

DRAFT

SUMMARY

Makes nonsubstantive, technical, grammatical and syntactic corrections to statutes related to human services.

A BILL FOR AN ACT

Relating to human services; creating new provisions; and amending ORS 409.010, 411.335, 411.806, 411.865, 413.011, 413.600, 414.329 and 414.706.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 409.010 is amended to read:

409.010. (1) The Department of Human Services is created.

(2) The department is responsible for the delivery and administration of programs and services relating to:

(a) Children and families, including but not limited to child protective services, foster care, residential care for children and adoption services;

(b) Elderly persons and persons with disabilities, including but not limited to social, health and protective services and promotion of hiring of otherwise qualified persons who are certifiably disabled;

(c) Persons who, as a result of the person's or the person's family's economic, social or health condition, require financial assistance or other social services;

(d) **Persons with** developmental disabilities;

(e) Vocational rehabilitation for [*individuals*] **persons** with disabilities;

(f) Licensing and regulation of individuals, facilities, institutions and programs providing health and human services and long term care services delegated to the department by or in accordance with the provisions of state

1 and federal law;

2 (g) [*Services provided in*] Long term care facilities, home-based and
3 community-based care settings and residential facilities [*to*] **for** individuals
4 with physical disabilities or developmental disabilities and [*to*] **for** seniors
5 who receive residential facility care; and

6 (h) All other human service programs and functions delegated to the de-
7 partment by or in accordance with the provisions of state and federal law.

8 (3) The department shall be the recipient of all federal funds paid or to
9 be paid to the state to enable the state to provide the programs and services
10 assigned to the department except for Medicaid funds that are granted to the
11 Oregon Health Authority.

12 (4)(a) All personnel of the department, including those engaged in the
13 administration of vocational rehabilitation programs, public assistance pro-
14 grams, medical assistance programs and services to families or children in
15 compliance with the federal Social Security laws, shall be subject to the
16 merit system prescribed in the State Personnel Relations Law. For purposes
17 of the State Personnel Relations Law, the department is the appointing au-
18 thority of all employees in the department.

19 (b) The Director of Human Services, in conformity with the State Per-
20 sonnel Relations Law, may appoint and employ such personnel as may be
21 necessary for the department, and may appoint and fix the compensation of
22 all assistants and employees of the department.

23 (c) The director may authorize reimbursement of such expenses as are
24 approved by the department and incurred by assistants and employees of the
25 department, and by volunteers or other persons not employed by the depart-
26 ment, in carrying out duties assigned or authorized by the department.

27 (5) The director may designate employees to be custodians of records
28 within any of the organizational units of the department, and persons so
29 designated shall have the duties and powers of custodians of public records
30 as prescribed by law. Such designation shall be in writing and notice thereof
31 shall be filed in the office of the Secretary of State, with the director and

in the organizational unit to which the authorization applies.

SECTION 2. ORS 411.335 is amended to read:

411.335. No person or agency shall solicit, disclose, receive, make use of, or authorize, knowingly permit, participate in or acquiesce in the use of, any lists or names **of public assistance recipients** for commercial or political purposes of any nature, or for any purpose not directly connected with the administration of the public assistance laws.

SECTION 3. ORS 411.806 is amended to read:

411.806. As used in ORS 411.806 to 411.845, unless the context or a specially applicable statutory definition requires otherwise:

(1) “Administrative costs” means, but is not limited to, costs in connection with:

(a) Distributing supplemental nutrition assistance to recipients under the Supplemental Nutrition Assistance Program;

(b) The compensation of personnel while employed in carrying out ORS 411.806 to 411.845; and

(c) Reimbursement of the federal government for any loss described in ORS 411.830.

(2) “Household” means two or more related or nonrelated individuals who *[do not]* reside *[in]* **together outside of** an institution.

(3) “Issuing agency” means the Department of Human Services.

(4) “Recipient” means an individual or household determined and certified, pursuant to ORS 411.816 or 411.825, to be eligible to receive supplemental nutrition assistance under the Supplemental Nutrition Assistance Program.

(5) “Supplemental Nutrition Assistance Program” means a program under which the federal government makes aid available to the state or its agencies for distribution through electronic benefits transfer or by check to individuals and households certified to be in economic need of and eligible to receive such aid for the purchase of food from retail food outlets.

