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

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

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

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

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

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

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

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

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

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

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

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

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

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