

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: HB 3517 - 2

Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session
Legislative Fiscal Office

***Only Impacts on Original or Engrossed
Versions are Considered Official***

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Measure Description:

Authorizes Oregon Health Authority to provide medical assistance, within available funds, to low income children residing in Oregon if necessary to move toward goals of Legislative Assembly expressed in law and to improve health of Oregon communities.

Government Unit(s) Affected:

Oregon Health Authority (OHA)

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

House Bill 3517 with the – 2 amendment permits the Oregon Health Authority (OHA) to provide medical assistance to children under 19 years of age whose family income is at or below 300 percent of federal poverty level (FPL), and who do not qualify for the Health Care for All Oregon Children program.

Currently, OHA provides medical assistance for children qualifying for Medicaid with family incomes at or below 133 percent FPL through the Health Care for Oregon Children program, and for children qualifying for Children Health Insurance Program (CHIP) with family incomes at or below 300 percent FPL. In addition, OHA provides coverage for emergency medical conditions under the Citizen/Alien Waived Emergency Medical (CAWEM) program for children who are not eligible for Medicaid. Oregon receives federal Medicaid match for providing this emergency medical coverage.

Under this bill, if funding is available, OHA would provide non-emergency medical benefits to children covered under CAWEM, and full benefits to children who are not eligible for Medicaid and CHIP. The estimated additional cost of covering this population is \$41 million General Fund for the 2015-17 biennium.

Note that the bill specifies that OHA is mandated to comply with the requirements of the bill on a discretionary basis and within available funds. The bill makes this group an optional group, and does not obligate OHA if funding is not identified and allocated for this purpose.