

HB 2087
Relating to health care delivery

House Bill 2087 authorizes the Department of Corrections, the Oregon Youth Authority, and local correctional facilities to apply for medical assistance on behalf of inmates of the facilities, rather than the inmates being required to apply for themselves.

The Oregon Health Authority reports that corrections officials estimate that as many as 75% of potentially eligible inmates refuse to apply for Medicaid benefits given the choice. This bill allows a proxy or designated representative to complete and submit the application. With passage of this bill, it is anticipated that a larger number of inmates will be eligible for medical assistance coverage, and the state would be able to claim Medicaid matching funds for hospital inpatient care provided to incarcerated individuals through the Medical Assistance Programs (MAP), per federal law and regulation. This bill is anticipated to realize significant savings for the Department of Corrections, Oregon Youth Authority, and local correctional entities.

The bill also allows local mental health authorities flexibility in developing Biennial Implementation Plans by removing specific requirements regarding the timing of these plans.

Your Human Services Subcommittee recommends HB 2087 be amended and reported out “do pass” as amended.

Joint Committee on Ways and Means

Carrier – House: Rep. Williamson
Carrier – Senate: Sen. Winters

Revenue:

Fiscal: Fiscal statement issued

Action: Do Pass the A-Engrossed Measure as Amended and be Printed B-Engrossed

Vote:

House

Yeas:

Nays:

Exc:

Senate

Yeas:

Nays:

Exc:

Prepared By: Kim To, Legislative Fiscal Office

Meeting Date: June 21, 2013

WHAT THE MEASURE DOES: Authorizes the Department of Corrections, the Oregon Youth Authority, and local correctional facilities to apply for medical assistance on behalf of inmates of the facilities, rather than requiring inmates to apply for themselves. The bill does not declare an emergency and would be assumed to be effective January 1, 2014.

ISSUES DISCUSSED:

- Fiscal impact

EFFECT OF COMMITTEE AMENDMENT: Allows local mental health authorities flexibility in developing Biennial Implementation Plans by removing specific requirements regarding the timing of the Biennial Implementation Plans. Requires the plans be coordinated with community health improvement plans developed by coordinate care organizations (CCOs). Resolves technical conflicts in the event that House Bill 2216, House Bill 2240, House Bill 2859, and House Bill 3458 become law.

BACKGROUND: Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. According to *The Oregonian*, prison health services cost the state \$100 million per year and those costs are rising as the prison population gets older.

The Oregon Health Authority (OHA) reports that corrections officials estimate that as many as 75% of potentially eligible inmates refuse to apply for Medicaid benefits given the choice. HB 2087 allows a proxy or designated representative to complete and submit the application. With passage of this bill, it is anticipated that a larger number of inmates will be eligible for medical assistance coverage for hospital costs, and the state would be able to claim Medicaid matching funds for hospital inpatient care provided to incarcerated individuals through the Medical Assistance Programs (MAP), per federal law and regulation.

FISCAL IMPACT OF PROPOSED LEGISLATION**Measure: HB 2087 - B**Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office***Only Impacts on Original or Engrossed
Versions are Considered Official***

Prepared by: Kim To
Reviewed by: Linda Ames, Linda Gilbert, Monica Brown
Date: 6/20/2013

Measure Description:

Allows a designee of a correctional facility to apply for medical assistance on behalf of person residing in the correctional facility for establishing eligibility for medical assistance during a period of hospitalization that will occur outside of the correctional facility. Modifies requirements for comprehensive local plan adopted by local mental health authority.

Government Unit(s) Affected:

Oregon Health Authority (OHA), Oregon Youth Authority (OYA), Department of Corrections, local correctional facilities, local mental health authorities.

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

House Bill 2087 B-Engrossed authorizes the Department of Corrections, the Oregon Youth Authority, and local correctional facilities to apply for medical assistance on behalf of inmates of the facilities, rather than the inmates being required to apply for themselves. The bill does not declare an emergency and would be assumed to be effective January 1, 2014.

This bill is anticipated to realize savings for the state. However, at this time, the full fiscal impact of this bill is indeterminate. As a point of reference, the Oregon Health Authority (OHA) provides the following information: OHA reports that corrections officials estimate that as many as 75% of potentially eligible inmates refuse to apply for Medicaid benefits given the choice. This bill allows a proxy or designated representative to complete and submit the application. With passage of this bill, it is anticipated that a larger number of inmates will be eligible for medical assistance coverage, and the state would be able to claim Medicaid matching funds for hospital inpatient care provided to incarcerated individuals through the Medical Assistance Programs (MAP), per federal law and regulation, which could result in savings for the Department of Corrections, Oregon Youth Authority, and local correctional entities. OHA estimates that the Department of Corrections could save approximately \$13 million in the 2013-15 biennium. The Oregon Youth Authority (OYA) estimates approximately \$70,000 in savings a biennium, based on actual hospitalization payments for youth under the custody of OYA. Extrapolating from data provided by Multnomah County, the Oregon Health Authority estimates that Multnomah County could save roughly between \$0.75 and 1.0 million in the 2013-15 biennium from submitting claims for inpatient services to Medicaid.

The Oregon Health Authority notes that the responsibility and liability for the information provided on the inmates' applications would be with the designated representative (i.e., the state or local entity that submits the application). This could result in overpayments that the entity would need to repay.

Currently, the OHA does not include corrections inpatient expenses in their budget. Should this bill become law, the Oregon Health Authority will require General Fund dollars and Federal Fund limitation to handle the increased claims. However, additional analysis would be required to determine the final impact of the bill. In addition, the Department of Corrections requires more time and further analysis to predict the workload and expenditures that would be involved in applying for medical assistance. The Oregon Youth Authority will use existing staff and resources to apply for medical assistance on behalf of youths under its custody.

The bill also allows local mental health authorities flexibility in developing Biennial Implementation Plans by removing specific requirements regarding the timing of the Biennial Implementation Plans. The amendment also requires the plans be coordinated with community health improvement plans developed by coordinate care organizations (CCOs). Complying with these provisions would not result in a fiscal impact for the Oregon Health Authority and local mental health authorities.

In addition, the bill resolves technical conflicts in the event that House Bill 2216, House Bill 2240, House Bill 2859, and House Bill 3458 become law. These provisions make no substantive changes, and would not result in a fiscal impact.

