

House Bill 2280

Sponsored by Representative CONGER (Pre-session filed.)

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**.

For community-based health care improvement program, modifies definition of "qualified employer" and authorizes continuation coverage for employee who was enrolled in program and whose employment terminates.

A BILL FOR AN ACT

1
2 Relating to community-based health care improvement programs; amending ORS 735.721 and 735.723.

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

4 **SECTION 1.** ORS 735.721 is amended to read:

5 735.721. As used in ORS 735.721 to 735.727:

6 (1) "Community" means the area of geographically contiguous political subdivisions as deter-
7 mined by the Office for Oregon Health Policy and Research in collaboration with the board of di-
8 rectors of a community-based health care initiative.

9 (2) "Qualified employee" means an individual who:

10 (a) Is employed by a qualified employer;

11 (b) Resides or works within a community;

12 (c) Does not have health insurance; and

13 (d) Does not qualify for publicly funded health care.

14 (3) "Qualified employer" means an employer that:

15 (a) Employs 1 to 50 **full-time equivalent** employees;

16 (b) Pays a median wage to its employees that is equal to or below an amount that is 300 percent
17 of the federal poverty guidelines;

18 (c) For [12] **two** months prior to enrollment in a community-based health care improvement
19 program, or for the duration of the employer's operation if the employer has been in operation less
20 than [12] **two** months, has not provided to employees employer-based health insurance coverage for
21 which the employer contributes at least 50 percent of the cost of premiums;

22 (d) Offers community-based health care services through a community-based health care im-
23 provement program to all qualified employees and their dependents regardless of health status;

24 (e) Agrees to participate in a community-based health care improvement program for at least
25 12 months; and

26 (f) Agrees to provide information that is deemed necessary by the community-based health care
27 initiative to determine eligibility, assess dues and pay claims.

28 **SECTION 2.** ORS 735.723 is amended to read:

29 735.723. (1) The Administrator of the Office for Oregon Health Policy and Research shall adopt
30 rules for the approval of one community-based health care initiative per community that meets the
31 requirements under subsection (2) of this section and of a community-based health care improvement

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 program that meets the requirements under subsection (3) of this section. The office may not ap-
2 prove community-based health care initiatives for more than three communities during the period
3 beginning with June 23, 2009, and ending June 30, 2013.

4 (2) An approved community-based health care initiative shall:

5 (a) Be a nonprofit corporation governed by a board of directors that includes, but is not limited
6 to, representatives of participating health care providers and qualified employers. At least 80 per-
7 cent of the board members must be residents of the community.

8 (b) Contract with health care providers that offer health care services in the community to
9 provide services to enrollees in the program.

10 (c) Recruit qualified employers to enroll in the program.

11 (d) Establish an operational structure for:

12 (A) Assisting employees of qualified employers or their dependents to enroll in state medical
13 assistance programs if appropriate;

14 (B) Enrolling qualified employees and their dependents in the community-based health care im-
15 provement program;

16 (C) Billing and collecting dues from qualified employers and qualified employees; and

17 (D) Reimbursing participating health care providers for services to enrollees.

18 (e) Establish a set of health care services that are covered in the community-based health care
19 improvement program, cost-sharing requirements and incentives to encourage the utilization of pri-
20 mary care, wellness and chronic disease management services.

21 (f) Maintain a liquid reserve account in an amount sufficient to pay all claims that have been
22 incurred but not yet charged for a period of at least two months.

23 (g) Provide to each qualified employee enrolled in the program a clear and concise written
24 statement that describes the community-based health care improvement program and that includes:

25 (A) The health care services that are covered;

26 (B) Any exclusions or limitations on coverage of health care services, including any require-
27 ments for prior authorization;

28 (C) Copayments, coinsurance, deductibles and any other cost-sharing requirements;

29 (D) A list of participating health care providers;

30 (E) The complaint process described in subsection (3)(b) of this section; and

31 (F) The conditions under which the program or coverage through the program may be termi-
32 nated.

33 (h) Comply with the requirements of ORS 735.725 and 735.727.

34 (3) An approved community-based health care improvement program shall:

35 (a) Reimburse the cost of the set of health care services established by the initiative and pro-
36 vided in the community to qualified employers, qualified employees and their dependents.

37 (b) Include an enrollee complaint process that ensures the resolution of complaints within 45
38 days.

39 **(4) An individual who is a qualified employee and whose employment with a qualified**
40 **employer terminates may elect to continue enrollment of the individual and the individual's**
41 **dependents in an approved community-based health care improvement program for no more**
42 **than 18 months by paying the required dues. The dues may not be greater than the amount**
43 **that would be charged if the individual remained a qualified employee. An approved**
44 **community-based health care initiative must notify an employee of the opportunity to con-**
45 **tinue coverage upon the individual's termination of coverage under the qualified employer's**

1 **program.**

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