

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2979**

1 On page 1 of the printed bill, line 2, after “ORS” insert “414.329,”.

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)[,] **and** (4) [*and* (5)]  
6 of this section and ORS 414.632 (2), [*a person who is eligible for or receiving*  
7 *health services must be enrolled in a coordinated care organization to receive*  
8 *the health services for which the person is eligible. For purposes of this sub-*  
9 *section, Medicaid-funded long term care services do not constitute health ser-*  
10 *vices.] **the Oregon Health Authority shall enroll an individual in a***  
11 **coordinated care organization no later than 15 days after the date that**  
12 **the authority determines that the individual is eligible for medical**  
13 **assistance. If an eligible individual who resides in an area served by**  
14 **two or more coordinated care organizations disenrolls from a coordi-**  
15 **nated care organization, the authority shall enroll the individual in**  
16 **another coordinated care organization no later than 15 days after the**  
17 **date of the disenrollment.**

18 “(2) Subsections (1) and (4) of this section do not apply to:

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

21 “(b) [*A person*] **An individual** who is an American Indian and Alaskan

1 Native beneficiary;

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

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

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

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

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

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

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

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

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

20 “(3) Subsection (1) of this section does not apply to *[a person]* **an indi-**  
21 **vidual** who resides in an area that is not served by a coordinated care or-  
22 ganization or where the organization’s provider network is inadequate.

23 “(4) In any area that is not served by a coordinated care organization but  
24 is served by a prepaid managed care health services organization, *[a person*  
25 *must enroll]* **the authority shall enroll an individual** with the prepaid  
26 managed care health services organization *[to receive any of the health ser-*  
27 *vices offered by the prepaid managed care health services organization]* **no**  
28 **later than 15 days after the date that the individual is determined eli-**  
29 **gible for medical assistance.**

30 “(5) **This section does not require an individual to receive**

1 **Medicaid-funded long term care services through a coordinated care**  
2 **organization.**

3 “[5] (6) As used in this section, ‘American Indian and Alaskan Native  
4 beneficiary’ means:

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

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

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

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

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

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

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

21 On page 3, after line 36, insert:

22 “**SECTION 3.** ORS 414.329 is amended to read:

23 “414.329. (1) Notwithstanding ORS [414.631, 414.651 and] 414.688 to 414.745,  
24 the Oregon Health Authority shall adopt rules modifying the prescription  
25 drug benefits for persons who are eligible for Medicare Part D prescription  
26 drug coverage and who receive prescription drug benefits under the state  
27 medical assistance program or Title XIX of the Social Security Act. The rules  
28 shall include but need not be limited to:

29 “(a) Identification of the Part D classes of drugs for which federal finan-  
30 cial participation is not available and that are not covered classes of drugs;

1       “(b) Identification of the Part D classes of drugs for which federal finan-  
2       cial participation is not available and that are covered classes of drugs;

3       “(c) Identification of the classes of drugs not covered under Medicare Part  
4       D prescription drug coverage for which federal financial participation is  
5       available and that are covered classes of drugs; and

6       “(d) Cost-sharing obligations related to the provision of Part D classes  
7       of drugs for which federal financial participation is not available.

8       “(2) As used in this section, ‘covered classes of drugs’ means classes of  
9       prescription drugs provided to persons eligible for prescription drug coverage  
10      under the state medical assistance program or Title XIX of the Social Secu-  
11      rity Act.”.

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