**PROPOSED AMENDMENTS TO
A-ENGROSSED HOUSE BILL 2087**

1 On page 1 of the printed A-engrossed bill, line 2, delete “414.440 and
2 419C.550” and insert “414.231, 414.440, 419C.550, 430.630, 430.632, 430.640,
3 431.385, 431.416 and 624.510 and section 9, chapter ___, Oregon Laws 2013
4 (Enrolled House Bill 2091), sections 40, 64 and 65, chapter ___, Oregon Laws
5 2013 (Enrolled House Bill 2240), sections 104 and 105, chapter ___, Oregon
6 Laws 2013 (Enrolled House Bill 2859), and section 42, chapter ___, Oregon
7 Laws 2013 (Enrolled House Bill 3458); repealing sections 39, 48, 54 and 55
8 chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240), sections 73, 82,
9 83, 84, 85, 94 and 95, chapter ___, Oregon Laws 2013 (Enrolled House Bill
10 2859), and section 10, chapter ___, Oregon Laws 2013 (Enrolled House Bill
11 3458)”.

12 On page 2, delete lines 29 through 31 and insert:

13 **“SECTION 3. ORS 430.630 is amended to read:**

14 “430.630. (1) In addition to any other requirements that may be established
15 by rule by the Oregon Health Authority, each community mental health
16 program, subject to the availability of funds, shall provide the following
17 basic services to persons with alcoholism or drug dependence, and persons
18 who are alcohol or drug abusers:

19 “(a) Outpatient services;

20 “(b) Aftercare for persons released from hospitals;

21 “(c) Training, case and program consultation and education for commu-
22 nity agencies, related professions and the public;

1 “(d) Guidance and assistance to other human service agencies for joint
2 development of prevention programs and activities to reduce factors causing
3 alcohol abuse, alcoholism, drug abuse and drug dependence; and

4 “(e) Age-appropriate treatment options for older adults.

5 “(2) As alternatives to state hospitalization, it is the responsibility of the
6 community mental health program to ensure that, subject to the availability
7 of funds, the following services for persons with alcoholism or drug depend-
8 ence, and persons who are alcohol or drug abusers, are available when
9 needed and approved by the Oregon Health Authority:

10 “(a) Emergency services on a 24-hour basis, such as telephone consulta-
11 tion, crisis intervention and prehospital screening examination;

12 “(b) Care and treatment for a portion of the day or night, which may in-
13 clude day treatment centers, work activity centers and after-school programs;

14 “(c) Residential care and treatment in facilities such as halfway houses,
15 detoxification centers and other community living facilities;

16 “(d) Continuity of care, such as that provided by service coordinators,
17 community case development specialists and core staff of federally assisted
18 community mental health centers;

19 “(e) Inpatient treatment in community hospitals; and

20 “(f) Other alternative services to state hospitalization as defined by the
21 Oregon Health Authority.

22 “(3) In addition to any other requirements that may be established by rule
23 of the Oregon Health Authority, each community mental health program,
24 subject to the availability of funds, shall provide or ensure the provision of
25 the following services to persons with mental or emotional disturbances:

26 “(a) Screening and evaluation to determine the client’s service needs;

27 “(b) Crisis stabilization to meet the needs of persons with acute mental
28 or emotional disturbances, including the costs of investigations and pre-
29 hearing detention in community hospitals or other facilities approved by the
30 authority for persons involved in involuntary commitment procedures;

1 “(c) Vocational and social services that are appropriate for the client’s
2 age, designed to improve the client’s vocational, social, educational and rec-
3 reational functioning;

4 “(d) Continuity of care to link the client to housing and appropriate and
5 available health and social service needs;

6 “(e) Psychiatric care in state and community hospitals, subject to the
7 provisions of subsection (4) of this section;

8 “(f) Residential services;

9 “(g) Medication monitoring;

10 “(h) Individual, family and group counseling and therapy;

11 “(i) Public education and information;

12 “(j) Prevention of mental or emotional disturbances and promotion of
13 mental health;

14 “(k) Consultation with other community agencies;

15 “(L) Preventive mental health services for children and adolescents, in-
16 cluding primary prevention efforts, early identification and early inter-
17 vention services. Preventive services should be patterned after service models
18 that have demonstrated effectiveness in reducing the incidence of emotional,
19 behavioral and cognitive disorders in children. As used in this paragraph:

20 “(A) ‘Early identification’ means detecting emotional disturbance in its
21 initial developmental stage;

22 “(B) ‘Early intervention services’ for children at risk of later development
23 of emotional disturbances means programs and activities for children and
24 their families that promote conditions, opportunities and experiences that
25 encourage and develop emotional stability, self-sufficiency and increased
26 personal competence; and

27 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
28 problems from occurring by addressing issues early so that disturbances do
29 not have an opportunity to develop; and

30 “(m) Preventive mental health services for older adults, including primary

1 prevention efforts, early identification and early intervention services. Pre-
2 ventive services should be patterned after service models that have demon-
3 strated effectiveness in reducing the incidence of emotional and behavioral
4 disorders and suicide attempts in older adults. As used in this paragraph:

5 “(A) ‘Early identification’ means detecting emotional disturbance in its
6 initial developmental stage;

7 “(B) ‘Early intervention services’ for older adults at risk of development
8 of emotional disturbances means programs and activities for older adults and
9 their families that promote conditions, opportunities and experiences that
10 encourage and maintain emotional stability, self-sufficiency and increased
11 personal competence and that deter suicide; and

12 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
13 problems from occurring by addressing issues early so that disturbances do
14 not have an opportunity to develop.

15 “(4) A community mental health program shall assume responsibility for
16 psychiatric care in state and community hospitals, as provided in subsection
17 (3)(e) of this section, in the following circumstances:

18 “(a) The person receiving care is a resident of the county served by the
19 program. For purposes of this paragraph, ‘resident’ means the resident of a
20 county in which the person maintains a current mailing address or, if the
21 person does not maintain a current mailing address within the state, the
22 county in which the person is found, or the county in which a court-
23 committed person with a mental illness has been conditionally released.

24 “(b) The person has been hospitalized involuntarily or voluntarily, pur-
25 suant to ORS 426.130 or 426.220, except for persons confined to the Secure
26 Child and Adolescent Treatment Unit at Oregon State Hospital, or has been
27 hospitalized as the result of a revocation of conditional release.

28 “(c) Payment is made for the first 60 consecutive days of hospitalization.

29 “(d) The hospital has collected all available patient payments and third-
30 party reimbursements.

1 “(e) In the case of a community hospital, the authority has approved the
2 hospital for the care of persons with mental or emotional disturbances, the
3 community mental health program has a contract with the hospital for the
4 psychiatric care of residents and a representative of the program approves
5 voluntary or involuntary admissions to the hospital prior to admission.

