LC 60 2015 Regular Session 12/11/13 (LHF/ps)

DRAFT

SUMMARY

Defines "medical equipment" and specifies criteria for coverage of medical equipment in state medical assistance program.

Takes effect on 91st day following adjournment sine die.

| 1 | Α | BILL | FOR | AN | ACT |
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- 2 Relating to medical assistance coverage of medical equipment; creating new
- provisions; amending ORS 414.025; and prescribing an effective date.
- 4 Be It Enacted by the People of the State of Oregon:
- 5 SECTION 1. Section 2 of this 2015 Act is added to and made a part 6 of ORS chapter 414.
- SECTION 2. The Oregon Health Authority shall adopt by rule criteria for determining the types and extent of medical equipment to be paid for by the state medical assistance program for persons with
- 10 physical or developmental disabilities. The criteria must:
- 11 (1) Be consistent with the state policy expressed in ORS 410.710 (1); and
 - (2) Ensure the provision of medical equipment that is suitable for use in any noninstitutional setting where the person's normal life activities take place.
- **SECTION 3.** ORS 414.025 is amended to read:

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- 17 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially applicable statutory definition requires otherwise:
- 19 (1)(a) "Alternative payment methodology" means a payment other than a 20 fee-for-services payment, used by coordinated care organizations as compen-

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- 1 sation for the provision of integrated and coordinated health care and ser-
- 2 vices.
- 3 (b) "Alternative payment methodology" includes, but is not limited to:
- 4 (A) Shared savings arrangements;
- 5 (B) Bundled payments; and
- 6 (C) Payments based on episodes.
- 7 (2) "Category of aid" means assistance provided by the Oregon Supple-
- 8 mental Income Program, aid granted under ORS 412.001 to 412.069 and
- 9 418.647 or federal Supplemental Security Income payments.
- 10 (3) "Community health worker" means an individual who:
- 11 (a) Has expertise or experience in public health;
- 12 (b) Works in an urban or rural community, either for pay or as a volun-
- 13 teer in association with a local health care system;
- 14 (c) To the extent practicable, shares ethnicity, language, socioeconomic
- 15 status and life experiences with the residents of the community where the
- 16 worker serves;
- 17 (d) Assists members of the community to improve their health and in-
- 18 creases the capacity of the community to meet the health care needs of its
- 19 residents and achieve wellness;
- 20 (e) Provides health education and information that is culturally appro-
- 21 priate to the individuals being served;
- 22 (f) Assists community residents in receiving the care they need;
- 23 (g) May give peer counseling and guidance on health behaviors; and
- 24 (h) May provide direct services such as first aid or blood pressure
- 25 screening.
- 26 (4) "Coordinated care organization" means an organization meeting cri-
- 27 teria adopted by the Oregon Health Authority under ORS 414.625.
- 28 (5) "Dually eligible for Medicare and Medicaid" means, with respect to
- 29 eligibility for enrollment in a coordinated care organization, that an indi-
- 30 vidual is eligible for health services funded by Title XIX of the Social Se-
- 31 curity Act and is:

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- 1 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security
- 2 Act; or
- 3 (b) Enrolled in Part B of Title XVIII of the Social Security Act.
- 4 (6) "Global budget" means a total amount established prospectively by the
- 5 Oregon Health Authority to be paid to a coordinated care organization for
- 6 the delivery of, management of, access to and quality of the health care de-
- 7 livered to members of the coordinated care organization.
- 8 (7) "Health services" means at least so much of each of the following as
- 9 are funded by the Legislative Assembly based upon the prioritized list of
- 10 health services compiled by the Health Evidence Review Commission under
- 11 ORS 414.690:
- 12 (a) Services required by federal law to be included in the state's medical
- 13 assistance program in order for the program to qualify for federal funds;
- 14 (b) Services provided by a physician as defined in ORS 677.010, a nurse
- 15 practitioner certified under ORS 678.375 or other licensed practitioner within
- 16 the scope of the practitioner's practice as defined by state law, and ambu-
- 17 lance services;
- 18 (c) Prescription drugs;
- 19 (d) Laboratory and X-ray services;
- 20 (e) Medical equipment and supplies;
- 21 (f) Mental health services;
- 22 (g) Chemical dependency services;
- 23 (h) Emergency dental services;
- 24 (i) Nonemergency dental services;
- 25 (j) Provider services, other than services described in paragraphs (a) to
- 26 (i), (k), (L) and (m) of this subsection, defined by federal law that may be
- 27 included in the state's medical assistance program;
- 28 (k) Emergency hospital services;
- 29 (L) Outpatient hospital services; and
- 30 (m) Inpatient hospital services.
- 31 (8) "Income" has the meaning given that term in ORS 411.704.

