

House Bill 3722

Sponsored by Representative RESCHKE

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**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act changes the Cover All People program to the Cover All Children program. (Flesch Readability Score: 65.7).

Renames the Cover All People program as the Cover All Children program and removes program eligibility for adults who would qualify for the state medical assistance program but for their immigration status.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to medical assistance for children; creating new provisions; amending ORS 192.556, 413.201,
3 413.225, 414.231, 414.578 and 431A.430; and prescribing an effective date.

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

5 **SECTION 1.** ORS 414.231 is amended to read:

6 414.231. (1) As used in this section[.],

7 *[(a) "Adult" means a person 19 years of age or older.]*

8 *[(b)] "child" means a person under 19 years of age.*

9 (2) The Cover All [*People*] **Children** program is established to make affordable, accessible health
10 care available to all [*residents*] **children** in this state. The program provides medical assistance,
11 funded in whole or in part by Title XIX of the Social Security Act, by the State Children's Health
12 Insurance Program under Title XXI of the Social Security Act or by moneys appropriated or allo-
13 cated by the Legislative Assembly to supplement funds received under Title XIX or XXI of the Social
14 Security Act.

15 (3) A child is eligible for medical assistance under subsection (2) of this section if the child re-
16 sides in this state and the income of the child's family is at or below 300 percent of the federal
17 poverty guidelines.

18 *[(4) An adult is eligible for medical assistance under subsection (2) of this section if the adult re-*
19 *sides in this state and would be eligible for medical assistance but for the adult's immigration*
20 *status.]*

21 *[(5)]* (4) There is no asset limit to qualify for the program.

22 *[(6)(a)]* (5)(a) A child receiving medical assistance through the Cover All [*People*] **Children**
23 program is continuously eligible for a minimum period of 12 months or until the child reaches 19
24 years of age, whichever comes first.

25 (b) The Department of Human Services or the Oregon Health Authority shall reenroll a child
26 for successive 12-month periods of enrollment as long as the child is eligible for medical assistance
27 on the date of reenrollment and the child has not yet reached 19 years of age.

28 (c) A child may not be required to submit a new application as a condition of reenrollment under

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 paragraph (b) of this subsection.

2 [(7)] (6) The department or the authority must determine eligibility for or reenrollment in med-
 3 ical assistance under this section using information and sources available to the department or the
 4 authority. If information and sources available to the department or the authority are not adequate
 5 to verify eligibility, the department or the authority may require the [adult] **child** or [a] **the** child's
 6 caretaker to provide additional documentation in accordance with ORS 411.400 and 411.402. Infor-
 7 mation requested or obtained by the department or the authority under this subsection is subject
 8 to the requirements of ORS 410.150 and 413.175.

9 **SECTION 2.** ORS 413.201 is amended to read:

10 413.201. (1) The Oregon Health Authority is responsible for statewide outreach, education and
 11 engagement for the Cover All [People] **Children** program established in ORS 414.231 and adminis-
 12 tered by the authority with the goal of enrolling in the program all eligible [individuals] **children**
 13 residing in this state. The authority, in collaboration with the work group described in subsection
 14 (3) of this section, shall evaluate and implement the outreach, education and engagement strategies
 15 designed to most effectively encourage enrollment in the program.

16 (2) To maximize the enrollment and retention of eligible [individuals] **children** in the Cover All
 17 [People] **Children** program, the authority shall develop and administer a grant program to provide
 18 funding to organizations and community based groups to deliver culturally specific and targeted
 19 outreach, application assistance and navigation to:

20 (a) Members of racial, ethnic and language minority communities;

21 (b) Children and families living in geographic isolation; and

22 (c) Children and families with additional barriers to accessing health care, such as cognitive,
 23 mental health or sensory disorders, physical disabilities or chemical dependency or homelessness.

24 (3) The authority shall convene a work group, consisting of individuals with experience in con-
 25 ducting outreach to the individuals described in subsection (2)(a) to (c) of this section, to advise and
 26 assist the authority in carrying out its duties under this section and in developing an implementa-
 27 tion plan to ensure that community feedback is included from a health equity perspective.