6 “(5) Subject to the review and approval of the Oregon Health Authority,
7 a **community** mental health program may initiate additional services after
8 the services defined in this section are provided.

9 “(6) Each community mental health program and the state hospital serv-
10 ing the program’s geographic area shall enter into a written agreement con-
11 cerning the policies and procedures to be followed by the program and the
12 hospital when a patient is admitted to, and discharged from, the hospital and
13 during the period of hospitalization.

14 “(7) Each community mental health program shall have a mental health
15 advisory committee, appointed by the board of county commissioners or the
16 county court or, if two or more counties have combined to provide mental
17 health services, the boards or courts of the participating counties or, in the
18 case of a Native American reservation, the tribal council.

19 “(8) A community mental health program may request and the authority
20 may grant a waiver regarding provision of one or more of the services de-
21 scribed in subsection (3) of this section upon a showing by the county and
22 a determination by the authority that persons with mental or emotional
23 disturbances in that county would be better served and unnecessary
24 institutionalization avoided.

25 “(9)(a) As used in this subsection, ‘local mental health authority’ means
26 one of the following entities:

27 “(A) The board of county commissioners of one or more counties that es-
28 tablishes or operates a community mental health program;

29 “(B) The tribal council, in the case of a federally recognized tribe of Na-
30 tive Americans that elects to enter into an agreement to provide mental

1 health services; or

2 “(C) A regional local mental health authority comprising two or more
3 boards of county commissioners.

4 “(b) Each local mental health authority that provides mental health ser-
5 vices shall determine the need for local mental health services and adopt a
6 comprehensive local plan for the delivery of mental health services for chil-
7 dren, families, adults and older adults that describes the methods by which
8 the local mental health authority shall provide those services. [*The local*
9 *mental health authority shall review and revise the local plan biennially.*] The
10 purpose of the local plan is to create a blueprint to provide mental health
11 services that are directed by and responsive to the mental health needs of
12 individuals in the community served by the local plan. **A local mental**
13 **health authority shall coordinate its local planning with the develop-**
14 **ment of the community health improvement plan under section 13,**
15 **chapter 8, Oregon Laws 2012, by the coordinated care organization**
16 **servicing the area. The Oregon Health Authority may require a local**
17 **mental health authority to review and revise the local plan period-**
18 **ically.**

19 “(c) The local plan shall identify ways to:

20 “(A) Coordinate and ensure accountability for all levels of care described
21 in paragraph (e) of this subsection;

22 “(B) Maximize resources for consumers and minimize administrative ex-
23 penses;

24 “(C) Provide supported employment and other vocational opportunities for
25 consumers;

26 “(D) Determine the most appropriate service provider among a range of
27 qualified providers;

28 “(E) Ensure that appropriate mental health referrals are made;

29 “(F) Address local housing needs for persons with mental health disor-
30 ders;

1 “(G) Develop a process for discharge from state and local psychiatric
2 hospitals and transition planning between levels of care or components of the
3 system of care;

4 “(H) Provide peer support services, including but not limited to drop-in
5 centers and paid peer support;

6 “(I) Provide transportation supports; and

7 “(J) Coordinate services among the criminal and juvenile justice systems,
8 adult and juvenile corrections systems and local mental health programs to
9 ensure that persons with mental illness who come into contact with the
10 justice and corrections systems receive needed care and to ensure continuity
11 of services for adults and juveniles leaving the corrections system.

12 “(d) When developing a local plan, a local mental health authority shall:

13 “(A) Coordinate with the budgetary cycles of state and local governments
14 that provide the local mental health authority with funding for mental
15 health services;

16 “(B) Involve consumers, advocates, families, service providers, schools and
17 other interested parties in the planning process;

18 “(C) Coordinate with the local public safety coordinating council to ad-
19 dress the services described in paragraph (c)(J) of this subsection;

20 “(D) Conduct a population based needs assessment to determine the types
21 of services needed locally;

22 “(E) Determine the ethnic, age-specific, cultural and diversity needs of the
23 population served by the local plan;

24 “(F) Describe the anticipated outcomes of services and the actions to be
25 achieved in the local plan;

26 “(G) Ensure that the local plan coordinates planning, funding and ser-
27 vices with:

28 “(i) The educational needs of children, adults and older adults;

29 “(ii) Providers of social supports, including but not limited to housing,
30 employment, transportation and education; and

1 “(iii) Providers of physical health and medical services;

2 “(H) Describe how funds, other than state resources, may be used to
3 support and implement the local plan;

4 “(I) Demonstrate ways to integrate local services and administrative
5 functions in order to support integrated service delivery in the local plan;
6 and

7 “(J) Involve the local mental health advisory committees described in
8 subsection (7) of this section.

9 “(e) The local plan must describe how the local mental health authority
10 will ensure the delivery of and be accountable for clinically appropriate
11 services in a continuum of care based on consumer needs. The local plan
12 shall include, but not be limited to, services providing the following levels
13 of care:

14 “(A) Twenty-four-hour crisis services;

15 “(B) Secure and nonsecure extended psychiatric care;

16 “(C) Secure and nonsecure acute psychiatric care;

17 “(D) Twenty-four-hour supervised structured treatment;

18 “(E) Psychiatric day treatment;

19 “(F) Treatments that maximize client independence;

20 “(G) Family and peer support and self-help services;

21 “(H) Support services;

22 “(I) Prevention and early intervention services;

23 “(J) Transition assistance between levels of care;

24 “(K) Dual diagnosis services;

25 “(L) Access to placement in state-funded psychiatric hospital beds;

26 “(M) Precommitment and civil commitment in accordance with ORS
27 chapter 426; and

28 “(N) Outreach to older adults at locations appropriate for making contact
29 with older adults, including senior centers, long term care facilities and
30 personal residences.

1 “(f) In developing the part of the local plan referred to in paragraph (c)(J)
2 of this subsection, the local mental health authority shall collaborate with
3 the local public safety coordinating council to address the following:

4 “(A) Training for all law enforcement officers on ways to recognize and
5 interact with persons with mental illness, for the purpose of diverting them
6 from the criminal and juvenile justice systems;

7 “(B) Developing voluntary locked facilities for crisis treatment and
8 follow-up as an alternative to custodial arrests;

9 “(C) Developing a plan for sharing a daily jail and juvenile detention
10 center custody roster and the identity of persons of concern and offering
11 mental health services to those in custody;

12 “(D) Developing a voluntary diversion program to provide an alternative
13 for persons with mental illness in the criminal and juvenile justice systems;
14 and

15 “(E) Developing mental health services, including housing, for persons
16 with mental illness prior to and upon release from custody.