- 1 (9) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such similar investments or savings as the department or the authority may establish by rule that are available to the applicant or recipient to contribute toward meeting the needs of the applicant or recipient.
 - (10) "Medical assistance" means so much of the medical, mental health, preventive, supportive, palliative and remedial care and services as may be prescribed by the authority according to the standards established pursuant to ORS 414.065, including premium assistance and payments made for services provided under an insurance or other contractual arrangement and money paid directly to the recipient for the purchase of health services and for services described in ORS 414.710.
- (11) "Medical assistance" includes any care or services for any individual who is a patient in a medical institution or any care or services for any individual who has attained 65 years of age or is under 22 years of age, and who is a patient in a private or public institution for mental diseases. "Medical assistance" does not include care or services for an inmate in a nonmedical public institution.
- 19 (12) "Medical equipment" means equipment or an appliance that is:
- 20 (a) Primarily and customarily used to serve a medical purpose;
 - (b) Generally not useful to an individual in the absence of illness, medical condition or injury;
- 23 (c) Designed to withstand repeated use; and
- 24 (d) Reusable or removable.
- [(12)] (13) "Patient centered primary care home" means a health care team or clinic that is organized in accordance with the standards established by the Oregon Health Authority under ORS 414.655 and that incorporates the following core attributes:
- 29 (a) Access to care;

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- 30 (b) Accountability to consumers and to the community;
- 31 (c) Comprehensive whole person care;

- 1 (d) Continuity of care;
- 2 (e) Coordination and integration of care; and
- 3 (f) Person and family centered care.
- 4 [(13)] (14) "Peer wellness specialist" means an individual who is respon-
- 5 sible for assessing mental health service and support needs of the
- 6 individual's peers through community outreach, assisting individuals with
- 7 access to available services and resources, addressing barriers to services
- 8 and providing education and information about available resources and
- 9 mental health issues in order to reduce stigmas and discrimination toward
- 10 consumers of mental health services and to provide direct services to assist
- 11 individuals in creating and maintaining recovery, health and wellness.
- 12 [(14)] (15) "Person centered care" means care that:
- 13 (a) Reflects the individual patient's strengths and preferences;
- (b) Reflects the clinical needs of the patient as identified through an in-
- 15 dividualized assessment; and
- 16 (c) Is based upon the patient's goals and will assist the patient in
- 17 achieving the goals.
- 18 [(15)] (16) "Personal health navigator" means an individual who provides
- 19 information, assistance, tools and support to enable a patient to make the
- 20 best health care decisions in the patient's particular circumstances and in
- 21 light of the patient's needs, lifestyle, combination of conditions and desired
- 22 outcomes.
- 23 [(16)] (17) "Quality measure" means the measures and benchmarks iden-
- 24 tified by the authority in accordance with ORS 414.638.
- 25 [(17)] (18) "Resources" has the meaning given that term in ORS 411.704.
- 26 For eligibility purposes, "resources" does not include charitable contribu-
- 27 tions raised by a community to assist with medical expenses.
- 28 SECTION 4. This 2015 Act takes effect on the 91st day after the date
- 29 on which the 2015 regular session of the Seventy-eighth Legislative
- 30 Assembly adjourns sine die.

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