

# House Bill 2139

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Health Care)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires Oregon Health Authority to take specified steps to enroll in qualified health plan person who loses eligibility for medical assistance.

## A BILL FOR AN ACT

1  
2 Relating to enrollment in qualified health plans; creating new provisions; and amending ORS 411.085.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. Section 2 of this 2013 Act is added to and made a part of ORS chapter 414.**

5 **SECTION 2. (1) If the Oregon Health Authority or the Department of Human Services**  
6 **receives information that indicates that a person receiving medical assistance is no longer**  
7 **eligible for medical assistance, the authority shall determine the person's eligibility to pur-**  
8 **chase a qualified health plan through the Oregon Health Insurance Exchange. The authority**  
9 **may also determine the person's eligibility for premium tax credits and reduced cost sharing.**

10 **(2) If the authority determines that the person is eligible to purchase a qualified health**  
11 **plan through the exchange, the authority shall notify the person and provide information to**  
12 **the person about how to select a qualified health plan. The authority may contract with**  
13 **personal health navigators certified by the Oregon Health Insurance Exchange Corporation**  
14 **to facilitate the person's enrollment in a qualified health plan.**

15 **(3) If, by the 10th day following the date on which the notice described in subsection (2)**  
16 **of this section was sent, the person does not select a qualified health plan for enrollment,**  
17 **the authority shall enroll the person in a qualified health plan that:**

18 **(a) Provides the greatest continuity of care to the person; and**

19 **(b) Most closely resembles the benefits and provider network of the person's medical**  
20 **assistance program coverage.**

21 **(4) After a person losing medical assistance is enrolled in a qualified health plan, the**  
22 **authority shall immediately transmit electronically to the corporation all of the necessary**  
23 **information.**

24 **(5) If the authority enrolls a person in a qualified health plan under subsection (3) of this**  
25 **section, the authority shall notify the person of the person's right to transfer to a different**  
26 **qualified health plan within 30 days of enrollment or at the next open enrollment period.**

27 **SECTION 3. The Oregon Health Authority shall enter into an agreement with the Oregon**  
28 **Health Insurance Exchange Corporation to allow the authority to determine eligibility for**  
29 **qualified health plans available through the Oregon Health Insurance Exchange and may**  
30 **enter into an agreement with the corporation to determine eligibility for premium tax credits**  
31 **and reduced cost-sharing.**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1        **SECTION 4.** ORS 411.085 is amended to read:

2        411.085. (1) The Department of Human Services **and the Oregon Health Authority** may re-  
3 consider [*a grant of general assistance or a grant of*] **a recipient's eligibility for** public assistance  
4 only for the following purposes:

5        (a) To correct an inadvertent clerical or mathematical error made when determining [*a grant*  
6 *of general assistance or a grant of*] **eligibility for** public assistance;

7        (b) To correct misinformation provided to an applicant or recipient by the department **or the**  
8 **authority;**

9        (c) To consider facts not previously known to the department **or the authority;**

10       (d) To correct errors caused by a misapplication of the law by the department **or the**  
11 **authority;**

12       (e) To consider substantive changes in the applicable law; or

13       (f) To consider a change in circumstances that directly affects the eligibility of a recipient of  
14 [*general assistance or*] public assistance.

15       (2) A recipient of [*general assistance or*] public assistance may request reconsideration of [*a*  
16 *grant of general assistance or a grant of*] **the recipient's eligibility for** public assistance for the  
17 purposes described in subsection (1) of this section.

18       (3) If the department, [*reduces, suspends or terminates a grant of general assistance or a grant*  
19 *of public assistance*] after reconsideration under subsection (1) of this section, **proposes to reduce,**  
20 **suspend or terminate public assistance, other than medical assistance,** the department shall  
21 provide an opportunity for a hearing under ORS chapter 183. **If the department or the authority**  
22 **determines that a recipient is no longer eligible for medical assistance, the department or**  
23 **the authority shall comply with section 2 of this 2013 Act.**

24       (4) Notwithstanding subsection (1) of this section, the department **and the authority** may con-  
25 duct periodic redeterminations of eligibility of recipients of [*grants of general assistance or grants*  
26 *of*] public assistance and participate in audits and other review activities as required by state or  
27 federal law.

28       **SECTION 5. Section 2 of this 2013 Act and the amendments to ORS 411.085 by section 4**  
29 **of this 2013 Act become operative January 1, 2014.**

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