17 “(g) Services described in the local plan shall:

18 “(A) Address the vision, values and guiding principles described in the
19 Report to the Governor from the Mental Health Alignment Workgroup,
20 January 2001;

21 “(B) Be provided to children, older adults and families as close to their
22 homes as possible;

23 “(C) Be culturally appropriate and competent;

24 “(D) Be, for children, older adults and adults with mental health needs,
25 from providers appropriate to deliver those services;

26 “(E) Be delivered in an integrated service delivery system with integrated
27 service sites or processes, and with the use of integrated service teams;

28 “(F) Ensure consumer choice among a range of qualified providers in the
29 community;

30 “(G) Be distributed geographically;

1 “(H) Involve consumers, families, clinicians, children and schools in
2 treatment as appropriate;

3 “(I) Maximize early identification and early intervention;

4 “(J) Ensure appropriate transition planning between providers and service
5 delivery systems, with an emphasis on transition between children and adult
6 mental health services;

7 “(K) Be based on the ability of a client to pay;

8 “(L) Be delivered collaboratively;

9 “(M) Use age-appropriate, research-based quality indicators;

10 “(N) Use best-practice innovations; and

11 “(O) Be delivered using a community-based, multisystem approach.

12 “(h) A local mental health authority shall submit to the Oregon Health
13 Authority a copy of the local plan and [*biennial*] revisions adopted under
14 paragraph (b) of this subsection at time intervals established by the **Oregon**
15 **Health Authority**.

16 “(i) Each local commission on children and families shall reference the
17 local plan for the delivery of mental health services in the local coordinated
18 comprehensive plan created pursuant to ORS 417.775.

19 “**SECTION 4.** ORS 430.630, as amended by section 101, chapter 37, Oregon
20 Laws 2012, is amended to read:

21 “430.630. (1) In addition to any other requirements that may be established
22 by rule by the Oregon Health Authority, each community mental health
23 program, subject to the availability of funds, shall provide the following
24 basic services to persons with alcoholism or drug dependence, and persons
25 who are alcohol or drug abusers:

26 “(a) Outpatient services;

27 “(b) Aftercare for persons released from hospitals;

28 “(c) Training, case and program consultation and education for commu-
29 nity agencies, related professions and the public;

30 “(d) Guidance and assistance to other human service agencies for joint

1 development of prevention programs and activities to reduce factors causing
2 alcohol abuse, alcoholism, drug abuse and drug dependence; and

3 “(e) Age-appropriate treatment options for older adults.

4 “(2) As alternatives to state hospitalization, it is the responsibility of the
5 community mental health program to ensure that, subject to the availability
6 of funds, the following services for persons with alcoholism or drug depend-
7 ence, and persons who are alcohol or drug abusers, are available when
8 needed and approved by the Oregon Health Authority:

9 “(a) Emergency services on a 24-hour basis, such as telephone consulta-
10 tion, crisis intervention and prehospital screening examination;

11 “(b) Care and treatment for a portion of the day or night, which may in-
12 clude day treatment centers, work activity centers and after-school programs;

13 “(c) Residential care and treatment in facilities such as halfway houses,
14 detoxification centers and other community living facilities;

15 “(d) Continuity of care, such as that provided by service coordinators,
16 community case development specialists and core staff of federally assisted
17 community mental health centers;

18 “(e) Inpatient treatment in community hospitals; and

19 “(f) Other alternative services to state hospitalization as defined by the
20 Oregon Health Authority.

21 “(3) In addition to any other requirements that may be established by rule
22 of the Oregon Health Authority, each community mental health program,
23 subject to the availability of funds, shall provide or ensure the provision of
24 the following services to persons with mental or emotional disturbances:

25 “(a) Screening and evaluation to determine the client’s service needs;

26 “(b) Crisis stabilization to meet the needs of persons with acute mental
27 or emotional disturbances, including the costs of investigations and pre-
28 hearing detention in community hospitals or other facilities approved by the
29 authority for persons involved in involuntary commitment procedures;

30 “(c) Vocational and social services that are appropriate for the client’s

1 age, designed to improve the client’s vocational, social, educational and rec-
2 reational functioning;

3 “(d) Continuity of care to link the client to housing and appropriate and
4 available health and social service needs;

5 “(e) Psychiatric care in state and community hospitals, subject to the
6 provisions of subsection (4) of this section;

7 “(f) Residential services;

8 “(g) Medication monitoring;

9 “(h) Individual, family and group counseling and therapy;

10 “(i) Public education and information;

11 “(j) Prevention of mental or emotional disturbances and promotion of
12 mental health;

13 “(k) Consultation with other community agencies;

14 “(L) Preventive mental health services for children and adolescents, in-
15 cluding primary prevention efforts, early identification and early inter-
16 vention services. Preventive services should be patterned after service models
17 that have demonstrated effectiveness in reducing the incidence of emotional,
18 behavioral and cognitive disorders in children. As used in this paragraph:

19 “(A) ‘Early identification’ means detecting emotional disturbance in its
20 initial developmental stage;

21 “(B) ‘Early intervention services’ for children at risk of later development
22 of emotional disturbances means programs and activities for children and
23 their families that promote conditions, opportunities and experiences that
24 encourage and develop emotional stability, self-sufficiency and increased
25 personal competence; and

26 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
27 problems from occurring by addressing issues early so that disturbances do
28 not have an opportunity to develop; and

29 “(m) Preventive mental health services for older adults, including primary
30 prevention efforts, early identification and early intervention services. Pre-

1 ventive services should be patterned after service models that have demon-
2 strated effectiveness in reducing the incidence of emotional and behavioral
3 disorders and suicide attempts in older adults. As used in this paragraph:

4 “(A) ‘Early identification’ means detecting emotional disturbance in its
5 initial developmental stage;

6 “(B) ‘Early intervention services’ for older adults at risk of development
7 of emotional disturbances means programs and activities for older adults and
8 their families that promote conditions, opportunities and experiences that
9 encourage and maintain emotional stability, self-sufficiency and increased
10 personal competence and that deter suicide; and

11 “(C) ‘Primary prevention efforts’ means efforts that prevent emotional
12 problems from occurring by addressing issues early so that disturbances do
13 not have an opportunity to develop.

