

**PROPOSED AMENDMENTS TO
HOUSE BILL 2132**

1 On page 1 of the printed bill, line 2, after “provisions;” delete the rest
2 of the line and line 3 and insert “and amending ORS 411.320 and 741.002.”.

3 Delete lines 5 through 30 and delete page 2 and insert:

4 **“SECTION 1. Sections 2 and 3 of this 2013 Act are added to and
5 made a part of ORS 741.001 to 741.540.**

6 **“SECTION 2. (1) Each calendar year, the Oregon Health Insurance
7 Exchange Corporation shall determine which of the qualified health
8 plans certified by the corporation provides both the coverage of ser-
9 vices and the panel of health care providers that most closely duplicate
10 the services and providers available through the state medical assist-
11 ance program. Prior to making the determination, the corporation
12 shall solicit public input. All of the corporation’s deliberations in car-
13 rying out this subsection shall be conducted in open meetings subject
14 to ORS 192.610 to 192.690 and shall allow public testimony.**

15 **“(2) The corporation shall notify a recipient of medical assistance
16 upon enrollment or reenrollment of the recipient in the medical as-
17 sistance program that if the recipient becomes ineligible for medical
18 assistance, the corporation will automatically enroll the recipient in
19 a qualified health plan identified in subsection (1) of this section or in
20 an alternative qualified health plan selected by the recipient, unless
21 the recipient notifies the corporation within 30 days of receiving the
22 notice that the recipient declines automatic enrollment in a qualified**

1 health plan.

2 “(3) The Oregon Health Authority and the corporation shall take
3 steps to ensure that the corporation is alerted whenever the authority
4 sends a notice of action to terminate a recipient’s medical assistance.
5 If a recipient has not declined automatic enrollment in a qualified
6 health plan, upon receiving an alert that a notice of action to termi-
7 nate the recipient’s medical assistance has been sent, the corporation
8 shall promptly take one of the following two actions, as appropriate:

9 “(a) Enroll the recipient in a qualified health plan identified in
10 subsection (1) of this section; or

11 “(b) Enroll the recipient in the alternative qualified health plan
12 selected by the recipient.

13 “(4) If the corporation enrolls a recipient in a qualified health plan
14 under subsection (3) of this section, the corporation shall inform the
15 enrollee as to which qualified health plan the recipient is enrolled and
16 notify the enrollee:

17 “(a) That the enrollee, no later than 60 days after receipt of the
18 notice, must take specified steps to elect to continue in the qualified
19 health plan; and

20 “(b) That the enrollee may, no later than 30 days after enrollment
21 in the qualified health plan, select an alternative qualified health plan.

22 “(5) If an enrollee fails to take the steps prescribed in subsection
23 (4) of this section by the corporation in order to elect to continue in
24 the qualified health plan or in an alternative qualified health plan, the
25 corporation shall disenroll the enrollee from the qualified health plan.
26 An enrollee who is disenrolled for failing to take the specified steps
27 to elect to continue in a qualified health plan may not be charged a
28 premium for the initial 60-day period of enrollment.

29 “(6) All notices described in this section must be clearly written and
30 easy for a medical assistance recipient and a qualified health plan

1 enrollee to understand.

2 **“SECTION 3. The Oregon Health Insurance Exchange Corporation**
3 **shall adopt rules to ensure that if an individual who is enrolled in a**
4 **qualified health plan becomes eligible for membership in a coordinated**
5 **care organization as defined in ORS 414.025 and the individual is re-**
6 **ceiving treatment from a provider that is not participating in the co-**
7 **ordinated care organization, the insurer offering the qualified health**
8 **plan:**

9 **“(1) Continues to reimburse the treating provider through the con-**
10 **clusion of the course of treatment;**

11 **“(2) Coordinates with the coordinated care organization as defined**
12 **in ORS 414.025 to develop a 120-day plan to transition the individual**
13 **from the qualified health plan to the coordinated care organization,**
14 **if the individual:**

15 **“(a) Is pregnant;**

16 **“(b) Has significant health needs or complex medical conditions;**

17 **“(c) Is receiving ongoing health care services paid for by the quali-**
18 **fied health plan or is hospitalized at the time of the transition; or**

19 **“(d) Has a current referral to a provider of specialty care for an**
20 **ongoing course of treatment; and**

21 **“(3) During the transition, if the individual is aged or has a disa-**
22 **bility and has complex medical needs:**

23 **“(a) Provides exceptional needs care coordination services, as pre-**
24 **scribed by the Oregon Health Authority by rule; and**

