

House Bill 2937

Sponsored by COMMITTEE ON HEALTH CARE (at the request of Joseph Lowe)

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**.

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.

A BILL FOR AN ACT

1
2 Relating to medical assistance coverage of medical equipment; creating new provisions; amending
3 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 of ORS chapter 414.**

6 **SECTION 2. The Oregon Health Authority shall adopt by rule criteria for determining the**
7 **types and extent of medical equipment to be paid for by the state medical assistance program**
8 **for persons with physical or developmental disabilities. The criteria must:**

9 (1) **Be consistent with the state policy expressed in ORS 410.710 (1); and**

10 (2) **Ensure the provision of medical equipment that is suitable for use in any noninstitu-**
11 **tional setting where the person's normal life activities take place.**

12 **SECTION 3. ORS 414.025 is amended to read:**

13 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially
14 applicable statutory definition requires otherwise:

15 (1)(a) "Alternative payment methodology" means a payment other than a fee-for-services pay-
16 ment, used by coordinated care organizations as compensation for the provision of integrated and
17 coordinated health care and services.

18 (b) "Alternative payment methodology" includes, but is not limited to:

19 (A) Shared savings arrangements;

20 (B) Bundled payments; and

21 (C) Payments based on episodes.

22 (2) "Category of aid" means assistance provided by the Oregon Supplemental Income Program,
23 aid granted under ORS 412.001 to 412.069 and 418.647 or federal Supplemental Security Income
24 payments.

25 (3) "Community health worker" means an individual who:

26 (a) Has expertise or experience in public health;

27 (b) Works in an urban or rural community, either for pay or as a volunteer in association with
28 a local health care system;

29 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-
30 ences with the residents of the community where the worker serves;

31 (d) Assists members of the community to improve their health and increases the capacity of the

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 community to meet the health care needs of its residents and achieve wellness;

2 (e) Provides health education and information that is culturally appropriate to the individuals
3 being served;

4 (f) Assists community residents in receiving the care they need;

5 (g) May give peer counseling and guidance on health behaviors; and

6 (h) May provide direct services such as first aid or blood pressure screening.

7 (4) “Coordinated care organization” means an organization meeting criteria adopted by the
8 Oregon Health Authority under ORS 414.625.

9 (5) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment
10 in a coordinated care organization, that an individual is eligible for health services funded by Title
11 XIX of the Social Security Act and is:

12 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or

13 (b) Enrolled in Part B of Title XVIII of the Social Security Act.

14 (6) “Global budget” means a total amount established prospectively by the Oregon Health Au-
15 thority to be paid to a coordinated care organization for the delivery of, management of, access to
16 and quality of the health care delivered to members of the coordinated care organization.

17 (7) “Health services” means at least so much of each of the following as are funded by the
18 Legislative Assembly based upon the prioritized list of health services compiled by the Health Evi-
19 dence Review Commission under ORS 414.690:

20 (a) Services required by federal law to be included in the state’s medical assistance program in
21 order for the program to qualify for federal funds;

22 (b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner certified
23 under ORS 678.375 or other licensed practitioner within the scope of the practitioner’s practice as
24 defined by state law, and ambulance services;

25 (c) Prescription drugs;

26 (d) Laboratory and X-ray services;

27 (e) Medical equipment and supplies;

28 (f) Mental health services;

29 (g) Chemical dependency services;

30 (h) Emergency dental services;

31 (i) Nonemergency dental services;

32 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
33 this subsection, defined by federal law that may be included in the state’s medical assistance pro-
34 gram;

35 (k) Emergency hospital services;

36 (L) Outpatient hospital services; and

37 (m) Inpatient hospital services.

38 (8) “Income” has the meaning given that term in ORS 411.704.

39 (9) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable in-
40 struments as defined in ORS 73.0104 and such similar investments or savings as the department or
41 the authority may establish by rule that are available to the applicant or recipient to contribute
42 toward meeting the needs of the applicant or recipient.

43 (10) “Medical assistance” means so much of the medical, mental health, preventive, supportive,
44 palliative and remedial care and services as may be prescribed by the authority according to the
45 standards established pursuant to ORS 414.065, including premium assistance and payments made for

1 services provided under an insurance or other contractual arrangement and money paid directly to
 2 the recipient for the purchase of health services and for services described in ORS 414.710.

3 (11) “Medical assistance” includes any care or services for any individual who is a patient in
 4 a medical institution or any care or services for any individual who has attained 65 years of age
 5 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
 6 eases. “Medical assistance” does not include care or services for an inmate in a nonmedical public
 7 institution.

8 (12) “Medical equipment” means equipment or an appliance that is:

9 (a) Primarily and customarily used to serve a medical purpose;

10 (b) Generally not useful to an individual in the absence of illness, medical condition or
 11 injury;

12 (c) Designed to withstand repeated use; and

13 (d) Reusable or removable.

14 [(12)] (13) “Patient centered primary care home” means a health care team or clinic that is or-
 15 ganized in accordance with the standards established by the Oregon Health Authority under ORS
 16 414.655 and that incorporates the following core attributes:

17 (a) Access to care;

18 (b) Accountability to consumers and to the community;

19 (c) Comprehensive whole person care;

20 (d) Continuity of care;

21 (e) Coordination and integration of care; and

22 (f) Person and family centered care.

23 [(13)] (14) “Peer wellness specialist” means an individual who is responsible for assessing mental
 24 health service and support needs of the individual’s peers through community outreach, assisting
 25 individuals with access to available services and resources, addressing barriers to services and
 26 providing education and information about available resources and mental health issues in order to
 27 reduce stigmas and discrimination toward consumers of mental health services and to provide direct
 28 services to assist individuals in creating and maintaining recovery, health and wellness.

29 [(14)] (15) “Person centered care” means care that:

30 (a) Reflects the individual patient’s strengths and preferences;

31 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;
 32 and

33 (c) Is based upon the patient’s goals and will assist the patient in achieving the goals.

34 [(15)] (16) “Personal health navigator” means an individual who provides information, assistance,
 35 tools and support to enable a patient to make the best health care decisions in the patient’s par-
 36 ticular circumstances and in light of the patient’s needs, lifestyle, combination of conditions and
 37 desired outcomes.

38 [(16)] (17) “Quality measure” means the measures and benchmarks identified by the authority
 39 in accordance with ORS 414.638.

40 [(17)] (18) “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes,
 41 “resources” does not include charitable contributions raised by a community to assist with medical
 42 expenses.

43 **SECTION 4. This 2015 Act takes effect on the 91st day after the date on which the 2015**
 44 **regular session of the Seventy-eighth Legislative Assembly adjourns sine die.**