28 **SECTION 3.** ORS 192.556, as amended by section 47, chapter 73, Oregon Laws 2024, is amended
 29 to read:

30 192.556. As used in ORS 192.553 to 192.581:

31 (1) "Authorization" means a document written in plain language that contains at least the fol-
 32 lowing:

33 (a) A description of the information to be used or disclosed that identifies the information in a
 34 specific and meaningful way;

35 (b) The name or other specific identification of the person or persons authorized to make the
 36 requested use or disclosure;

37 (c) The name or other specific identification of the person or persons to whom the covered entity
 38 may make the requested use or disclosure;

39 (d) A description of each purpose of the requested use or disclosure, including but not limited
 40 to a statement that the use or disclosure is at the request of the individual;

41 (e) An expiration date or an expiration event that relates to the individual or the purpose of the
 42 use or disclosure;

43 (f) The signature of the individual or personal representative of the individual and the date;

44 (g) A description of the authority of the personal representative, if applicable; and

45 (h) Statements adequate to place the individual on notice of the following:

- 1 (A) The individual's right to revoke the authorization in writing;
2 (B) The exceptions to the right to revoke the authorization;
3 (C) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits
4 on whether the individual signs the authorization; and
5 (D) The potential for information disclosed pursuant to the authorization to be subject to
6 redisclosure by the recipient and no longer protected.
- 7 (2) "Covered entity" means:
8 (a) A state health plan;
9 (b) A health insurer;
10 (c) A health care provider that transmits any health information in electronic form to carry out
11 financial or administrative activities in connection with a transaction covered by ORS 192.553 to
12 192.581; or
13 (d) A health care clearinghouse.
14 (3) "Health care" means care, services or supplies related to the health of an individual.
15 (4) "Health care operations" includes but is not limited to:
16 (a) Quality assessment, accreditation, auditing and improvement activities;
17 (b) Case management and care coordination;
18 (c) Reviewing the competence, qualifications or performance of health care providers or health
19 insurers;
20 (d) Underwriting activities;
21 (e) Arranging for legal services;
22 (f) Business planning;
23 (g) Customer services;
24 (h) Resolving internal grievances;
25 (i) Creating deidentified information; and
26 (j) Fundraising.
27 (5) "Health care provider" includes but is not limited to:
28 (a) A psychologist, occupational therapist, regulated social worker, professional counselor or
29 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
30 or an employee of the psychologist, occupational therapist, regulated social worker, professional
31 counselor or marriage and family therapist;
32 (b) A physician or physician associate licensed under ORS chapter 677, an acupuncturist li-
33 censed under ORS 677.759 or an employee of the physician, physician associate or acupuncturist;
34 (c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
35 the nurse or nursing home administrator;
36 (d) A dentist licensed under ORS chapter 679 or an employee of the dentist;
37 (e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental
38 hygienist or denturist;
39 (f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee
40 of the speech-language pathologist or audiologist;
41 (g) An emergency medical services provider licensed under ORS chapter 682;
42 (h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
43 (i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
44 physician;
45 (j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic

- 1 physician;
- 2 (k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
- 3 therapist;
- 4 (L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
- 5 entry midwife;
- 6 (m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
- 7 therapist;
- 8 (n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
- 9 imaging licensee;
- 10 (o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory
- 11 care practitioner;
- 12 (p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
- 13 somnographic technologist;
- 14 (q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;
- 15 (r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;
- 16 (s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
- 17 service practitioner;
- 18 (t) A health care facility as defined in ORS 442.015;
- 19 (u) A home health agency as defined in ORS 443.014;
- 20 (v) A hospice program as defined in ORS 443.850;
- 21 (w) A clinical laboratory as defined in ORS 438.010;
- 22 (x) A pharmacy as defined in ORS 689.005; and
- 23 (y) Any other person or entity that furnishes, bills for or is paid for health care in the normal
- 24 course of business.
- 25 (6) "Health information" means any oral or written information in any form or medium that:
- 26 (a) Is created or received by a covered entity, a public health authority, an employer, a life
- 27 insurer, a school, a university or a health care provider that is not a covered entity; and
- 28 (b) Relates to:
- 29 (A) The past, present or future physical or mental health or condition of an individual;
- 30 (B) The provision of health care to an individual; or
- 31 (C) The past, present or future payment for the provision of health care to an individual.
- 32 (7) "Health insurer" means an insurer as defined in ORS 731.106 who offers:
- 33 (a) A health benefit plan as defined in ORS 743B.005;
- 34 (b) A short term health insurance policy, the duration of which does not exceed three months
- 35 including renewals;
- 36 (c) A student health insurance policy;
- 37 (d) A Medicare supplemental policy; or
- 38 (e) A dental only policy.
- 39 (8) "Individually identifiable health information" means any oral or written health information
- 40 in any form or medium that is:
- 41 (a) Created or received by a covered entity, an employer or a health care provider that is not
- 42 a covered entity; and
- 43 (b) Identifiable to an individual, including demographic information that identifies the individual,
- 44 or for which there is a reasonable basis to believe the information can be used to identify an indi-
- 45 vidual, and that relates to:

- 1 (A) The past, present or future physical or mental health or condition of an individual;
2 (B) The provision of health care to an individual; or
3 (C) The past, present or future payment for the provision of health care to an individual.
4 (9) "Payment" includes but is not limited to:
5 (a) Efforts to obtain premiums or reimbursement;
6 (b) Determining eligibility or coverage;
7 (c) Billing activities;
8 (d) Claims management;
9 (e) Reviewing health care to determine medical necessity;
10 (f) Utilization review; and
11 (g) Disclosures to consumer reporting agencies.
12 (10) "Personal representative" includes but is not limited to:
13 (a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with
14 authority to make medical and health care decisions;
15 (b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-
16 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment
17 decisions;
18 (c) A person appointed as a personal representative under ORS chapter 113; and
19 (d) A person described in ORS 192.573.
20 (11)(a) "Protected health information" means individually identifiable health information that is
21 maintained or transmitted in any form of electronic or other medium by a covered entity.
22 (b) "Protected health information" does not mean individually identifiable health information in:
23 (A) Education records covered by the federal Family Educational Rights and Privacy Act (20
24 U.S.C. 1232g);
25 (B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or
26 (C) Employment records held by a covered entity in its role as employer.
27 (12) "State health plan" means:
28 (a) Medical assistance as defined in ORS 414.025;
29 (b) The Cover All [*People*] **Children** program; or
30 (c) Any medical assistance or premium assistance program operated by the Oregon Health Au-
31 thority.
32 (13) "Treatment" includes but is not limited to:
33 (a) The provision, coordination or management of health care; and
34 (b) Consultations and referrals between health care providers.
35 **SECTION 4.** ORS 413.225 is amended to read:
36 413.225. (1) As used in this section:
37 (a) "Community health center or safety net clinic" means a nonprofit medical clinic or school-
38 based health center that provides primary physical health, vision, dental or mental health services
39 to low-income patients without charge or using a sliding scale based on the income of the patient.
40 (b) "School-based health center" means a health clinic that:
41 (A) Is located on the grounds of a school in a school district or on the grounds of a school op-
42 erated by a federally recognized Indian tribe or tribal organization;
43 (B) Is organized through collaboration among schools, communities and health providers, in-
44 cluding public health authorities;
45 (C) Is administered by a county, state, federal or private organization that ensures that certi-

1 fication requirements are met and provides project funding through grants, contracts, billing or
 2 other sources of funds;

3 (D) Is operated exclusively for the purpose of providing health services such as:

4 (i) Primary care;

5 (ii) Preventive health care;

6 (iii) Management and monitoring of chronic health conditions;

7 (iv) Behavioral health care;

8 (v) Oral health care;

9 (vi) Health education services; and

10 (vii) The administration of vaccines recommended by the Centers for Disease Control and Pre-
 11 vention;

12 (E) Provides health services to children and adolescents by licensed or certified health profes-
 13 sionals; and

14 (F) May provide one or more health services to children and adolescents by:

15 (i) A student enrolled in a professional medical, nursing or dental program at an accredited
 16 university if the health service is within the student's field of study and training; or

17 (ii) An expanded practice dental hygienist holding a permit issued under ORS 680.200 for oral
 18 health care.

19 (2)(a) The Oregon Health Authority shall award grants to community health centers or safety
 20 net clinics, including school-based health centers, to ensure the capacity of each grantee to provide
 21 health care services to underserved or vulnerable populations.

22 (b) The authority shall work with the Centers for Medicare and Medicaid Services and
 23 stakeholders to identify additional sources of funding for school-based health center expenditures for
 24 which federal financial participation is available under Title XIX or Title XXI of the Social Security
 25 Act.

26 (3) The authority shall provide outreach for the Cover All [*People*] **Children** program, including
 27 development and administration of an application assistance program, and including grants to pro-
 28 vide funding to organizations and local groups for outreach and enrollment activities for the pro-
 29 gram, within the limits of funds provided by the Legislative Assembly for this purpose.