25 **“(b) Arranges for the individual to receive ombudsman services**
26 **from the authority.**

27 **“SECTION 4. Section 5 of this 2013 Act is added to and made a part**
28 **of ORS chapter 414.**

29 **“SECTION 5. (1) The Oregon Health Authority shall adopt rules to**
30 **ensure that after the authority sends a notice of action to terminate**

1 the medical assistance of an individual who is member of a coordi-
2 nated care organization, who has elected automatic enrollment in a
3 qualified health plan under section 2 of this 2013 and who is receiving
4 treatment from a provider that has not contracted with the qualified
5 health plan, the coordinated care organization:

6 “(a) Continues to reimburse the treating provider through the con-
7 clusion of the course of treatment;

8 “(b) Coordinates with the insurer offering the qualified health plan
9 to develop a 120-day plan to transition the individual from the coordi-
10 nated care organization to the qualified health plan, if the individual:

11 “(A) Is pregnant;

12 “(B) Has significant health needs or complex medical conditions;

13 “(C) Is receiving ongoing health care services from the coordinated
14 care organization or is hospitalized at the time of the transition; or

15 “(D) Has a referral to a provider of specialty care for an ongoing
16 course of treatment; and

17 “(c) During the transition, if the individual is aged or has a disa-
18 bility and has complex medical needs:

19 “(A) Provides exceptional needs care coordination services, as pre-
20 scribed by the authority by rule; and

21 “(B) Arranges for the individual to receive ombudsman services
22 from the authority.

23 “(2)(a) If a recipient notifies the corporation in accordance with
24 section 2 of this 2013 Act that the recipient declines automatic enroll-
25 ment in a qualified health plan, a notice of action sent by the au-
26 thority to terminate the recipient’s medical assistance shall include
27 notice of the availability of the health insurance exchange and of es-
28 sential community providers located in the recipient’s geographic re-
29 gion that will provide health care services to the recipient regardless
30 of the recipient’s ability to pay for health care services.

1 **“(b) As used in this subsection, ‘essential community providers’**
2 **means:**

3 **“(A) Health care providers that serve predominantly low-income**
4 **and medically underserved individuals; and**

5 **“(B) Health care providers described in 42 U.S.C. 256b and 1396r-8.**

6 **“SECTION 6.** ORS 411.320 is amended to read:

7 **“411.320. (1)** For the protection of applicants for and recipients of public
8 assistance, except as otherwise provided in this section, the Department of
9 Human Services may not disclose or use the contents of any public assist-
10 ance records, files, papers or communications for purposes other than those
11 directly connected with the administration of the public assistance programs
12 or necessary to assist public assistance applicants and recipients in accessing
13 and receiving other governmental or private nonprofit services, and these
14 records, files, papers and communications are considered confidential subject
15 to the rules of the department. In any judicial or administrative proceeding,
16 except proceedings directly connected with the administration of public as-
17 sistance or child support enforcement laws, their contents are considered
18 privileged communications.

19 **“(2)** Nothing in this section prohibits the disclosure or use of contents
20 of records, files, papers or communications for purposes directly connected
21 with the establishment and enforcement of support obligations pursuant to
22 the Title IV-D program.

23 **“(3)** Nothing in this section prohibits the disclosure of the address, Social
24 Security number and photograph of any applicant or recipient to a law
25 enforcement officer at the request of the officer. To receive information
26 pursuant to this section, the officer must furnish the agency the name of the
27 applicant or recipient and advise that the applicant or recipient:

28 **“(a)** Is fleeing to avoid prosecution, custody or confinement after con-
29 viction for a felony;

30 **“(b)** Is violating a condition of probation or parole; or

1 “(c) Has information that is necessary for the officer to conduct the offi-
2 cial duties of the officer and the location or apprehension of the applicant
3 or recipient is within such official duties.

4 “(4) Nothing in this section prohibits disclosure of information between
5 the department, **the Oregon Health Insurance Exchange Corporation** and
6 the Oregon Health Authority for the purpose of administering public assist-
7 ance programs **or enrolling individuals in qualified health plans offered**
8 **through the health insurance exchange.**

9 **“SECTION 7.** ORS 741.002, as amended by section 1, chapter 38, Oregon
10 Laws 2012, and section 88, chapter 107, Oregon Laws 2012, is amended to
11 read:

12 “741.002. (1) The duties of the Oregon Health Insurance Exchange Corpo-
13 ration are to:

14 “(a) Administer a health insurance exchange in accordance with federal
15 law to make qualified health plans available to individuals and groups
16 throughout this state.

