) The authority shall review and approve or disapprove each **local** plan. Variances to the
39 local public health plan must be approved by the authority. In consultation with the Conference of
40 Local Health Officials, the authority shall establish the elements of a **local** plan and an appeals
41 process whereby a local **public** health authority may obtain a hearing if its **local** plan is disap-
42 proved.

43 “(4) **The Oregon Health Authority may adopt uniform timelines and requirements for the**
44 **submission of local plans by local public health authorities and local mental health authori-**
45 **ties and the submission of community health improvement plans by coordinated care organ-**

1 **izations to the extent that the requirements for local plans and community health**
2 **improvement plans overlap.**

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

4 “431.416. The local public health authority or health district shall:

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

7 “(2) Assure activities necessary for the preservation of health or prevention of disease in the
8 area under its jurisdiction as provided in the [annual] local plan of the authority or district are
9 performed. These activities shall include but not be limited to:

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

11 “(b) Parent and child health services, including family planning clinics as described in ORS
12 435.205;

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

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

15 “(e) Environmental health services.

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

17 “624.510. (1) The Director of the Oregon Health Authority shall enter into an intergovernmental
18 agreement with each local public health authority established under ORS 431.375, delegating to the
19 local public health authority the administration and enforcement within the jurisdiction of the local
20 public health authority of the powers, duties and functions of the director under ORS 624.010 to
21 624.121, 624.310 to 624.430, 624.650 and 624.992. The intergovernmental agreement must describe the
22 powers, duties and functions of the local public health authority relating to fee collection, licensing,
23 inspections, enforcement, civil penalties and issuance and revocation of permits and certificates,
24 standards for enforcement by the local public health authority and the monitoring to be performed
25 by the Oregon Health Authority. The Oregon Health Authority shall establish the descriptions and
26 standards in consultation with the local public health authority officials and in accordance with
27 ORS 431.345. The intergovernmental agreement must be a part of the local [annual] plan submitted
28 by the local public health authority under ORS 431.385. The Oregon Health Authority shall review
29 the performance of the local public health authority under any expiring intergovernmental agree-
30 ment. The review shall include criteria to determine if provisions of ORS 624.073 are uniformly ap-
31 plied to all licensees within the jurisdiction of the local public health authority. In accordance with
32 ORS chapter 183, the director may suspend or rescind an intergovernmental agreement under this
33 subsection. If the Oregon Health Authority suspends or rescinds an intergovernmental agreement,
34 the unexpended portion of the fees collected under subsection (2) of this section shall be available
35 to the Oregon Health Authority for carrying out the powers, duties and functions under this section.

36 “(2) A local public health authority shall collect fees on behalf of the Oregon Health Authority
37 that are adequate to cover the administration and enforcement costs incurred by the local public
38 health authority under this section and the cost of oversight by the Oregon Health Authority. If the
39 fee collected by a local public health authority for a license or service is more than 20 percent
40 above or below the fee for that license or service charged by the Oregon Health Authority, the
41 Oregon Health Authority shall analyze the local public health authority fee process and determine
42 whether the local public health authority used the proper cost elements in determining the fee and
43 whether the amount of the fee is justified. Cost elements may include, but need not be limited to,
44 expenses related to administration, program costs, salaries, travel expenses and Oregon Health Au-
45 thority consultation fees. If the Oregon Health Authority determines that the local public health

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

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

12 “(4) In any action, suit or proceeding arising out of local public health authority administration
13 of functions pursuant to subsection (1) of this section and involving the validity of a rule adopted
14 by the Oregon Health Authority, the Oregon Health Authority shall be made a party to the action,
15 suit or proceeding.

16 “**SECTION 11. Section 73 (amending ORS 414.231), chapter __, Oregon Laws 2013 (En-**
17 **rolled House Bill 2859), is repealed.**

18 “**SECTION 12. If House Bill 2240 becomes law, section 39 (amending ORS 414.231), chapter**
19 **__, Oregon Laws 2013 (Enrolled House Bill 2240), is repealed and ORS 414.231, as amended**
20 **by section 1, chapter __, Oregon Laws 2013 (Enrolled House Bill 2091), is amended to read:**

21 “414.231. (1) As used in this section, ‘child’ means a person under 19 years of age.

22 “(2) The Health Care for All Oregon Children program is established to make affordable, ac-
23 cessible health care available to all of Oregon’s children. The program provides medical assistance
24 to children, funded in whole or in part by Title XIX of the Social Security Act, by the State
25 Children’s Health Insurance Program under Title XXI of the Social Security Act and by moneys
26 appropriated or allocated for that purpose by the Legislative Assembly.