30 (4) The authority shall, using funds allocated by the Legislative Assembly:

31 (a) Provide funds for the expansion and continuation of school-based health centers that are
 32 operating on July 29, 2013, and that become certified under ORS 413.223;

33 (b) Direct funds to communities with certified school-based health centers and to communities
 34 planning for certified school-based health centers; and

35 (c) Create a pool of funds available to provide financial incentives to:

36 (A) Increase the number of school-based health centers identified as patient centered primary
 37 care homes without requiring school-based health centers to be identified as patient centered pri-
 38 mary care homes;

39 (B) Improve the coordination of the care of patients served by coordinated care organizations
 40 and school-based health centers; and

41 (C) Improve the effectiveness of the delivery of health services through school-based health
 42 centers to children who qualify for medical assistance.

43 (5) The authority shall by rule adopt criteria for awarding grants and providing funds in ac-
 44 cordance with this section.

45 (6) The authority shall analyze and evaluate the implementation of the Cover All [*People*] **Chil-**

1 **Children** program.

2 **SECTION 5.** ORS 414.578 is amended to read:

3 414.578. (1) A community health improvement plan adopted by a coordinated care organization
4 and its community advisory council in accordance with ORS 414.577 shall include a component for
5 addressing the health of children and youth in the areas served by the coordinated care organization
6 including, to the extent practicable, a strategy and a plan for:

7 (a) Working with programs developed by the Early Learning Council, Early Learning Hubs, the
8 Youth Development Council and the school health providers in the region; and

9 (b) Coordinating the effective and efficient delivery of health care to children and adolescents
10 in the community.

11 (2) A community health improvement plan must be based on research, including research into
12 adverse childhood experiences, and must identify funding sources and additional funding necessary
13 to address the health needs of children and adolescents in the community and to meet the goals of
14 the plan. The plan must also:

15 (a) Evaluate the adequacy of the existing school-based health resources including school-based
16 health centers and school nurses to meet the specific pediatric and adolescent health care needs in
17 the community;

18 (b) Make recommendations to improve the school-based health center and school nurse system,
19 including the addition or improvement of electronic medical records and billing systems;

20 (c) Take into consideration whether integration of school-based health centers with the larger
21 health system or system of community clinics would further advance the goals of the plan;

22 (d) Improve the integration of all services provided to meet the needs of children, adolescents
23 and families;

24 (e) Focus on primary care, behavioral health and oral health; and

25 (f) Address promotion of health and prevention and early intervention in the treatment of chil-
26 dren and adolescents.

27 (3) A coordinated care organization shall involve in the development of its community health
28 improvement plan, school-based health centers, school nurses, school mental health providers and
29 individuals representing:

30 (a) Programs developed by the Early Learning Council and Early Learning Hubs;

31 (b) Programs developed by the Youth Development Council in the region;

32 (c) The Healthy Start Family Support Services program in the region;

33 (d) The Cover All [*People*] **Children** program and other medical assistance programs;

34 (e) Relief nurseries in the region;

35 (f) Community health centers;

36 (g) Oral health care providers;

37 (h) Community mental health providers;

38 (i) Administrators of county health department programs that offer preventive health services
39 to children;

40 (j) Hospitals in the region; and

41 (k) Other appropriate child and adolescent health program administrators.

42 (4) The Oregon Health Authority may provide incentive grants to coordinated care organizations
43 for the purpose of contracting with individuals or organizations to help coordinate integration
44 strategies identified in the community health improvement plan adopted by the community advisory
45 council. The authority may also provide funds to coordinated care organizations to improve systems

1 of services that will promote the implementation of the plan.

2 (5) Each coordinated care organization shall report to the authority, in the form and manner
 3 prescribed by the authority, on the progress of the integration strategies and implementation of the
 4 plan for working with the programs developed by the Early Learning Council, Early Learning Hubs,
 5 the Youth Development Council and school health care providers in the region, as part of the de-
 6 velopment and implementation of the community health improvement plan. The authority shall
 7 compile the information biennially and report the information to the Legislative Assembly by De-
 8 cember 31 of each even-numbered year.

9 **SECTION 6.** ORS 431A.430, as amended by section 1, chapter 108, Oregon Laws 2024, is
 10 amended to read:

11 431A.430. (1) As used in this section:

12 (a) “Air conditioner” means a portable, stand-up air conditioner that has an energy efficiency
 13 ratio rating of eight or higher.

14 (b)(A) “Air filter” means an air filtering device that uses a high-efficiency particulate air
 15 (HEPA) filter to remove contaminating particles from the air.

16 (B) “Air filter” does not include a device that is labeled an “air purifier” and that uses an
 17 electrostatic or ionizing process.