17 “(b) Provide information in writing, through an Internet-based clearing-
18 house and through a toll-free telephone line that will assist individuals and
19 small businesses in making informed health insurance decisions, including:

20 “(A) The grade of each health plan as determined by the corporation and
21 the grading criteria that were used;

22 “(B) Quality and enrollee satisfaction ratings; *[and]*

23 **“(C) A searchable database of individual providers and practice**
24 **groups participating in each plan; and**

25 **“[(C)] (D)** The comparative costs, benefits, provider networks of health
26 plans and other useful information.

27 “(c) Establish and make available an electronic calculator that allows
28 individuals and employers to determine the cost of coverage after deducting
29 any applicable tax credits or cost-sharing reduction.

30 “(d) Using procedures approved by the corporation’s board of directors

1 and adopted by rule by the corporation under ORS 741.310, screen, certify
2 and recertify health plans as qualified health plans according to federal and
3 state standards and ensure that qualified health plans provide choices of
4 coverage.

5 “(e) Decertify or suspend, in accordance with ORS chapter 183, the cer-
6 tification of health plans that fail to meet federal and state standards in
7 order to exclude them from participation in the exchange.

8 “(f) Promote fair competition of carriers participating in the exchange by
9 certifying multiple health plans as qualified under ORS 741.310.

10 “(g) Grade health plans in accordance with criteria established by the
11 United States Secretary of Health and Human Services and by the corpo-
12 ration.

13 “(h) Establish open and special enrollment periods for all enrollees, and
14 monthly enrollment periods for Native Americans in accordance with federal
15 law.

16 “(i) Assist individuals and groups to enroll in qualified health plans, in-
17 cluding defined contribution plans as defined in section 414 of the Internal
18 Revenue Code and, if appropriate, collect and remit premiums for such indi-
19 viduals or groups.

20 “(j) Facilitate community-based assistance with enrollment in qualified
21 health plans by awarding grants to entities that are certified as navigators
22 as described in 42 U.S.C. 18031(i).

23 “(k) Provide information to individuals and employers regarding the el-
24 igibility requirements for state medical assistance programs and assist eligi-
25 ble individuals and families in applying for and enrolling in the programs.

26 “(L) Provide employers with the names of employees who end coverage
27 under a qualified health plan during a plan year.

28 “(m) Certify the eligibility of an individual for an exemption from the
29 individual responsibility requirement of section 5000A of the Internal Reve-
30 nue Code.

1 “(n) Provide information to the federal government necessary for indi-
2 viduals who are enrolled in qualified health plans through the exchange to
3 receive tax credits and reduced cost-sharing.

4 “(o) Provide to the federal government:

5 “(A) Information regarding individuals determined to be exempt from the
6 individual responsibility requirement of section 5000A of the Internal Reve-
7 nue Code;

8 “(B) Information regarding employees who have reported a change in
9 employer;

10 “(C) Information regarding individuals who have ended coverage during
11 a plan year; and

12 “(D) Any other information necessary to comply with federal require-
13 ments.

14 “(p) Take any other actions necessary and appropriate to comply with the
15 federal requirements for a health insurance exchange.

16 “(q) Work in coordination with the Oregon Health Authority, the Oregon
17 Health Policy Board and the Department of Consumer and Business Services
18 in carrying out its duties.

19 “(2) The corporation may sue and be sued.

20 “(3) The corporation may:

21 “(a) Acquire, lease, rent, own and manage real property.

22 “(b) Construct, equip and furnish buildings or other structures as are
23 necessary to accommodate the needs of the corporation.

24 “(c) Purchase, rent, lease or otherwise acquire for the corporation’s use
25 all supplies, materials, equipment and services necessary to carry out the
26 corporation’s duties.

27 “(d) Sell or otherwise dispose of any property acquired under this sub-
28 section.

29 “(e) Borrow money and give guarantees to finance its facilities and oper-
30 ations.

1 “(4) Any real property acquired and owned by the corporation under this
2 section shall be subject to ad valorem taxation.

3 “(5) The corporation may not borrow money or give guarantees under
4 subsection (3)(e) of this section unless the obligations of the corporation are
5 payable solely out of the corporation’s own resources and do not constitute
6 a pledge of the full faith and credit of the State of Oregon or any of the
7 revenues of this state. The State Treasurer and the State of Oregon may not
8 pay bond-related costs for an obligation incurred by the corporation. A
9 holder of an obligation incurred by the corporation does not have the right
10 to compel the exercise of the taxing power of the state to pay bond-related
11 costs.

12 “(6) The corporation may adopt rules necessary to carry out its mission,
13 duties and functions.”.

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