Senate Bill 557

Sponsored by Senators BEYER, HANSELL, Representatives MEEK, SMITH G; Senators DEMBROW, FREDERICK, GELSER, Representatives FAHEY, POST, SANCHEZ, SCHOUTEN, WILDE (Presession filed.)

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.

Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon and lack access to affordable dental coverage. Specifies eligibility requirements for program and duties of authority in administering program.

A BILL FOR AN ACT

Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association; creating new provisions; and amending ORS 413.032 and 735.608.

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

SECTION 1. (1) As used in this section:

(a) “Affordable dental coverage” means dental insurance available to an individual for which the average monthly cost for premiums and any required cost sharing is less than the average per capita monthly payment by the Oregon Health Authority and coordinated care organizations to dental care organizations for medical assistance recipients.

(b) “COFA citizen” has the meaning given that term in ORS 735.604.

(c) “Dental care organization” means a prepaid managed care health services organization, as defined in ORS 414.025, that provides dental care to members of a coordinated care organization, as defined in ORS 414.025, that provides dental care to members of a coordinated care organization.

(d) “Income” means the modified adjusted gross income that is attributed to an individual in determining the individual’s eligibility for the medical assistance program.

(2) The COFA Dental Program is established in the Oregon Health Authority and shall be administered in collaboration with the Department of Consumer and Business Services. The purpose of the program is to provide oral health care to low-income citizens of the island nations in the Compact of Free Association who are residing in Oregon.

(3) The authority shall contract with dental care organizations throughout this state and with individual oral health care providers in areas of this state that are not served by dental care organizations to provide oral health care to COFA citizens enrolled in the COFA Dental Program.

(4) Enrollees in the COFA Dental Program shall receive the types and extent of oral health care services that the authority determines will be provided to medical assistance recipients in accordance with ORS 414.065, without any corresponding copayments, deductibles or cost sharing required.

(5) An individual is eligible for the COFA Dental Program if the individual does not have access to affordable dental coverage, as prescribed by the authority by rule, and:

(a) The department has determined that the individual meets the criteria in ORS 735.608...
(1)(a), (b) and (d); or

(b) In the case of an individual who is not applying for or receiving financial assistance through the COFA Premium Assistance Program established by ORS 735.601 to 735.617, the individual:

(A) Is a resident of Oregon;

(B) Is a COFA citizen; and

(C) Has income that is less than 138 percent of the federal poverty guidelines.

(6) The authority shall prescribe by rule a simple application process for the COFA Dental Program. The authority shall provide culturally and linguistically appropriate assistance, in person and by telephone, to applicants for and enrollees in the program. The application process, forms and notices used in the COFA Dental Program must conform to the guidance adopted by the United States Department of Health and Human Services, in accordance with Title VI of the Civil Rights Act of 1964, regarding the prohibition against national origin discrimination affecting persons with limited English proficiency in federally funded programs.

(7)(a) The authority shall accept as verification of eligibility the attestation of an applicant for or enrollee in the COFA Dental Program that the applicant or enrollee meets the requirements of subsection (5)(b) of this section. The authority may not require an applicant or enrollee to provide documentation of eligibility except as provided in paragraph (b) of this subsection.

(b) The authority may require an applicant or enrollee to provide documentation of eligibility only if the authority receives reliable information that, if true, would preclude eligibility for the program.

(8) The authority shall provide to any individual who meets the criteria in subsection (5)(b) of this section information about and, if requested, a referral to the COFA Premium Assistance Program.

(9) The authority shall collaborate with the department in activities described in ORS 735.608 (4)(e) to facilitate applications for and enrollment in the COFA Dental Program.

(10) The authority may not disclose personally identifying information about applicants for or enrollees in the COFA Dental Program except to the extent necessary to conduct outreach under subsection (9) of this section or to comply with federal or state laws.

