

HOUSE AMENDMENTS TO HOUSE BILL 3396

By JOINT COMMITTEE ON WAYS AND MEANS

June 13

- 1 In line 2 of the printed bill, after “care” insert “; and declaring an emergency”.
- 2 Delete lines 4 through 8 and insert:
- 3 **“SECTION 1. (1) As used in this section, ‘post-acute care settings’ includes:**
- 4 **“(a) A setting in which a patient receives in-home care services, as defined in ORS**
- 5 **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 facili-**
- 9 **ties;**
- 10 **“(e) Adult foster homes, as defined in ORS 443.705; and**
- 11 **“(f) Community hemodialysis providers.**
- 12 **“(2) The Joint Task Force on Hospital Discharge Challenges is established, consisting of**
- 13 **22 members appointed as follows:**
- 14 **“(a) The President of the Senate shall appoint one member from among the members of**
- 15 **the Senate.**
- 16 **“(b) The Speaker of the House of Representatives shall appoint one member from among**
- 17 **the members of the House of Representatives.**
- 18 **“(c) The Governor shall appoint:**
- 19 **“(A) Five members representing hospitals, including at least one member representing a**
- 20 **rural hospital, as described in ORS 442.470, and one member representing a health system**
- 21 **who has expertise in hospice care and home health care;**
- 22 **“(B) One member representing nurses who work in acute care settings;**
- 23 **“(C) Three members representing health care workers in post-acute care settings;**
- 24 **“(D) Three members representing residential care facilities and long term care facilities,**
- 25 **including skilled nursing facilities, including one member who has expertise in hospice or**
- 26 **home health care;**
- 27 **“(E) One member representing commercial insurers that offer health benefit plans;**
- 28 **“(F) One member, representing counties, who has expertise in assessing and placing pa-**
- 29 **tients discharged from acute care settings into post-acute care settings;**
- 30 **“(G) One member representing coordinated care organizations;**
- 31 **“(H) One member representing social service providers or federally qualified health cen-**
- 32 **ters that serve individuals who are homeless;**
- 33 **“(I) One member representing the Oregon Health Authority;**
- 34 **“(J) One member representing the Department of Human Services;**
- 35 **“(K) One member representing the Governor; and**

1 “(L) One member representing outpatient renal dialysis facilities, as defined in ORS
2 442.015.

3 “(3) The task force shall:

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

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

10 “(B) Facilitating the timely discharge of patients from hospitals to appropriate place-
11 ments in post-acute care settings, including by:

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

13 “(ii) Obtaining medical assistance determinations;

14 “(iii) Improving discharge methodologies; and

15 “(iv) Improving connectivity between hospitals and post-acute care settings for appro-
16 priate post-acute care setting placements;

17 “(C) Supporting innovative care models and innovative payment models to increase ac-
18 cess to placements in post-acute care settings by patients with complex health needs or who
19 lack stable housing;

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

24 “(E) Increasing available options for and access to community-based placements, includ-
25 ing in-home care services, home health care services, adult foster homes, outpatient
26 hemodialysis facilities, hospice care and other potential models of care that may be licensed
27 by the state; and

28 “(F) Opportunities for federal and state partnerships to secure federal resources and the
29 federal approvals needed for such partnerships.

30 “(b) The task force shall consider how each recommendation developed under this sub-
31 section relates to the needs of individuals who are experiencing homelessness or who other-
32 wise lack stable housing.

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

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

38 “(b) Reviewing data and studies related to the challenges faced by hospitals in discharg-
39 ing patients to post-acute care settings;

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

42 “(d) Reviewing the responsibilities of county and state agencies and the accountability
43 of county and state agencies for conducting clinical assessments and financial assessments
44 of hospital patients who are ready for discharge to post-acute care settings and assisting in
45 the patients’ placements in appropriate post-acute care settings;

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

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

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

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

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

10 “(D) The rates of reimbursement and methodology for reimbursing care for patients in
11 post-acute care settings;

12 “(E) Coordinated care organizations’ rates of reimbursement and methodologies for re-
13 imbursement care for patients in post-acute care settings;

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

16 “(G) Data from acute care facilities on patients’ lengths of stays.

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

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

21 “(7) A majority of the voting members of the task force constitutes a quorum for the
22 transaction of business.

23 “(8) Official action by the task force requires the approval of a majority of the voting
24 members of the task force.

25 “(9) The task force shall elect one of its voting members to serve as chairperson and
26 another voting member as vice chairperson.

27 “(10) If there is a vacancy for any cause, the Governor shall make an appointment to
28 become immediately effective.

29 “(11) The task force shall meet at times and places specified by the call of the chair-
30 person or of a majority of the voting members of the task force.

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

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

34 “(14) Members of the task force who are not members of the Legislative Assembly are
35 not entitled to compensation or reimbursement for expenses and serve as volunteers on the
36 task force.

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

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

44 “(c) No later than November 15, 2024, the task force shall submit a final report, in the
45 manner provided in ORS 192.245, on the findings and recommendations of the task force,

1 which may include recommendations for legislation, to the interim committees of the Leg-
2 islative Assembly related to health and human services.

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

6 “**SECTION 3.** The Oregon Health Authority shall provide grants to support clinical edu-
7 cation at hospitals and health care facilities.

8 “**SECTION 4.** The Oregon Health Authority shall provide grants to employers participat-
9 ing in a labor-management training trust to expand on-the-job training, apprenticeship op-
10 portunities and other programs that support the development of health care professionals,
11 including medical technicians, certified nursing assistants and phlebotomists.

12 “**SECTION 5.** The Oregon Health Authority shall provide grants to the Oregon Center for
13 Nursing to work with Oregon’s public nursing education programs, including the nursing
14 programs at the Oregon Health and Science University and Oregon’s community colleges, to
15 develop programs to recruit and retain nurse educators at public institutions of higher edu-
16 cation.

17 “**SECTION 6.** In addition to and not in lieu of any other appropriation, there is appro-
18 priated to the Legislative Policy and Research Committee, for the biennium beginning July
19 1, 2023, out of the General Fund, the amount of \$500,000, which may be expended for carrying
20 out the provisions of section 1 of this 2023 Act.

21 “**SECTION 7.** In addition to and not in lieu of any other appropriation, there is appro-
22 priated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the
23 General Fund, the amount of \$15,000,000, which may be expended to provide grants under
24 section 3 of this 2023 Act.

25 “**SECTION 8.** In addition to and not in lieu of any other appropriation, there is appro-
26 priated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the
27 General Fund, the amount of \$5,000,000, which may be expended to provide grants under
28 section 4 of this 2023 Act.

29 “**SECTION 9.** In addition to and not in lieu of any other appropriation, there is appro-
30 priated to the Oregon Health Authority, for the biennium beginning July 1, 2023, out of the
31 General Fund, the amount of \$5,000,000, which may expended to provide grants under section
32 5 of this 2023 Act.

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

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

39 “(2) Section 2 of this 2023 Act is repealed on January 2, 2027.

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