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

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

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

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

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

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

41 “(c) [*The department and the authority may not require*] **A child may not be required to submit**
42 **a new application as a condition of reenrollment under paragraph (b) of this subsection [*and*], and**
43 **the department or the authority** must determine the child’s eligibility for medical assistance using
44 information and sources available to the department **or the authority** or documentation **that is**
45 **readily available to the child or the child’s caretaker.**

1 “(6) Except for medical assistance funded by Title XIX of the Social Security Act, the
2 department or the authority may prescribe by rule a period of uninsurance prior to enroll-
3 ment in the program.

4 “**SECTION 13.** If House Bill 2240 becomes law, section 48 (amending ORS 414.231), chapter
5 ___, Oregon Laws 2013 (Enrolled House Bill 2240), is repealed and ORS 414.231, as amended
6 by section 1, chapter ___, Oregon Laws 2013 (Enrolled House Bill 2091), and section 12 of this
7 2013 Act, is amended to read:

8 “414.231. (1) As used in this section, ‘child’ means a person under 19 years of age.

9 “(2) The Health Care for All Oregon Children program is established to make affordable, ac-
10 cessible health care available to all of Oregon’s children. The program provides medical assistance
11 to children, funded in whole or in part by Title XIX of the Social Security Act, by the State
12 Children’s Health 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 section if the child is
15 lawfully present in this state and the income of the child’s family is:

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

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

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

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

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

27 “(c) A child may not be required to submit a new application as a condition of reenrollment
28 under paragraph (b) of this subsection, and the department or the authority must determine the
29 child’s eligibility for medical assistance using information and sources available to the department
30 or the authority or documentation that is readily available to the child or the child’s caretaker.

31 “[6] *Except for medical assistance funded by Title XIX of the Social Security Act, the department*
32 *or the authority may prescribe by rule a period of uninsurance prior to enrollment in the program.*]

33 “**SECTION 14.** If House Bill 2240 becomes law, section 40, chapter ___, Oregon Laws 2013
34 (Enrolled House Bill 2240), is amended to read:

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

38 “(2) The unexpended balances of amounts in the Family Health Insurance Assistance Program
39 Account and other amounts authorized to be expended by the office for the biennium beginning July
40 1, 2013, from revenues dedicated, continuously appropriated, appropriated or otherwise made avail-
41 able to the office for the purpose of administering the Family Health Insurance Assistance Program
42 are transferred to the Oregon Health Authority Fund established in ORS 413.101 and are available
43 for expenditure by the Oregon Health Authority for the biennium beginning July 1, 2013, for the
44 purpose of administering and enforcing the duties, functions and powers of the office with respect
45 to the Family Health Insurance Assistance Program.

1 “(3) Nothing in this section, the amendments to ORS 192.556, 410.080, 413.011, 413.032, 413.201,
2 414.041, 414.231, 414.826, 414.828, 414.839 and 433.443 and section 1, chapter 867, Oregon Laws 2009,
3 by sections 42 to 53, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240)**, [of this 2013
4 Act] **and section 13 of this 2013 Act** or the repeal of ORS 414.831, 414.841, 414.842, 414.844, 414.846,
5 414.848, 414.851, 414.852, 414.854, 414.856, 414.858, 414.861, 414.862, 414.864, 414.866, 414.868, 414.870,
6 414.872, 735.700, 735.701, 735.702, 735.703, 735.705, 735.707, 735.709, 735.710 and 735.712 by section
7 **65, chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240)** [of this 2013 Act]:

8 “(a) Relieves a person of a liability, duty or obligation accruing under or with respect to the
9 duties, functions and powers of the office. The authority may undertake the collection or enforce-
10 ment of any such liability, duty or obligation.

11 “(b) Affects any action, proceeding or prosecution involving or with respect to the duties, func-
12 tions and powers of the office that were begun before and pending on the operative date of this
13 section, except that the authority is substituted for the office in the action, proceeding or prose-
14 cution.

15 “(4) The rights and obligations of the office legally incurred under contracts, leases and business
16 transactions executed, entered into or begun before the operative date of this section are transferred
17 to the authority. For the purpose of succession to these rights and obligations, the authority is a
18 continuation of the office.

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

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

28 “**SECTION 15.** If House Bill 2240 becomes law, section 64, chapter ___, Oregon Laws 2013
29 (Enrolled House Bill 2240), is amended to read:

30 “**Sec. 64.** Sections 2 to 6 and 40, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240)**,
31 [of this 2013 Act] and the amendments to ORS 192.556, 410.080, 413.011, 413.032, 413.201, 414.041,
32 414.231, 414.826, 414.828, 414.839, 433.443, 731.036, 735.625, 741.300, 743.018, 743.019, 743.405, 743.417,
33 743.420, 743.522, 743.524, 743.526, 743.528, 743.550, 743.552, 743.560, 743.610, 743.731, 743.733, 743.736,
34 743.737, 743.745, 743.748, 743.751, 743.752, 743.754, 743.757, 743.766, 743.767, 743.769, 743.777, 743.801,
35 743.804, 743.894, 743A.090, 743A.192, 746.015 and 746.045 and section 1, chapter 867, Oregon Laws
36 2009, by sections 10 to 16, 18, 19, 21 to 30, 32 to 37, 42 to 58, 60, 61 and 61a, **chapter ___, Oregon**
37 **Laws 2013 (Enrolled House Bill 2240)**, [of this 2013 Act] **and section 13 of this 2013 Act** become
38 operative January 1, 2014.

