

**A-Engrossed**  
**House Bill 3396**

Ordered by the House June 13  
Including House Amendments dated June 13

Sponsored by Representative RAYFIELD

**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.

*[Requires Oregon Health Authority to study access to health care in Oregon. Directs authority to submit findings to interim committees of Legislative Assembly related to health not later than September 15, 2024.]*

**Establishes Joint Task Force on Hospital Discharge Challenges. Specifies membership and duties. Requires task force to provide reports to interim committees of Legislative Assembly related to health and human services no later than December 15, 2023, and November 15, 2024. Sunsets January 2, 2025.**

**Requires Oregon Health Authority to extend existing contracts with coordinated care organizations to December 31, 2026. Sunsets January 2, 2027.**

**Requires authority to provide grants to support clinical education at hospitals and health care facilities, grants to employers participating in labor-management training trust to expand on-the-job training, apprenticeship opportunities and other programs that support development of health care professionals and grants to Oregon Center for Nursing to work with Oregon's public nursing education programs to develop programs to recruit and retain nurse educators at public institutions of higher education.**

**Declares emergency, effective on passage.**

**A BILL FOR AN ACT**

1  
2 Relating to health care; and declaring an emergency.

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

4 **SECTION 1. (1) As used in this section, "post-acute care settings" includes:**

- 5 (a) A setting in which a patient receives in-home care services, as defined in ORS 443.305;  
6 (b) A setting in which a patient receives home health services, as defined in ORS 443.014;  
7 (c) Skilled nursing facilities, as defined in ORS 442.015;  
8 (d) Residential care facilities, as defined in ORS 443.400, including assisted living facilities;  
9 (e) Adult foster homes, as defined in ORS 443.705; and  
10 (f) Community hemodialysis providers.

11 **(2) The Joint Task Force on Hospital Discharge Challenges is established, consisting of**  
12 **22 members appointed as follows:**

13 (a) **The President of the Senate shall appoint one member from among the members of**  
14 **the Senate.**

15 (b) **The Speaker of the House of Representatives shall appoint one member from among**  
16 **the members of the House of Representatives.**

17 (c) **The Governor shall appoint:**

18 (A) **Five members representing hospitals, including at least one member representing a**  
19 **rural hospital, as described in ORS 442.470, and one member representing a health system**  
20 **who has expertise in hospice care and home health care;**

**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 (B) One member representing nurses who work in acute care settings;

2 (C) Three members representing health care workers in post-acute care settings;

3 (D) Three members representing residential care facilities and long term care facilities,  
4 including skilled nursing facilities, including one member who has expertise in hospice or  
5 home health care;

6 (E) One member representing commercial insurers that offer health benefit plans;

7 (F) One member, representing counties, who has expertise in assessing and placing pa-  
8 tients discharged from acute care settings into post-acute care settings;

9 (G) One member representing coordinated care organizations;

10 (H) One member representing social service providers or federally qualified health cen-  
11 ters that serve individuals who are homeless;

12 (I) One member representing the Oregon Health Authority;

13 (J) One member representing the Department of Human Services;

14 (K) One member representing the Governor; and

15 (L) One member representing outpatient renal dialysis facilities, as defined in ORS  
16 442.015.

17 (3) The task force shall:

18 (a) Develop recommendations to address the challenges faced by hospitals in discharging  
19 patients to appropriate post-acute care settings, including but not limited to recommen-  
20 dations for:

21 (A) Streamlining and reducing barriers to training, education, licensure and certification  
22 for all classifications of nurses and nursing assistants for work in post-acute care settings  
23 while maintaining the quality of the workforce;

24 (B) Facilitating the timely discharge of patients from hospitals to appropriate placements  
25 in post-acute care settings, including by:

26 (i) Using the Preadmission Screening and Resident Review tool;

27 (ii) Obtaining medical assistance determinations;

28 (iii) Improving discharge methodologies; and

29 (iv) Improving connectivity between hospitals and post-acute care settings for appropri-  
30 ate post-acute care setting placements;

31 (C) Supporting innovative care models and innovative payment models to increase access  
32 to placements in post-acute care settings by patients with complex health needs or who lack  
33 stable housing;

34 (D) Modifying medical assistance and commercial health benefit plan coverage and re-  
35 imbursement to facilitate appropriate post-acute care setting placements such as by im-  
36 proving benefits for patients in hospitals who are awaiting discharge and increasing  
37 reimbursement and benefits for individuals in post-acute care settings;

38 (E) Increasing available options for and access to community-based placements, including  
39 in-home care services, home health care services, adult foster homes, outpatient  
40 hemodialysis facilities, hospice care and other potential models of care that may be licensed  
41 by the state; and

42 (F) Opportunities for federal and state partnerships to secure federal resources and the  
43 federal approvals needed for such partnerships.

44 (b) The task force shall consider how each recommendation developed under this sub-  
45 section relates to the needs of individuals who are experiencing homelessness or who other-

1 wise lack stable housing.

