

HOUSE AMENDMENTS TO HOUSE BILL 2979

By COMMITTEE ON HEALTH CARE

April 20

1 On page 1 of the printed bill, line 2, delete “and 414.635” and insert “, 414.635 and 414.654”.
2 Delete lines 4 through 30.

3 On page 2, delete lines 1 through 27 and insert:

4 “**SECTION 1.** ORS 414.631 is amended to read:

5 “414.631. (1) Except as provided in subsections [(2),] (3), (4) and (5) of this section and ORS
6 414.632 (2), a person who is eligible for or receiving health services must be enrolled in a coordi-
7 nated care organization to receive the health services for which the person is eligible. For purposes
8 of this subsection, Medicaid-funded long term care services do not constitute health services.

9 “**(2) The Oregon Health Authority shall enroll an individual in a coordinated care organ-**
10 **ization no later than 30 days after the date that the authority determines that the individual**
11 **is eligible for medical assistance. If an eligible individual who resides in an area served by**
12 **two or more coordinated care organizations disenrolls from a coordinated care organization,**
13 **the authority shall immediately enroll the individual in the coordinated care organization**
14 **that the individual selects.**

15 “[~~(2)~~] **(3)** Subsections (1), **(2)** and [~~(4)~~] **(5)** of this section do not apply to:

16 “(a) [~~A person~~] **An individual** who is a noncitizen and who is eligible only for labor and delivery
17 services and emergency treatment services;

18 “(b) [~~A person~~] **An individual** who is an American Indian and Alaskan Native beneficiary;

19 “(c) An individual described in ORS 414.632 (2) who is dually eligible for Medicare and Medicaid
20 and enrolled in a program of all-inclusive care for the elderly; [~~and~~]

21 “**(d) An individual who is exempt by federal law from enrollment in a managed care or-**
22 **ganization; and**

23 “[~~(d)~~] **(e)** [~~A person~~] **The following individuals** whom the Oregon Health Authority may by rule
24 exempt from the mandatory enrollment requirement of [~~subsection (1)~~] **subsections (1) and (2)** of
25 this section[, *including but not limited to*]:

26 “[~~(A)~~] *A person who is also eligible for Medicare;*

27 “[~~(B)~~] *A woman in her third trimester of pregnancy at the time of enrollment;*

28 “[~~(C)~~] *A person under 19 years of age who has been placed in adoptive or foster care out of*
29 *state;*]

30 “[~~(D)~~] **(A)** [~~A person~~] **An individual** under 18 years of age who is medically fragile and who has
31 special health care needs; **and**

32 “[~~(E)~~] **(B)** [~~A person~~] **An individual** receiving services under the Medically Involved Home-Care
33 Program created by ORS 417.345 (1); [~~and~~]

34 “[~~(F)~~] *A person with major medical coverage.*

35 “[~~(3)~~] **(4)** [~~Subsection (1) of this section does~~] **Subsections (1) and (2) of this section do not**

1 apply to a person who resides in an area that is not served by a coordinated care organization or
2 where the organization's provider network is inadequate.

3 "[4] (5) In any area that is not served by a coordinated care organization but is served by a
4 prepaid managed care health services organization, [a person must enroll] **the authority shall en-**
5 **roll an individual** with the prepaid managed care health services organization to receive any of the
6 health services offered by the prepaid managed care health services organization **no later than 15**
7 **days after the date that the individual is determined eligible for medical assistance.**

8 "[5] (6) As used in this section, 'American Indian and Alaskan Native beneficiary' means:

9 "(a) A member of a federally recognized Indian tribe;

10 "(b) An individual who resides in an urban center and:

11 "(A) Is a member of a tribe, band or other organized group of Indians, including those tribes,
12 bands or groups whose recognition was terminated since 1940 and those recognized now or in the
13 future by the state in which the member resides, or who is a descendant in the first or second de-
14 gree of such a member;

15 "(B) Is an Eskimo or Aleut or other Alaskan Native; or

16 "(C) Is determined to be an Indian under regulations promulgated by the United States Secre-
17 tary of the Interior;

18 "(c) [A person] **An individual** who is considered by the United States Secretary of the Interior
19 to be an Indian for any purpose; or

20 "(d) An individual who is considered by the United States Secretary of Health and Human Ser-
21 vices to be an Indian for purposes of eligibility for Indian health care services, including as a
22 California Indian, Eskimo, Aleut or other Alaskan Native."

23 On page 3, line 5, after "To" insert "immediately" and delete the boldfaced material.

24 In line 6, delete the boldfaced material.

25 After line 36, insert:

26 "**SECTION 3.** ORS 414.654 is amended to read:

27 "414.654. (1)(a) The Oregon Health Authority shall continue to contract with one or more pre-
28 paid managed care health services organizations, as defined in ORS 414.025, that are in compliance
29 with contractual obligations owed to the state or local government on July 27, 2015, and that serve:

30 "(A) A geographic area of the state that a coordinated care organization has not been certified
31 to serve; or

32 "(B) Individuals described in ORS 414.631 [(2),] (3), [and] (4) **and (5).**

33 "(b) Contracts authorized by this subsection are not subject to ORS chapters 279A and 279B,
34 except ORS 279A.250 to 279A.290 and 279B.235.

35 "(2) Prepaid managed care health services organizations contracting with the authority under
36 this section are subject to the applicable requirements for, and are permitted to exercise the rights
37 of, coordinated care organizations under ORS 414.153, 414.625, 414.635, 414.638, 414.651, 414.655,
38 414.679, 414.712, 414.728, 414.743, 414.746, 414.760, 416.510 to 416.610, 441.094, 442.464, 655.515,
39 659.830 and 743B.470.

40 "(3) To facilitate the full adoption of health information technology by coordinated care organ-
41 izations, patient centered primary care homes and behavioral health homes, the authority shall ex-
42 plore options for assisting providers and coordinated care organizations in funding their use of
43 health information technology."