SECTION 2. ORS 413.032 is amended to read:

413.032. (1) The Oregon Health Authority is established. The authority shall:

(a) Carry out policies adopted by the Oregon Health Policy Board;

(b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established in ORS 414.570 and the COFA Dental Program established in section 1 of this 2021 Act;

(c) Administer the Oregon Prescription Drug Program;

(d) Develop the policies for and the provision of publicly funded medical care and medical assistance in this state;

(e) Develop the policies for and the provision of mental health treatment and treatment of addictions;

(f) Assess, promote and protect the health of the public as specified by state and federal law;

(g) Provide regular reports to the board with respect to the performance of health services contractors serving recipients of medical assistance, including reports of trends in health services and enrollee satisfaction;
(h) Guide and support, with the authorization of the board, community-centered health initiatives designed to address critical risk factors, especially those that contribute to chronic disease;

(i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the Social Security Act and administer medical assistance under ORS chapter 414;

(j) In consultation with the Director of the Department of Consumer and Business Services, periodically review and recommend standards and methodologies to the Legislative Assembly for:

(A) Review of administrative expenses of health insurers;

(B) Approval of rates; and

(C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

(k) Structure reimbursement rates for providers that serve recipients of medical assistance to reward comprehensive management of diseases, quality outcomes and the efficient use of resources and to promote 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;

(L) Guide and support community three-share agreements in which an employer, state or local government and an individual all contribute a portion of a premium for a community-centered health initiative or for insurance coverage;

(m) Develop, in consultation with the Department of Consumer and Business Services, one or more products designed to provide more affordable options for the small group market;

(n) Implement policies and programs to expand the skilled, diverse workforce as described in ORS 414.018 (4); and

(o) Implement a process for collecting the health outcome and quality measure data identified by the Health Plan Quality Metrics Committee and report the data to the Oregon Health Policy Board.

(2) The Oregon Health Authority is authorized to:

(a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate health care reform in Oregon and to provide comparative cost and quality information to consumers, providers and purchasers of health care about Oregon's health care systems and health plan networks in order to provide comparative information to consumers.

(b) Develop uniform contracting standards for the purchase of health care, including the following:

(A) Uniform quality standards and performance measures;

(B) Evidence-based guidelines for major chronic disease management and health care services with unexplained variations in frequency or cost;

(C) Evidence-based effectiveness guidelines for select new technologies and medical equipment;

(D) A statewide drug formulary that may be used by publicly funded health benefit plans; and

(E) Standards that accept and consider tribal-based practices for mental health and substance abuse prevention, counseling and treatment for persons who are Native American or Alaska Native as equivalent to evidence-based practices.

(3) 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 or vested in the Oregon Health Authority by ORS 413.006 to 413.042, 415.012 to 415.430 and 741.340 or by other statutes.

SECTION 3. ORS 735.608 is amended to read:

735.608. (1) An individual is eligible for the COFA Premium Assistance Program if the individual:

(a) Is a resident;
(b) Is a COFA citizen;
(c) Enrolls in a qualified health plan;
(d) Has income that is less than 138 percent of the federal poverty guidelines; and
(e) Qualifies for an advance premium tax credit toward the cost of the individual’s qualified health plan.

(2) Within the limits of moneys in the COFA Premium Assistance Program Fund, the Department of Consumer and Business Services shall pay the premium cost for a qualified health plan and the out-of-pocket costs for the coverage provided by the plan for an individual who meets the criteria in subsection (1) of this section.

(3) The department may disenroll a participant from the program if the participant:
(a) No longer meets the eligibility criteria specified in subsection (1) of this section;
(b) Fails, without good cause, to comply with procedural or documentation requirements established by the department in accordance with subsection (4) of this section;
(c) Fails, without good cause, to notify the department of a change of address in a timely manner;
(d) Withdraws the participant’s application or requests termination of coverage; or
(e) Performs an act, practice or omission that constitutes fraud and, as a result, an insurer rescinds the participant’s policy for the qualified health plan.

(4) The department shall establish:
(a) Application, enrollment and renewal processes for the COFA Premium Assistance Program;
(b) The qualified health plans that are eligible for reimbursement under the program;
(c) Procedural requirements for continued participation in the program, including participant documentation requirements that are necessary for the department to administer the program;
(d) Open enrollment periods and special enrollment periods consistent with the enrollment periods for the health insurance exchange; and
(e) A comprehensive community education and outreach campaign, working with stakeholder and community organizations, to facilitate applications for, and enrollment in, the COFA Premium Assistance Program and the COFA Dental Program established in section 1 of this 2021 Act.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $_______, which may be expended for carrying out section 1 of this 2021 Act.