

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2979**

1 On page 1 of the printed bill, line 2, delete “and 414.635” and insert “,
2 414.635 and 414.654”.

3 Delete lines 4 through 30.

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

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

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

12 **“(2) The Oregon Health Authority shall enroll an individual in a**
13 **coordinated care organization no later than 15 days after the date that**
14 **the authority determines that the individual is eligible for medical**
15 **assistance. If an eligible individual who resides in an area served by**
16 **two or more coordinated care organizations disenrolls from a coordi-**
17 **nated care organization, the authority shall enroll the individual in**
18 **another coordinated care organization no later than 15 days after the**
19 **date of the disenrollment.**

20 “[2] (3) Subsections (1), (2) and [(4)] (5) of this section do not apply to:

21 “(a) [A person] **An individual** who is a noncitizen and who is eligible

1 only for labor and delivery services and emergency treatment services;

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

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

7 “(d) **An individual who is exempt by federal law from enrollment in**
8 **a managed care organization; and**

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

13 “[*A*] *A person who is also eligible for Medicare;*]

14 “[*B*] *A woman in her third trimester of pregnancy at the time of enroll-*
15 *ment;*]

16 “[*C*] *A person under 19 years of age who has been placed in adoptive or*
17 *foster care out of state;*]

18 “[*D*] (A) [A person] **An individual** under 18 years of age who is med-
19 ically fragile and who has special health care needs; **and**

20 “[*E*] (B) [A person] **An individual** receiving services under the Med-
21 ically Involved Home-Care Program created by ORS 417.345 (1)[; *and*]

22 “[*F*] *A person with major medical coverage*].

23 “[*3*] (4) [*Subsection (1) of this section does*] **Subsections (1) and (2) of**
24 **this section do** not apply to a person who resides in an area that is not
25 served by a coordinated care organization or where the organization’s pro-
26 vider network is inadequate.

27 “[*4*] (5) In any area that is not served by a coordinated care organization
28 but is served by a prepaid managed care health services organization, [*a*
29 *person must enroll*] **the authority shall enroll an individual** with the pre-
30 paid managed care health services organization to receive any of the health

1 services offered by the prepaid managed care health services organization
2 **no later than 15 days after the date that the individual is determined**
3 **eligible for medical assistance.**

4 “[5] (6) As used in this section, ‘American Indian and Alaskan Native
5 beneficiary’ means:

6 “(a) A member of a federally recognized Indian tribe;

7 “(b) An individual who resides in an urban center and:

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

13 “(B) Is an Eskimo or Aleut or other Alaskan Native; or

14 “(C) Is determined to be an Indian under regulations promulgated by the
15 United States Secretary of the Interior;

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

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

22 On page 3, after line 36, insert:

23 **“SECTION 3.** ORS 414.654 is amended to read:

24 “414.654. (1)(a) The Oregon Health Authority shall continue to contract
25 with one or more prepaid managed care health services organizations, as
26 defined in ORS 414.025, that are in compliance with contractual obligations
27 owed to the state or local government on July 27, 2015, and that serve:

28 “(A) A geographic area of the state that a coordinated care organization
29 has not been certified to serve; or

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

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

3 “(2) Prepaid managed care health services organizations contracting with
4 the authority under this section are subject to the applicable requirements
5 for, and are permitted to exercise the rights of, coordinated care organiza-
6 tions under ORS 414.153, 414.625, 414.635, 414.638, 414.651, 414.655, 414.679,
7 414.712, 414.728, 414.743, 414.746, 414.760, 416.510 to 416.610, 441.094, 442.464,
8 655.515, 659.830 and 743B.470.

9 “(3) To facilitate the full adoption of health information technology by
10 coordinated care organizations, patient centered primary care homes and
11 behavioral health homes, the authority shall explore options for assisting
12 providers and coordinated care organizations in funding their use of health
13 information technology.”.

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