2 (4) The Legislative Policy and Research Director shall provide staff support to the task  
3 force, including but not limited to:

4 (a) Reviewing strategies that have been successful in other states, including through the  
5 use of federal waivers of Medicaid requirements or through demonstration projects under 42  
6 U.S.C. 1315;

7 (b) Reviewing data and studies related to the challenges faced by hospitals in discharging  
8 patients to post-acute care settings;

9 (c) Reviewing state and federal requirements for licensure, certification and scope of  
10 practice for all licensed or certified providers who practice in post-acute care settings;

11 (d) Reviewing the responsibilities of county and state agencies and the accountability of  
12 county and state agencies for conducting clinical assessments and financial assessments of  
13 hospital patients who are ready for discharge to post-acute care settings and assisting in the  
14 patients' placements in appropriate post-acute care settings;

15 (e) Gathering and analyzing data on wages paid to county and state employees with the  
16 responsibilities described in paragraph (d) of this subsection, turnover rates of the staff and  
17 best practices for hiring and training the staff; and

18 (f) Gathering and analyzing data provided by hospitals, post-acute care settings and local  
19 and state agencies on the main barriers to discharging patients from acute care facilities to  
20 appropriate post-acute care settings, including but not limited to:

21 (A) The primary reasons for delays in discharging patients for post-acute care;

22 (B) The current overall capacity of post-acute care settings;

23 (C) The current workforce challenges faced by post-acute care settings;

24 (D) The rates of reimbursement and methodology for reimbursing care for patients in  
25 post-acute care settings;

26 (E) Coordinated care organizations' rates of reimbursement and methodologies for reim-  
27 bursing care for patients in post-acute care settings;

28 (F) The numbers of days patients remain in hospitals after the patients are ready for  
29 discharge and the reasons for the avoidable extended stays; and

30 (G) Data from acute care facilities on patients' lengths of stays.

31 (5) The director may contract with third parties that have expertise in acute care dis-  
32 charges and post-acute care settings to support the work of the task force.

33 (6) The Oregon Health Authority and the Department of Human Services shall provide  
34 data and policy analysis to the task force at the direction of the task force chairperson.

35 (7) A majority of the voting members of the task force constitutes a quorum for the  
36 transaction of business.

37 (8) Official action by the task force requires the approval of a majority of the voting  
38 members of the task force.

39 (9) The task force shall elect one of its voting members to serve as chairperson and an-  
40 other voting member as vice chairperson.

41 (10) If there is a vacancy for any cause, the Governor shall make an appointment to be-  
42 come immediately effective.

43 (11) The task force shall meet at times and places specified by the call of the chairperson  
44 or of a majority of the voting members of the task force.

45 (12) The task force may adopt rules necessary for the operation of the task force.

1 (13) Members of the Legislative Assembly appointed to the task force are nonvoting  
2 members of the task force and may act in an advisory capacity only.

3 (14) Members of the task force who are not members of the Legislative Assembly are not  
4 entitled to compensation or reimbursement for expenses and serve as volunteers on the task  
5 force.

6 (15)(a) The task force, at any time, may provide recommendations for administrative  
7 changes that do not require legislative action to the Governor and to the interim committees  
8 of the Legislative Assembly related to health and human services.

9 (b) No later than December 15, 2023, to the greatest extent practicable, the task force  
10 shall report its recommendations for legislative changes to the interim committees of the  
11 Legislative Assembly related to health and human services. The report need not comply with  
12 ORS 192.245.

13 (c) No later than November 15, 2024, the task force shall submit a final report, in the  
14 manner provided in ORS 192.245, on the findings and recommendations of the task force,  
15 which may include recommendations for legislation, to the interim committees of the Leg-  
16 islative Assembly related to health and human services.

17 SECTION 2. Notwithstanding ORS 414.590 (2)(a), a contract entered into between the  
18 Oregon Health Authority and a coordinated care organization under ORS 414.572 (1) that is  
19 in effect on the effective date of this 2023 Act shall be extended to December 31, 2026.

20 SECTION 3. The Oregon Health Authority shall provide grants to support clinical edu-  
21 cation at hospitals and health care facilities.

22 SECTION 4. The Oregon Health Authority shall provide grants to employers participating  
23 in a labor-management training trust to expand on-the-job training, apprenticeship opportu-  
24 nities and other programs that support the development of health care professionals, in-  
25 cluding medical technicians, certified nursing assistants and phlebotomists.

26 SECTION 5. The Oregon Health Authority shall provide grants to the Oregon Center for  
27 Nursing to work with Oregon's public nursing education programs, including the nursing  
28 programs at the Oregon Health and Science University and Oregon's community colleges, to  
29 develop programs to recruit and retain nurse educators at public institutions of higher edu-  
30 cation.

31 SECTION 6. In addition to and not in lieu of any other appropriation, there is appropri-  
32 ated to the Legislative Policy and Research Committee, for the biennium beginning July 1,  
33 2023, out of the General Fund, the amount of \$500,000, which may be expended for carrying  
34 out the provisions of section 1 of this 2023 Act.

35 SECTION 7. In addition to and not in lieu of any other appropriation, there is appropri-  
36 ated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the  
37 General Fund, the amount of \$15,000,000, which may be expended to provide grants under  
38 section 3 of this 2023 Act.

39 SECTION 8. In addition to and not in lieu of any other appropriation, there is appropri-  
40 ated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the  
41 General Fund, the amount of \$5,000,000, which may be expended to provide grants under  
42 section 4 of this 2023 Act.

43 SECTION 9. In addition to and not in lieu of any other appropriation, there is appropri-  
44 ated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the  
45 General Fund, the amount of \$5,000,000, which may expended to provide grants under section

1 **5 of this 2023 Act.**

2 **SECTION 10. In addition to and not in lieu of any other appropriation, there is appro-**  
3 **riated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the**  
4 **General Fund, the amount of \$1,517,041, which may be expended to support the task force**  
5 **established in section 1 of this 2023 Act and administer the grant programs in sections 3, 4**  
6 **and 5 of this 2023 Act.**

7 **SECTION 11. (1) Section 1 of this 2023 Act is repealed on January 2, 2025.**

8 **(2) Section 2 of this 2023 Act is repealed on January 2, 2027.**

9 **SECTION 12. This 2023 Act being necessary for the immediate preservation of the public**  
10 **peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect**  
11 **on its passage.**

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