

HOUSE AMENDMENTS TO HOUSE BILL 2286

By COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

February 10

1 Delete lines 4 through 25 of the printed bill and insert:

2 **“SECTION 1. (1) As used in this section:**

3 **“(a) ‘Eligible claim’ means a claim for reimbursement of the cost of a health care item**
4 **or service that is:**

5 **“(A) Covered by the state medical assistance program; and**

6 **“(B) Within the scope of a written care coordination agreement between an Indian health**
7 **care provider and a nontribal health care provider.**

8 **“(b) ‘Enhanced federal match’ means 100 percent federal matching funds under 42 U.S.C.**
9 **1396d(b).**

10 **“(c) ‘Indian health care provider’ means an:**

11 **“(A) Urban Indian organization as defined in 25 U.S.C. 1603(29); or**

12 **“(B) Indian Health Service facility as referenced in 42 U.S.C. 1396d(b).**

13 **“(2) If enhanced federal match is available to this state under 42 U.S.C. 1396d(b), the**
14 **Oregon Health Authority shall:**

15 **“(a) Maintain a process to identify eligible claims for items or services that:**

16 **“(A) Are furnished by nontribal health care providers that are enrolled in the state**
17 **medical assistance program; and**

18 **“(B) Qualify for enhanced federal match under rules or guidance issued by the Centers**
19 **for Medicare and Medicaid Services; and**

20 **“(b) Establish a mechanism to return a portion of the enhanced federal match to the**
21 **Indian health care provider that has a written care coordination agreement with the non-**
22 **tribal health care provider to furnish the item or service.”.**

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