

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: HB 3145

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:

Requires private pay home care workers registered with Home Care Commission to be subject to at least same standards as licensed in-home care agencies.

Government Unit(s) Affected:

Department of Human Services (DHS)

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:

This fiscal impact statement is for the purpose of transmitting House Bill 3145 from the House Committee on Health Care to the Joint Committee on Ways and Means.

The bill requires Home Care Commission to adopt standards for home care services that must include, at a minimum, the standards adopted by the Oregon Health Authority for in-home care agencies licensed under ORS 443.315. The bill also requires the Home Care Commission, with the assistance of the Department of Human Services (DHS) to conduct periodic evaluations of private pay home care workers to determine whether private pay home care workers continue to meet provider enrollment requirements.

The Homecare Choice Program was created with the passage of Senate Bill 1542 (2014). This program, currently in the development stage, has an operational date of July 1, 2015, and an implementation date of January 1, 2016. The Homecare Choice Program is designed for private pay individuals who can self-direct services and meet the responsibilities of being a household employer.

House Bill 3145 will change the nature of the Homecare Choice Program, potentially significantly increasing the cost of the program and possibly delaying program implementation. The increase costs of these requirements will need to be incorporated into the private pay individual payment rate. However, at this time, these costs cannot be fully quantified, and the impact on the private pay individual payment rate cannot be determined. The following is an outline of some potential areas of impact:

1. In-home providers must have six hours per year of mandatory continuing education with an additional hour if the provider is administering medications. Currently, continuing education is required to be available for referral on the Commission's Registry, not as a condition of employment. Training is voluntary. Mandatory training will result in higher costs related to increasing the availability of training on a statewide basis and paying stipends to attend the trainings.

Further Analysis Required

2. Medication administration by an in-home agency provider must have the oversight of a nurse and mandatory medication training with successful return demonstration is required. Visits by a Registered Nurse to evaluate a consumer's medication regimen and the provision of medication administration must be conducted and monitored every 90 days. Agency must evaluate whether a consumer can continue to self-direct medications every 90 days. The Commission would likely need to either employ nurses throughout the state or administer nursing contract.
3. Under ORS 443.315, the Commission would be required to evaluate a consumer's physical, mental, and emotional needs and develop a service plan. This greatly expands the Commission's scope to include case management functions. The Commission would require additional staff to provide case management functions throughout the state. In addition, the Commission would need to develop an automated assessment tool that evaluates a consumer's physical, mental, and emotional needs, resulting in technology costs. At present, the Commission has developed a self-assessment tool that will be incorporated into the Registry. Developing a new assessment tool to meet the requirements of this bill will require staff training on the use of the new assessment tool.
4. The Commission will be required to have a physical presence throughout the state, no more than an hour away from each office, in order to conduct in-person assessments, service planning and quarterly follow-up visits; observe return demonstration of each provider's skills; supervise providers; provide nursing oversight; and conduct periodic provider evaluations. In order to have a statewide presence to evaluate a provider's competency and observe the provider demonstrate certain skills, the Commission would either have to contract with other entities to fulfill this requirement or have Commission staff housed throughout the state. There could be greater than a thousand providers within the program who would require competency evaluations before becoming available on the Registry.

The bill is anticipated to have a fiscal impact on the Department of Humans Services. The amount of this impact is still being determined.

A more complete fiscal analysis on the bill will be prepared as the measure is considered in the Joint Committee on Ways and Means.

Further Analysis Required