14 “(4) A community mental health program shall assume responsibility for
15 psychiatric care in state and community hospitals, as provided in subsection
16 (3)(e) of this section, in the following circumstances:

17 “(a) The person receiving care is a resident of the county served by the
18 program. For purposes of this paragraph, ‘resident’ means the resident of a
19 county in which the person maintains a current mailing address or, if the
20 person does not maintain a current mailing address within the state, the
21 county in which the person is found, or the county in which a court-
22 committed person with a mental illness has been conditionally released.

23 “(b) The person has been hospitalized involuntarily or voluntarily, pur-
24 suant to ORS 426.130 or 426.220, except for persons confined to the Secure
25 Child and Adolescent Treatment Unit at Oregon State Hospital, or has been
26 hospitalized as the result of a revocation of conditional release.

27 “(c) Payment is made for the first 60 consecutive days of hospitalization.

28 “(d) The hospital has collected all available patient payments and third-
29 party reimbursements.

30 “(e) In the case of a community hospital, the authority has approved the

1 hospital for the care of persons with mental or emotional disturbances, the
2 community mental health program has a contract with the hospital for the
3 psychiatric care of residents and a representative of the program approves
4 voluntary or involuntary admissions to the hospital prior to admission.

5 “(5) Subject to the review and approval of the Oregon Health Authority,
6 a **community** mental health program may initiate additional services after
7 the services defined in this section are provided.

8 “(6) Each community mental health program and the state hospital serv-
9 ing the program’s geographic area shall enter into a written agreement con-
10 cerning the policies and procedures to be followed by the program and the
11 hospital when a patient is admitted to, and discharged from, the hospital and
12 during the period of hospitalization.

13 “(7) Each community mental health program shall have a mental health
14 advisory committee, appointed by the board of county commissioners or the
15 county court or, if two or more counties have combined to provide mental
16 health services, the boards or courts of the participating counties or, in the
17 case of a Native American reservation, the tribal council.

18 “(8) A community mental health program may request and the authority
19 may grant a waiver regarding provision of one or more of the services de-
20 scribed in subsection (3) of this section upon a showing by the county and
21 a determination by the authority that persons with mental or emotional
22 disturbances in that county would be better served and unnecessary
23 institutionalization avoided.

24 “(9)(a) As used in this subsection, ‘local mental health authority’ means
25 one of the following entities:

26 “(A) The board of county commissioners of one or more counties that es-
27 tablishes or operates a community mental health program;

28 “(B) The tribal council, in the case of a federally recognized tribe of Na-
29 tive Americans that elects to enter into an agreement to provide mental
30 health services; or

1 “(C) A regional local mental health authority comprising two or more
2 boards of county commissioners.

3 “(b) Each local mental health authority that provides mental health ser-
4 vices shall determine the need for local mental health services and adopt a
5 comprehensive local plan for the delivery of mental health services for chil-
6 dren, families, adults and older adults that describes the methods by which
7 the local mental health authority shall provide those services. [*The local*
8 *mental health authority shall review and revise the local plan biennially.*] The
9 purpose of the local plan is to create a blueprint to provide mental health
10 services that are directed by and responsive to the mental health needs of
11 individuals in the community served by the local plan. **A local mental**
12 **health authority shall coordinate its local planning with the develop-**
13 **ment of the community health improvement plan under section 13,**
14 **chapter 8, Oregon Laws 2012, by the coordinated care organization**
15 **serving the area. The Oregon Health Authority may require a local**
16 **mental health authority to review and revise the local plan period-**
17 **ically.**

18 “(c) The local plan shall identify ways to:

19 “(A) Coordinate and ensure accountability for all levels of care described
20 in paragraph (e) of this subsection;

21 “(B) Maximize resources for consumers and minimize administrative ex-
22 penses;

23 “(C) Provide supported employment and other vocational opportunities for
24 consumers;

25 “(D) Determine the most appropriate service provider among a range of
26 qualified providers;

27 “(E) Ensure that appropriate mental health referrals are made;

28 “(F) Address local housing needs for persons with mental health disor-
29 ders;

30 “(G) Develop a process for discharge from state and local psychiatric

1 hospitals and transition planning between levels of care or components of the
2 system of care;

3 “(H) Provide peer support services, including but not limited to drop-in
4 centers and paid peer support;

5 “(I) Provide transportation supports; and

6 “(J) Coordinate services among the criminal and juvenile justice systems,
7 adult and juvenile corrections systems and local mental health programs to
8 ensure that persons with mental illness who come into contact with the
9 justice and corrections systems receive needed care and to ensure continuity
10 of services for adults and juveniles leaving the corrections system.

11 “(d) When developing a local plan, a local mental health authority shall:

12 “(A) Coordinate with the budgetary cycles of state and local governments
13 that provide the local mental health authority with funding for mental
14 health services;

15 “(B) Involve consumers, advocates, families, service providers, schools and
16 other interested parties in the planning process;

17 “(C) Coordinate with the local public safety coordinating council to ad-
18 dress the services described in paragraph (c)(J) of this subsection;

19 “(D) Conduct a population based needs assessment to determine the types
20 of services needed locally;

21 “(E) Determine the ethnic, age-specific, cultural and diversity needs of the
22 population served by the local plan;

23 “(F) Describe the anticipated outcomes of services and the actions to be
24 achieved in the local plan;

25 “(G) Ensure that the local plan coordinates planning, funding and ser-
26 vices with:

27 “(i) The educational needs of children, adults and older adults;

28 “(ii) Providers of social supports, including but not limited to housing,
29 employment, transportation and education; and

30 “(iii) Providers of physical health and medical services;

1 “(H) Describe how funds, other than state resources, may be used to
2 support and implement the local plan;

3 “(I) Demonstrate ways to integrate local services and administrative
4 functions in order to support integrated service delivery in the local plan;
5 and

6 “(J) Involve the local mental health advisory committees described in
7 subsection (7) of this section.

8 “(e) The local plan must describe how the local mental health authority
9 will ensure the delivery of and be accountable for clinically appropriate
10 services in a continuum of care based on consumer needs. The local plan
11 shall include, but not be limited to, services providing the following levels
12 of care:

13 “(A) Twenty-four-hour crisis services;

14 “(B) Secure and nonsecure extended psychiatric care;

15 “(C) Secure and nonsecure acute psychiatric care;

16 “(D) Twenty-four-hour supervised structured treatment;

17 “(E) Psychiatric day treatment;

18 “(F) Treatments that maximize client independence;

19 “(G) Family and peer support and self-help services;

20 “(H) Support services;

21 “(I) Prevention and early intervention services;

22 “(J) Transition assistance between levels of care;

23 “(K) Dual diagnosis services;

24 “(L) Access to placement in state-funded psychiatric hospital beds;

25 “(M) Precommitment and civil commitment in accordance with ORS
26 chapter 426; and

27 “(N) Outreach to older adults at locations appropriate for making contact
28 with older adults, including senior centers, long term care facilities and
29 personal residences.