39 “**SECTION 16.** If House Bill 2240 becomes law, section 9, chapter ___, Oregon Laws 2013 (En-
40 rolled House Bill 2091), is amended to read:

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

42 “**SECTION 17.** If House Bill 2240 becomes law, **sections 82 (amending ORS 414.841), 83**
43 **(amending ORS 414.842), 84 (amending ORS 414.848) and 85 (amending ORS 414.862), chapter**
44 **___, Oregon Laws 2013 (Enrolled House Bill 2859), and section 10 (amending ORS 414.841),**
45 **chapter ___, Oregon Laws 2013 (Enrolled House Bill 3458), are repealed.**

1 “**SECTION 18.** If House Bill 2240 becomes law, section 104, chapter ___, Oregon Laws 2013
2 (Enrolled House Bill 2859), is amended to read:

3 “**Sec. 104.** The Oregon Health Authority, the Department of Human Services and the Oregon
4 Health Insurance Exchange Corporation may take any action prior to January 1, 2014, necessary to
5 carry out sections 1 and 99, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859)** [of this
6 2013 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939,
7 108.725, 109.811, 113.085, 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
8 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
9 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408, 411.435, 411.439, 411.443,
10 411.610, 411.620, 411.630, 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
11 411.795, 411.802, 411.965, 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, 414.740, [414.841,
13 414.842, 414.848, 414.862,] 416.340, 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625
14 and section 6, chapter 290, Oregon Laws 1987, section 9, chapter 736, Oregon Laws 2003, section
15 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections 3 to
16 97, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] and the repeal
17 of ORS 411.431, 411.432, 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section
18 98, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] on and after
19 January 1, 2014.

20 “**SECTION 19.** If House Bill 2240 becomes law, section 105, chapter ___, Oregon Laws 2013
21 (Enrolled House Bill 2859), is amended to read:

22 “**Sec. 105.** Sections 1 and 99, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859)** [of
23 this 2013 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800, 93.967, 93.969,
24 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425,
25 166.715, 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081,
26 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408, 411.435, 411.439,
27 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694,
28 411.703, 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065,
29 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736, 414.740,
30 [414.841, 414.842, 414.848, 414.862,] 416.340, 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and
31 735.625 and section 6, chapter 290, Oregon Laws 1987, section 9, chapter 736, Oregon Laws 2003,
32 section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by
33 sections 3 to 97, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] and
34 the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by
35 section 98, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] become
36 operative January 1, 2014.

37 “**SECTION 20.** If House Bill 2240 or House Bill 2859 becomes law, section 42, chapter ___,
38 Oregon Laws 2013 (Enrolled House Bill 3458), is amended to read:

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

41 “(2) Sections 1, 2, 4 and 4a, **chapter ___, Oregon Laws 2013 (Enrolled House Bill 3458)**, [of
42 this 2013 Act] and ORS [414.866, 414.870,] 735.600, 735.605, 735.610, 735.612, 735.615, 735.616, 735.620,
43 735.625, 735.630, 735.635, 735.645 and 735.650 are repealed July 1, 2017.

44 “**SECTION 21.** If House Bill 3458 becomes law, section 65, chapter ___, Oregon Laws 2013
45 (Enrolled House Bill 2240), is amended to read:

1 “**Sec. 65.** ORS 414.831, 414.841, 414.842, 414.844, 414.846, 414.848, 414.851, 414.852, 414.854,
2 414.856, 414.858, 414.861, 414.862, 414.864, 414.866, 414.868, 414.870, 414.872, [735.616,] 735.700,
3 735.701, 735.702, 735.703, 735.705, 735.707, 735.709, 735.710, 735.712, 743.549, 743.760 and 743.761 are
4 repealed January 1, 2014.

5 “**SECTION 22.** If House Bill 3458 becomes law, sections 54 (amending ORS 731.036) and
6 55 (amending ORS 735.625), chapter __, Oregon Laws 2013 (Enrolled House Bill 2240), are
7 repealed.