SECTION 4. ORS 411.865 is amended to read:

411.865. The application for or grant of general assistance to any employable individual required to participate in a community work and training program may be denied or suspended for such time as may be fixed under rule or regulation of the Department of Human Services, if such individual without good cause:

(1) Fails to participate satisfactorily in such community work and training program to which the individual may be assigned;

(2) Fails to report for a community work and training program when and as directed by the department or by the supervisor of the individual therein;

(3) Abandons or repeatedly is absent from such work or training;

(4) Is insubordinate to the supervisor of the individual therein;

(5) Fails therein to take due precaution for the safety of the individual or others, or to use safety clothing or equipment made available to the individual;

(6) Is guilty of misconduct connected with such work or training; or

(7) [*If,*] Within 30 days prior to such application, [*the individual*] was rendered ineligible for general assistance in another county, or the grant of general assistance in another county was suspended, for any of the causes stated in subsections (1) to (6) of this section.

SECTION 5. ORS 413.011 is amended to read:

413.011. (1) The duties of the Oregon Health Policy Board are to:

(a) Be the policy-making and oversight body for the Oregon Health Authority established in ORS 413.032 and all of the authority's departmental divisions.

(b) Develop and submit a plan to the Legislative Assembly by December 31, 2010, to provide and fund access to affordable, quality health care for all Oregonians by 2015.

(c) Develop a program to provide health insurance premium assistance to all low and moderate income individuals who are legal residents of Oregon.

(d) Publish health outcome and quality measure data collected by the Oregon Health Authority at aggregate levels that do not disclose information

otherwise protected by law. The information published must report, for each coordinated care organization and each health benefit plan sold through the health insurance exchange or offered by the Oregon Educators Benefit Board or the Public Employees' Benefit Board:

(A) Quality measures;

(B) Costs;

(C) Health outcomes; and

(D) Other information that is necessary for members of the public to evaluate the value of health services delivered by each coordinated care organization and by each health benefit plan.

(e) Establish evidence-based clinical standards and practice guidelines that may be used by providers.

(f) Approve and monitor community-centered health initiatives described in ORS 413.032 (1)(h) that are consistent with public health goals, strategies, programs and performance standards adopted by the Oregon Health Policy Board to improve the health of all Oregonians, and shall regularly report to the Legislative Assembly on the accomplishments and needed changes to the initiatives.

(g) Establish cost containment mechanisms to reduce health care costs.

(h) Ensure that Oregon's health care workforce is sufficient in numbers and training to meet the demand that will be created by the expansion in health coverage, health care system transformations, an increasingly diverse population and an aging workforce.

(i) Work with the Oregon congressional delegation to advance the adoption of changes in federal law or policy to promote Oregon's comprehensive health reform plan.

(j) Establish a health benefit package in accordance with ORS 741.340 to be used as the baseline for all health benefit plans offered through the health insurance exchange.

(k) Investigate and report annually to the Legislative Assembly on the feasibility and advisability of future changes to the health insurance market

in Oregon, including but not limited to the following:

(A) A requirement for every resident to have health insurance coverage.

(B) A payroll tax as a means to encourage employers to continue providing health insurance to their employees.

(L) Meet cost-containment goals by structuring reimbursement rates to reward comprehensive management of diseases, quality outcomes and the efficient use of resources by promoting cost-effective procedures, services and programs including, without limitation, preventive health, dental and primary care services, web-based office visits, telephone consultations and telemedicine consultations.

(m) Oversee the expenditure of moneys from the Health Care [*Workforce Strategic*] **Provider Incentive Fund established in ORS 676.450** to support grants to primary care providers and rural health practitioners, to increase the number of primary care educators and to support efforts to create and develop career ladder opportunities.

(n) Work with the Public Health Benefit Purchasers Committee, administrators of the medical assistance program and the Department of Corrections to identify uniform contracting standards for health benefit plans that achieve maximum quality and cost outcomes and align the contracting standards for all state programs to the greatest extent practicable.

(o) Work with the Health Information Technology Oversight Council to foster health information technology systems and practices that promote the Oregon Integrated and Coordinated Health Care Delivery System established by ORS 414.570 and align health information technology systems and practices across this state.

(2) The Oregon Health Policy Board is authorized to:

(a) Subject to the approval of the Governor, organize and reorganize the authority as the board considers necessary to properly conduct the work of the authority.

(b) Submit directly to the Legislative Counsel, no later than October 1 of each even-numbered year, requests for measures necessary to provide

statutory authorization to carry out any of the board's duties or to implement any of the board's recommendations. The measures may be filed prior to the beginning of the legislative session in accordance with the rules of the House of Representatives and the Senate.