30 “(f) In developing the part of the local plan referred to in paragraph (c)(J)

1 of this subsection, the local mental health authority shall collaborate with
2 the local public safety coordinating council to address the following:

3 “(A) Training for all law enforcement officers on ways to recognize and
4 interact with persons with mental illness, for the purpose of diverting them
5 from the criminal and juvenile justice systems;

6 “(B) Developing voluntary locked facilities for crisis treatment and
7 follow-up as an alternative to custodial arrests;

8 “(C) Developing a plan for sharing a daily jail and juvenile detention
9 center custody roster and the identity of persons of concern and offering
10 mental health services to those in custody;

11 “(D) Developing a voluntary diversion program to provide an alternative
12 for persons with mental illness in the criminal and juvenile justice systems;
13 and

14 “(E) Developing mental health services, including housing, for persons
15 with mental illness prior to and upon release from custody.

16 “(g) Services described in the local plan shall:

17 “(A) Address the vision, values and guiding principles described in the
18 Report to the Governor from the Mental Health Alignment Workgroup,
19 January 2001;

20 “(B) Be provided to children, older adults and families as close to their
21 homes as possible;

22 “(C) Be culturally appropriate and competent;

23 “(D) Be, for children, older adults and adults with mental health needs,
24 from providers appropriate to deliver those services;

25 “(E) Be delivered in an integrated service delivery system with integrated
26 service sites or processes, and with the use of integrated service teams;

27 “(F) Ensure consumer choice among a range of qualified providers in the
28 community;

29 “(G) Be distributed geographically;

30 “(H) Involve consumers, families, clinicians, children and schools in

1 treatment as appropriate;

2 “(I) Maximize early identification and early intervention;

3 “(J) Ensure appropriate transition planning between providers and service
4 delivery systems, with an emphasis on transition between children and adult
5 mental health services;

6 “(K) Be based on the ability of a client to pay;

7 “(L) Be delivered collaboratively;

8 “(M) Use age-appropriate, research-based quality indicators;

9 “(N) Use best-practice innovations; and

10 “(O) Be delivered using a community-based, multisystem approach.

11 “(h) A local mental health authority shall submit to the Oregon Health
12 Authority a copy of the local plan and [*biennial*] revisions adopted under
13 paragraph (b) of this subsection at time intervals established by the **Oregon**
14 **Health Authority**.

15 “**SECTION 5.** ORS 430.632 is amended to read:

16 “430.632. **The Oregon Health Authority may require** a local mental
17 health authority [*shall submit to*] **to periodically report to** the Oregon
18 Health Authority [*by October 1 of each even-numbered year a report*] on the
19 implementation of the comprehensive local plan adopted under ORS 430.630
20 (9).

21 “**SECTION 6.** ORS 430.640 is amended to read:

22 “430.640. (1) The Oregon Health Authority, in carrying out the legislative
23 policy declared in ORS 430.610, subject to the availability of funds, shall:

24 “(a) Assist Oregon counties and groups of Oregon counties in the estab-
25 lishment and financing of community mental health programs operated or
26 contracted for by one or more counties.

27 “(b) If a county declines to operate or contract for a community mental
28 health program, contract with another public agency or private corporation
29 to provide the program. The county must be provided with an opportunity
30 to review and comment.

1 “(c) In an emergency situation when no community mental health pro-
2 gram is operating within a county or when a county is unable to provide a
3 service essential to public health and safety, operate the program or service
4 on a temporary basis.

5 “(d) At the request of the tribal council of a federally recognized tribe
6 of Native Americans, contract with the tribal council for the establishment
7 and operation of a community mental health program in the same manner
8 in which the authority contracts with a county court or board of county
9 commissioners.

10 “(e) If a county agrees, contract with a public agency or private corpo-
11 ration for all services within one or more of the following program areas:

12 “(A) Mental or emotional disturbances.

13 “(B) Drug abuse.

14 “(C) Alcohol abuse and alcoholism.

15 “(f) Approve or disapprove the [*biennial*] **local** plan and budget informa-
16 tion for the establishment and operation of each community mental health
17 program. Subsequent amendments to or modifications of an approved plan
18 or budget information involving more than 10 percent of the state funds
19 provided for services under ORS 430.630 may not be placed in effect without
20 prior approval of the authority. However, an amendment or modification af-
21 fecting 10 percent or less of state funds for services under ORS 430.630
22 within the portion of the program for persons with mental or emotional dis-
23 turbances or within the portion for persons with alcohol or drug dependence
24 may be made without authority approval.

25 “(g) Make all necessary and proper rules to govern the establishment and
26 operation of community mental health programs, including adopting rules
27 defining the range and nature of the services which shall or may be provided
28 under ORS 430.630.

29 “(h) Collect data and evaluate services in the state hospitals in accord-
30 ance with the same methods prescribed for community mental health pro-

1 grams under ORS 430.634.

2 “(i) Develop guidelines that include, for the development of comprehensive
3 local plans in consultation with local mental health authorities:

4 “(A) The use of integrated services;

5 “(B) The outcomes expected from services and programs provided;

6 “(C) Incentives to reduce the use of state hospitals;

7 “(D) Mechanisms for local sharing of risk for state hospitalization;

8 “(E) The provision of clinically appropriate levels of care based on an
9 assessment of the mental health needs of consumers;

10 “(F) The transition of consumers between levels of care; and

11 “(G) The development, maintenance and continuation of older adult men-
12 tal health programs with mental health professionals trained in geriatrics.

13 “(j) Work with local mental health authorities to provide incentives for
14 community-based care whenever appropriate while simultaneously ensuring
15 adequate statewide capacity.

16 “(k) Provide technical assistance and information regarding state and
17 federal requirements to local mental health authorities throughout the local
18 planning process required under ORS 430.630 (9).

19 “(L) Provide incentives for local mental health authorities to enhance or
20 increase vocational placements for adults with mental health needs.

21 “(m) Develop or adopt nationally recognized system-level performance
22 measures, linked to the Oregon Benchmarks, for state-level monitoring and
23 reporting of mental health services for children, adults and older adults, in-
24 cluding but not limited to quality and appropriateness of services, outcomes
25 from services, structure and management of local plans, prevention of mental
26 health disorders and integration of mental health services with other needed
27 supports.