8 “**SECTION 23.** If House Bill 3458 becomes law, section 64, chapter __, Oregon Laws 2013
9 (Enrolled House Bill 2240), is amended to read:

10 “**Sec. 64.** Sections 2 to 6 and 40, chapter __, Oregon Laws 2013 (Enrolled House Bill 2240),
11 [of this 2013 Act] and the amendments to ORS 192.556, 410.080, 413.011, 413.032, 413.201, 414.041,
12 414.231, 414.826, 414.828, 414.839, 433.443, [731.036, 735.625,] 741.300, 743.018, 743.019, 743.405,
13 743.417, 743.420, 743.522, 743.524, 743.526, 743.528, 743.550, 743.552, 743.560, 743.610, 743.731, 743.733,
14 743.736, 743.737, 743.745, 743.748, 743.751, 743.752, 743.754, 743.757, 743.766, 743.767, 743.769, 743.777,
15 743.801, 743.804, 743.894, 743A.090, 743A.192, 746.015 and 746.045 and section 1, chapter 867, Oregon
16 Laws 2009, by sections 10 to 16, 18, 19, 21 to 30, 32 to 37, 42 to 58, 60, 61 and 61a, chapter __,
17 Oregon Laws 2013 (Enrolled House Bill 2240), [of this 2013 Act] become operative January 1, 2014.

18 “**SECTION 24.** Section 94 (amending section 6, chapter 290, Oregon Laws 1987), chapter
19 __, Oregon Laws 2013 (Enrolled House Bill 2859), is repealed.

20 “**SECTION 25.** Section 104, chapter __, Oregon Laws 2013 (Enrolled House Bill 2859), is
21 amended to read:

22 “**Sec. 104.** The Oregon Health Authority, the Department of Human Services and the Oregon
23 Health Insurance Exchange Corporation may take any action prior to January 1, 2014, necessary to
24 carry out sections 1 and 99, chapter __, Oregon Laws 2013 (Enrolled House Bill 2859) [of this
25 2013 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939,
26 108.725, 109.811, 113.085, 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
27 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
28 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408, 411.435, 411.439, 411.443,
29 411.610, 411.620, 411.630, 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
30 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
31 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736, 414.740, 414.841,
32 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625
33 and [section 6, chapter 290, Oregon Laws 1987,] section 9, chapter 736, Oregon Laws 2003, section
34 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections 3 to
35 97, chapter __, Oregon Laws 2013 (Enrolled House Bill 2859), [of this 2013 Act] and the repeal
36 of ORS 411.431, 411.432, 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section
37 98, chapter __, Oregon Laws 2013 (Enrolled House Bill 2859), [of this 2013 Act] on and after
38 January 1, 2014.

39 “**SECTION 26.** Section 105, chapter __, Oregon Laws 2013 (Enrolled House Bill 2859), is
40 amended to read:

41 “**Sec. 105.** Sections 1 and 99, chapter __, Oregon Laws 2013 (Enrolled House Bill 2859) [of
42 this 2013 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800, 93.967, 93.969,
43 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425,
44 166.715, 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081,
45 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408, 411.435, 411.439,

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

11 **“SECTION 27. If House Bill 2216 becomes law, section 95 (amending section 9, chapter**
12 **736, Oregon Laws 2003), chapter __, Oregon Laws 2013 (Enrolled House Bill 2859), is repealed.**

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

15 **“Sec. 104.** The Oregon Health Authority, the Department of Human Services and the Oregon
16 Health Insurance Exchange Corporation may take any action prior to January 1, 2014, necessary to
17 carry out sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [of this
18 2013 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939,
19 108.725, 109.811, 113.085, 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, 411.070, 411.081, 411.087,
21 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408, 411.435, 411.439, 411.443,
22 411.610, 411.620, 411.630, 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
23 411.795, 411.802, 411.965, 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, 414.740, 414.841,
25 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625
26 and section 6, chapter 290, Oregon Laws 1987, [section 9, chapter 736, Oregon Laws 2003,] section
27 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections 3 to
28 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] and the repeal
29 of ORS 411.431, 411.432, 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section
30 98, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] on and after
31 January 1, 2014.

32 **“SECTION 29.** If House Bill 2216 becomes law, section 105, chapter __, Oregon Laws 2013
33 (Enrolled House Bill 2859), is amended to read:

34 **“Sec. 105.** Sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [of
35 this 2013 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800, 93.967, 93.969,
36 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425,
37 166.715, 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081,
38 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408, 411.435, 411.439,
39 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694,
40 411.703, 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065,
41 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736, 414.740,
42 414.841, 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and
43 735.625 and section 6, chapter 290, Oregon Laws 1987, [section 9, chapter 736, Oregon Laws 2003,]
44 section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by
45 sections 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] and

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

4 **SECTION 30. This 2013 Act being necessary for the immediate preservation of the public**
5 **peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect**
6 **on its passage.”.**

7