18 (c) “Eligible distribution entity” means a:

19 (A) Local government as defined in ORS 174.116;

20 (B) Local housing authority;

21 (C) Nonprofit organization;

22 (D) Federally recognized Indian tribe in Oregon;

23 (E) Indian health center;

24 (F) Coordinated care organization as defined in ORS 414.025;

25 (G) Community action agency as described in ORS 458.505;

26 (H) Manufactured dwelling park nonprofit cooperative as defined in ORS 62.803;

27 (I) Landlord that has a residential tenant who has received medical assistance through the
 28 Oregon Health Authority, the Department of Human Services or Medicare within the past 12
 29 months;

30 (J) Electric utility as defined in ORS 757.600; or

31 (K) Natural gas utility as defined in ORS 757.392.

32 (d) “Medical assistance” has the meaning given that term in ORS 414.025.

33 (2)(a) The Oregon Health Authority shall create a program to:

34 (A) Acquire a supply of air conditioners and air filters; and

35 (B) Distribute the air conditioners and air filters to eligible distribution entities that will pro-
 36 vide the air conditioners and air filters for an emergency or anticipated emergency to eligible indi-
 37 viduals as described in subsection (4) of this section.

38 (b) The Oregon Health Authority may provide or contract with one or more third parties to
 39 administer the program.

40 (3) The administrator of the program shall:

41 (a) Determine the percentage of program funds needed to support the costs of installation and
 42 materials for installation.

43 (b) Determine the percentage of program funds, but no more than 10 percent of program funds,
 44 needed to cover the costs of the authority or a third party or parties and eligible distribution enti-
 45 ties in administering the program.

1 (c) Make technical assistance resources available to individuals who receive an air conditioner
2 or air filter under the program that answer questions about the installation, use and maintenance
3 of the air conditioners and air filters.

4 (d) Provide to eligible distribution entities:

5 (A) Technical assistance, including assistance that supports the distribution, installation and
6 maintenance of the air conditioners and air filters; and

7 (B) Reimbursement for costs of identifying eligible Oregonians, delivering devices, providing
8 utility supports when otherwise not available and ensuring that devices are installed and working
9 properly.

10 (4) An eligible distribution entity may distribute air conditioners and air filters under this sec-
11 tion only to individuals who:

12 (a) Are eligible to receive medical assistance through the Oregon Health Authority, the De-
13 partment of Human Services or Medicare, including under the Cover All [*People*] **Children** program
14 established in ORS 414.231, or have received any of these services in the past 12 months;

15 (b) Reside in any type of housing or recreational vehicle, as defined in ORS 174.101, that has
16 electricity for operating the air conditioner or air filter; and

17 (c) Upon receiving an air conditioner or air filter, provide an attestation that the individual can
18 safely and legally install the air conditioner or air filter in the individual's home or recreational
19 vehicle.

20 (5) The Oregon Health Authority shall make available a list of eligible distribution entities
21 participating in the program to:

22 (a) Individuals who are eligible to receive medical assistance through the Oregon Health Au-
23 thority or Department of Human Services.

24 (b) The 2-1-1 system provided for in ORS 403.400 to 403.430.

25 (c) The Housing and Community Services Department.

26 (6) The Oregon Health Authority and any eligible distribution entity participating in the pro-
27 gram are immune from civil liability for:

28 (a) The functioning, safety or impact of any air conditioner or air filter distributed by the pro-
29 gram.

30 (b) Any heat-related health impacts to an individual using an air conditioner or air filter dis-
31 tributed by the program.

32 (7) The Oregon Health Authority shall adopt rules to implement the program.

33 **SECTION 7. (1) The amendments to ORS 192.556, 413.201, 413.225, 414.231, 414.578 and**
34 **431A.430 by sections 1 to 6 of this 2025 Act become operative on January 1, 2026.**

35 **(2) The Oregon Health Authority may take any action before the operative date specified**
36 **in subsection (1) of this section that is necessary to enable the authority to exercise, on and**
37 **after the operative date specified in subsection (1) of this section, all of the duties, functions**
38 **and powers conferred on the authority by the amendments to ORS 192.556, 413.201, 413.225,**
39 **414.231, 414.578 and 431A.430 by sections 1 to 6 of this 2025 Act.**

40 **SECTION 8. This 2025 Act takes effect on the 91st day after the date on which the 2025**
41 **regular session of the Eighty-third Legislative Assembly adjourns sine die.**