28 “(n) Develop standardized criteria for each level of care described in ORS
29 430.630 (9), including protocols for implementation of local plans, strength-
30 based mental health assessment and case planning.

1 “(o) Develop a comprehensive long-term plan for providing appropriate
2 and adequate mental health treatment and services to children, adults and
3 older adults that is derived from the needs identified in local plans, is con-
4 sistent with the vision, values and guiding principles in the Report to the
5 Governor from the Mental Health Alignment Workgroup, January 2001, and
6 addresses the need for and the role of state hospitals.

7 “(p) Report biennially to the Governor and the Legislative Assembly on
8 the progress of the local planning process and the implementation of the lo-
9 cal plans adopted under ORS 430.630 (9)(b) and the state planning process
10 described in paragraph (o) of this subsection, and on the performance meas-
11 ures and performance data available under paragraph (m) of this subsection.

12 “(q) On a periodic basis, not to exceed 10 years, reevaluate the method-
13 ology used to estimate prevalence and demand for mental health services
14 using the most current nationally recognized models and data.

15 “(r) Encourage the development of regional local mental health authori-
16 ties comprised of two or more boards of county commissioners that establish
17 or operate a community mental health program.

18 “(2) The Oregon Health Authority may provide technical assistance and
19 other incentives to assist in the planning, development and implementation
20 of regional local mental health authorities whenever the Oregon Health
21 Authority determines that a regional approach will optimize the comprehen-
22 sive local plan described under ORS 430.630 (9).

23 “(3) The enumeration of duties and functions in subsections (1) and (2)
24 of this section shall not be deemed exclusive nor construed as a limitation
25 on the powers and authority vested in the authority by other provisions of
26 law.

27 “**SECTION 7.** ORS 431.385 is amended to read:

28 “431.385. (1) The local public health authority shall submit [*an annual*]
29 **a local** plan to the Oregon Health Authority for performing services pursu-
30 ant to ORS 431.375 to 431.385 and 431.416. The [*annual*] **local** plan shall be

1 [submitted] **updated periodically** on a date established by the Oregon Health
2 Authority by rule or on a date mutually agreeable to the authority and the
3 local public health authority.

4 “(2) If the local public health authority decides not to submit [*an*
5 *annual*] **a local** plan under the provisions of ORS 431.375 to 431.385 and
6 431.416, the authority shall become the local public health authority for that
7 county or health district.

8 “(3) The authority shall review and approve or disapprove each **local**
9 plan. Variances to the local public health plan must be approved by the au-
10 thority. In consultation with the Conference of Local Health Officials, the
11 authority shall establish the elements of a **local** plan and an appeals process
12 whereby a local **public** health authority may obtain a hearing if its **local**
13 plan is disapproved.

14 “(4) Each local commission on children and families shall reference the
15 local public health plan in the local coordinated comprehensive plan created
16 pursuant to ORS 417.775.

17 “(5) **The Oregon Health Authority may adopt uniform timelines and**
18 **requirements for the submission of local plans by local public health**
19 **authorities and local mental health authorities and the submission of**
20 **community health improvement plans by coordinated care organiza-**
21 **tions to the extent that the requirements for local plans and commu-**
22 **nity health improvement plans overlap.**

23 “**SECTION 8.** ORS 431.385, as amended by section 102, chapter 37, Oregon
24 Laws 2012, is amended to read:

25 “431.385. (1) The local public health authority shall submit [*an annual*]
26 **a local** plan to the Oregon Health Authority for performing services pursu-
27 ant to ORS 431.375 to 431.385 and 431.416. The [*annual*] **local** plan shall be
28 [*submitted*] **updated periodically** on a date established by the Oregon Health
29 Authority by rule or on a date mutually agreeable to the authority and the
30 local public health authority.

1 “(2) If the local public health authority decides not to submit [*an*
2 *annual*] **a local** plan under the provisions of ORS 431.375 to 431.385 and
3 431.416, the authority shall become the local public health authority for that
4 county or health district.

5 “(3) The authority shall review and approve or disapprove each **local**
6 plan. Variances to the local public health plan must be approved by the au-
7 thority. In consultation with the Conference of Local Health Officials, the
8 authority shall establish the elements of a **local** plan and an appeals process
9 whereby a local **public** health authority may obtain a hearing if its **local**
10 plan is disapproved.

11 “(4) **The Oregon Health Authority may adopt uniform timelines and**
12 **requirements for the submission of local plans by local public health**
13 **authorities and local mental health authorities and the submission of**
14 **community health improvement plans by coordinated care organiza-**
15 **tions to the extent that the requirements for local plans and commu-**
16 **nity health improvement plans overlap.**

17 “**SECTION 9.** ORS 431.416 is amended to read:

18 “431.416. The local public health authority or health district shall:

19 “(1) Administer and enforce the rules of the local public health authority
20 or the health district and public health laws and rules of the Oregon Health
21 Authority.

22 “(2) Assure activities necessary for the preservation of health or pre-
23 vention of disease in the area under its jurisdiction as provided in the [*an-*
24 *annual*] **local** plan of the authority or district are performed. These activities
25 shall include but not be limited to:

26 “(a) Epidemiology and control of preventable diseases and disorders;

27 “(b) Parent and child health services, including family planning clinics
28 as described in ORS 435.205;

29 “(c) Collection and reporting of health statistics;

30 “(d) Health information and referral services; and

1 “(e) Environmental health services.

2 **“SECTION 10.** ORS 624.510 is amended to read:

3 “624.510. (1) The Director of the Oregon Health Authority shall enter into
4 an intergovernmental agreement with each local public health authority es-
5 tablished under ORS 431.375, delegating to the local public health authority
6 the administration and enforcement within the jurisdiction of the local pub-
7 lic health authority of the powers, duties and functions of the director under
8 ORS 624.010 to 624.121, 624.310 to 624.430, 624.650 and 624.992. The intergov-
9 ernmental agreement must describe the powers, duties and functions of the
10 local public health authority relating to fee collection, licensing, inspections,
11 enforcement, civil penalties and issuance and revocation of permits and cer-
12 tificates, standards for enforcement by the local public health authority and
13 the monitoring to be performed by the Oregon Health Authority. The Oregon
14 Health Authority shall establish the descriptions and standards in consulta-
15 tion with the local public health authority officials and in accordance with
16 ORS 431.345. The intergovernmental agreement must be a part of the local
17 [*annual*] plan submitted by the local public health authority under ORS
18 431.385. The Oregon Health Authority shall review the performance of the
19 local public health authority under any expiring intergovernmental agree-
20 ment. The review shall include criteria to determine if provisions of ORS
21 624.073 are uniformly applied to all licensees within the jurisdiction of the
22 local public health authority. In accordance with ORS chapter 183, the di-
23 rector may suspend or rescind an intergovernmental agreement under this
24 subsection. If the Oregon Health Authority suspends or rescinds an inter-
25 governmental agreement, the unexpended portion of the fees collected under
26 subsection (2) of this section shall be available to the Oregon Health Au-
27 thority for carrying out the powers, duties and functions under this section.