(3) If the board or the authority is unable to perform, in whole or in part, any of the duties described in ORS 413.006 to 413.042 and 741.340 without federal approval, the authority is authorized to request, in accordance with ORS 413.072, waivers or other approval necessary to perform those duties. The authority shall implement any portions of those duties not requiring legislative authority or federal approval, to the extent practicable.

(4) The enumeration of duties, functions and powers in this section is not intended to be exclusive nor to limit the duties, functions and powers imposed on the board by ORS 413.006 to 413.042 and 741.340 and by other statutes.

(5) The board shall consult with the Department of Consumer and Business Services in completing the tasks set forth in subsection (1)(j) and (k)(A) of this section.

SECTION 6. ORS 413.600 is amended to read:

413.600. (1) There is established within the Oregon Health Authority the Traditional Health Workers Commission.

(2) The Director of the Oregon Health Authority shall appoint the following 23 members to serve on the commission:

(a) Thirteen members, of which a majority [*or at least seven*] must be appointed from nominees selected by the Oregon Community Health Workers Association, who represent traditional health workers, including at least one member to represent each of the following:

(A) Community health workers, as defined in ORS 414.025;

(B) Personal health navigators, as defined in ORS 414.025;

(C) Peer wellness specialists, as defined in ORS 414.025;

(D) Peer support specialists, as defined in ORS 414.025;

(E) Doula;

(F) Family support specialists, as defined in ORS 414.025; and

(G) Youth support specialists, as defined in ORS 414.025;

(b) One member who represents the Office of Community Colleges and Workforce Development;

(c) One member who is a nurse who represents the Oregon Nurses Association;

(d) One member who is a physician licensed in this state;

(e) One member selected from nominees provided by the Home Care Commission;

(f) One member who represents coordinated care organizations;

(g) One member who represents a labor organization;

(h) One member who supervises traditional health workers at a community-based organization, local health department, as defined in ORS 433.235, or agency, as defined in ORS 183.310;

(i) One member who represents community-based organizations or agencies, as defined in ORS 183.310, that provide for the training of traditional health workers;

(j) One member who represents a consumer of services provided by health workers who are not licensed by this state; and

(k) One member who represents providers of Indian health services that work with traditional health workers qualified under ORS 414.665, a federally recognized tribe or a tribal organization.

(3) In appointing members under subsection (2) of this section, the director shall consider whether the composition of the Traditional Health Workers Commission represents the geographic, ethnic, gender, racial, disability status, gender identity, sexual orientation and economic diversity of traditional health workers.

(4) The term of office of each member of the commission is three years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment.

1 If there is a vacancy for any cause, the director shall make an appointment
2 to become immediately effective for the unexpired term.

3 (5) A majority of the members of the commission constitutes a quorum for
4 the transaction of business.

5 (6) Official action by the commission requires the approval of a majority
6 of the members of the commission.

7 (7) The commission shall elect one of its members to serve as chairperson.

8 (8) The commission shall meet at times and places specified by the call
9 of the chairperson or of a majority of the members of the commission.

10 (9) The commission may adopt rules necessary for the operation of the
11 commission.

12 (10) A member of the commission is entitled to compensation and expenses
13 as provided in ORS 292.495.

14 **SECTION 7.** ORS 414.329 is amended to read:

15 414.329. (1) Notwithstanding ORS [*414.591, 414.631 and*] 414.688 to 414.745,
16 the Oregon Health Authority shall adopt rules modifying the prescription
17 drug benefits for persons who are eligible for Medicare Part D prescription
18 drug coverage and who receive prescription drug benefits under the state
19 medical assistance program or Title XIX of the Social Security Act. The rules
20 shall include but need not be limited to:

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

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

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

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

30 (2) As used in this section, “covered classes of drugs” means classes of
31 prescription drugs provided to persons eligible for prescription drug coverage

1 under the state medical assistance program or Title XIX of the Social Secu-
2 rity Act.

3 **SECTION 8.** ORS 414.706 is amended to read:

4 414.706. Within available funds and subject to the rules of the Oregon
5 Health Authority, medical assistance shall be provided to an individual who
6 is a resident of this state and who:

7 (1) Is receiving a category of aid;

8 (2) Would be eligible for a category of aid but is not receiving a category
9 of aid;

10 (3) Is required by federal law to be included in the state's medical as-
11 sistance program in order for that program to qualify for federal funds;
12 [*and*] **or**

13 (4) Is not described in subsection (3) of this section but for whom federal
14 funding is available under Title XIX or XXI of the Social Security Act.

15 **SECTION 9.** **ORS 411.117 and 411.154 are added to and made a part**
16 **of ORS 412.001 to 412.161.**