

Senate Bill 1517

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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**.

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

A BILL FOR AN ACT

1
2 Relating to human services; creating new provisions; and amending ORS 409.010, 411.335, 411.806,
3 411.865, 413.011, 413.600, 414.329 and 414.706.

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

5 **SECTION 1.** ORS 409.010 is amended to read:

6 409.010. (1) The Department of Human Services is created.

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

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

11 (b) Elderly persons and persons with disabilities, including but not limited to social, health and
12 protective services and promotion of hiring of otherwise qualified persons who are certifiably disa-
13 bled;

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

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

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

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

21 (g) [*Services provided in*] Long term care facilities, home-based and community-based care set-
22 tings and residential facilities [*to*] **for** individuals with physical disabilities or developmental disa-
23 bilities and [*to*] **for** seniors who receive residential facility care; and

24 (h) All other human service programs and functions delegated to the department by or in ac-
25 cordance with the provisions of state and federal law.

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

29 (4)(a) All personnel of the department, including those engaged in the administration of voca-
30 tional rehabilitation programs, public assistance programs, medical assistance programs and services

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 to families or children in compliance with the federal Social Security laws, shall be subject to the
2 merit system prescribed in the State Personnel Relations Law. For purposes of the State Personnel
3 Relations Law, the department is the appointing authority of all employees in the department.

4 (b) The Director of Human Services, in conformity with the State Personnel Relations Law, may
5 appoint and employ such personnel as may be necessary for the department, and may appoint and
6 fix the compensation of all assistants and employees of the department.

7 (c) The director may authorize reimbursement of such expenses as are approved by the depart-
8 ment and incurred by assistants and employees of the department, and by volunteers or other per-
9 sons not employed by the department, in carrying out duties assigned or authorized by the
10 department.

11 (5) The director may designate employees to be custodians of records within any of the organ-
12 izational units of the department, and persons so designated shall have the duties and powers of
13 custodians of public records as prescribed by law. Such designation shall be in writing and notice
14 thereof shall be filed in the office of the Secretary of State, with the director and in the organiza-
15 tional unit to which the authorization applies.

16 **SECTION 2.** ORS 411.335 is amended to read:

17 411.335. No person or agency shall solicit, disclose, receive, make use of, or authorize, knowingly
18 permit, participate in or acquiesce in the use of, any lists or names **of public assistance recipients**
19 for commercial or political purposes of any nature, or for any purpose not directly connected with
20 the administration of the public assistance laws.

21 **SECTION 3.** ORS 411.806 is amended to read:

22 411.806. As used in ORS 411.806 to 411.845, unless the context or a specially applicable statutory
23 definition requires otherwise:

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

25 (a) Distributing supplemental nutrition assistance to recipients under the Supplemental Nutri-
26 tion Assistance Program;

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

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

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

31 (3) "Issuing agency" means the Department of Human Services.

32 (4) "Recipient" means an individual or household determined and certified, pursuant to ORS
33 411.816 or 411.825, to be eligible to receive supplemental nutrition assistance under the Supple-
34 mental Nutrition Assistance Program.

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

39 **SECTION 4.** ORS 411.865 is amended to read:

40 411.865. The application for or grant of general assistance to any employable individual required
41 to participate in a community work and training program may be denied or suspended for such time
42 as may be fixed under rule or regulation of the Department of Human Services, if such individual
43 without good cause:

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

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

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

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

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

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

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

11 **SECTION 5.** ORS 413.011 is amended to read:

12 413.011. (1) The duties of the Oregon Health Policy Board are to:

13 (a) Be the policy-making and oversight body for the Oregon Health Authority established in ORS
14 413.032 and all of the authority's departmental divisions.

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

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

19 (d) Publish health outcome and quality measure data collected by the Oregon Health Authority
20 at aggregate levels that do not disclose information otherwise protected by law. The information
21 published must report, for each coordinated care organization and each health benefit plan sold
22 through the health insurance exchange or offered by the Oregon Educators Benefit Board or the
23 Public Employees' Benefit Board:

24 (A) Quality measures;

25 (B) Costs;

26 (C) Health outcomes; and

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

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

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

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

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

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

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

44 (k) Investigate and report annually to the Legislative Assembly on the feasibility and advis-
45 ability of future changes to the health insurance market in Oregon, including but not limited to the

1 following:

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

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

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

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

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

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

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

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

25 (b) Submit directly to the Legislative Counsel, no later than October 1 of each even-numbered
26 year, requests for measures necessary to provide statutory authorization to carry out any of the
27 board's duties or to implement any of the board's recommendations. The measures may be filed prior
28 to the beginning of the legislative session in accordance with the rules of the House of Represen-
29 tatives and the Senate.

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

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

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

40 **SECTION 6.** ORS 413.600 is amended to read:

41 413.600. (1) There is established within the Oregon Health Authority the Traditional Health
42 Workers Commission.

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

45 (a) Thirteen members, of which a majority [*or at least seven*] must be appointed from nominees

1 selected by the Oregon Community Health Workers Association, who represent traditional health
2 workers, including at least one member to represent each of the following:

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

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

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

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

7 (E) Doulas;

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

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

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

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

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

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

14 (f) One member who represents coordinated care organizations;

15 (g) One member who represents a labor organization;

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

18 (i) One member who represents community-based organizations or agencies, as defined in ORS
19 183.310, that provide for the training of traditional health workers;

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

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

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

28 (4) The term of office of each member of the commission is three years, but a member serves
29 at the pleasure of the director. Before the expiration of the term of a member, the director shall
30 appoint a successor whose term begins on January 1 next following. A member is eligible for re-
31 appointment. If there is a vacancy for any cause, the director shall make an appointment to become
32 immediately effective for the unexpired term.

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

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

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

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

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

41 (10) A member of the commission is entitled to compensation and expenses as provided in ORS
42 292.495.

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

44 414.329. (1) Notwithstanding ORS [414.591, 414.631 and] 414.688 to 414.745, the Oregon Health
45 Authority shall adopt rules modifying the prescription drug benefits for persons who are eligible for

1 Medicare Part D prescription drug coverage and who receive prescription drug benefits under the
2 state medical assistance program or Title XIX of the Social Security Act. The rules shall include
3 but need not be limited to:

4 (a) Identification of the Part D classes of drugs for which federal financial participation is not
5 available and that are not covered classes of drugs;

6 (b) Identification of the Part D classes of drugs for which federal financial participation is not
7 available and that are covered classes of drugs;

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

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

13 (2) As used in this section, “covered classes of drugs” means classes of prescription drugs pro-
14 vided to persons eligible for prescription drug coverage under the state medical assistance program
15 or Title XIX of the Social Security Act.

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

17 414.706. Within available funds and subject to the rules of the Oregon Health Authority, medical
18 assistance shall be provided to an individual who is a resident of this state and who:

19 (1) Is receiving a category of aid;

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

21 (3) Is required by federal law to be included in the state’s medical assistance program in order
22 for that program to qualify for federal funds; *[and]* **or**

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

25 **SECTION 9.** ORS 411.117 and 411.154 are added to and made a part of ORS 412.001 to
26 **412.161.**