28 “(2) A local public health authority shall collect fees on behalf of the
29 Oregon Health Authority that are adequate to cover the administration and
30 enforcement costs incurred by the local public health authority under this

1 section and the cost of oversight by the Oregon Health Authority. If the fee
2 collected by a local public health authority for a license or service is more
3 than 20 percent above or below the fee for that license or service charged
4 by the Oregon Health Authority, the Oregon Health Authority shall analyze
5 the local public health authority fee process and determine whether the local
6 public health authority used the proper cost elements in determining the fee
7 and whether the amount of the fee is justified. Cost elements may include,
8 but need not be limited to, expenses related to administration, program costs,
9 salaries, travel expenses and Oregon Health Authority consultation fees. If
10 the Oregon Health Authority determines that the local public health au-
11 thority did not use the proper cost elements in determining the fee or that
12 the amount of the fee is not justified, the Oregon Health Authority may or-
13 der the local public health authority to reduce any fee to a level supported
14 by the Oregon Health Authority's analysis of the fee process.

15 “(3) The Oregon Health Authority, after consultation with groups repre-
16 senting local health officials in the state, shall by rule assess a remittance
17 from each local public health authority to which health enforcement powers,
18 duties or functions have been delegated under subsection (1) of this section.
19 The amount of the remittance must be specified in the intergovernmental
20 agreement. The remittance shall supplement existing funds for consultation
21 services and development and maintenance of the statewide food service
22 program. The Oregon Health Authority shall consult with groups represent-
23 ing local health officials in the state and statewide restaurant associations
24 in developing the statewide food service program.

25 “(4) In any action, suit or proceeding arising out of local public health
26 authority administration of functions pursuant to subsection (1) of this sec-
27 tion and involving the validity of a rule adopted by the Oregon Health Au-
28 thority, the Oregon Health Authority shall be made a party to the action,
29 suit or proceeding.

30 **“SECTION 11. Section 73 (amending ORS 414.231), chapter __,**

1 **Oregon Laws 2013 (Enrolled House Bill 2859), is repealed.**

2 **“SECTION 12. If House Bill 2240 becomes law, section 39 (amending**
3 **ORS 414.231), chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240),**
4 **is repealed and ORS 414.231, as amended by section 1, chapter ___,**
5 **Oregon Laws 2013 (Enrolled House Bill 2091), is amended to read:**

6 “414.231. (1) As used in this section, ‘child’ means a person under 19 years
7 of age.

8 “(2) The Health Care for All Oregon Children program is established to
9 make affordable, accessible health care available to all of Oregon’s children.
10 The program provides medical assistance to children, funded in whole or in
11 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 and by moneys
13 appropriated or allocated for that purpose by the Legislative Assembly.

14 “(3) A child is eligible for [*the program*] **medical assistance under**
15 **subsection (2) of this section** if the child is lawfully present in this state
16 and the income of the child’s family is:

17 “(a) At or below 200 percent of the federal poverty guidelines; or

18 “(b) Above 200 percent of the federal poverty guidelines and at or below
19 300 percent of the federal poverty guidelines, as long as federal financial
20 participation is available for the costs of the coverage.

21 “(4) There is no asset limit to qualify for the program.

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

26 “(b) The Department of Human Services or the Oregon Health Authority
27 shall reenroll a child for successive 12-month periods of enrollment as long
28 as the child is eligible for medical assistance on the date of reenrollment and
29 [*there is federal financial participation in the costs of the child’s coverage*] **the**
30 **child has not yet reached 19 years of age.**

1 “(c) [*The department and the authority may not require*] **A child may not**
2 **be required to submit** a new application as a condition of reenrollment
3 under paragraph (b) of this subsection [*and*], **and the department or the**
4 **authority** must determine the child’s eligibility for medical assistance using
5 information and sources available to the department **or the authority** or
6 documentation **that is** readily available **to the child or the child’s care-**
7 **taker.**

8 “(6) **Except for medical assistance funded by Title XIX of the Social**
9 **Security Act, the department or the authority may prescribe by rule**
10 **a period of uninsurance prior to enrollment in the program.**

11 “**SECTION 13. If House Bill 2240 becomes law, section 48 (amending**
12 **ORS 414.231), chapter __, Oregon Laws 2013 (Enrolled House Bill 2240),**
13 **is repealed and ORS 414.231, as amended by section 1, chapter __,**
14 **Oregon Laws 2013 (Enrolled House Bill 2091), and section 12 of this 2013**
15 **Act, is amended to read:**

16 “414.231. (1) As used in this section, ‘child’ means a person under 19 years
17 of age.

18 “(2) The Health Care for All Oregon Children program is established to
19 make affordable, accessible health care available to all of Oregon’s children.
20 The program provides medical assistance to children, funded in whole or in
21 part by Title XIX of the Social Security Act, by the State Children’s Health
22 Insurance Program under Title XXI of the Social Security Act and by moneys
23 appropriated or allocated for that purpose by the Legislative Assembly.

24 “(3) A child is eligible for medical assistance under subsection (2) of this
25 section if the child is lawfully present in this state and the income of the
26 child’s family is:

27 “(a) At or below 200 percent of the federal poverty guidelines; or

28 “(b) Above 200 percent of the federal poverty guidelines and at or below
29 300 percent of the federal poverty guidelines, as long as federal financial
30 participation is available for the costs of the coverage.

1 “(4) There is no asset limit to qualify for the program.

2 “(5)(a) A child receiving medical assistance through the Health Care for
3 All Oregon Children program is continuously eligible for a minimum period
4 of 12 months or until the child reaches 19 years of age, whichever comes
5 first.

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

10 “(c) A child may not be required to submit a new application as a condi-
11 tion of reenrollment under paragraph (b) of this subsection, and the depart-
12 ment or the authority must determine the child’s eligibility for medical
13 assistance using information and sources available to the department or the
14 authority or documentation that is readily available to the child or the
15 child’s caretaker.

16 “[*(6) Except for medical assistance funded by Title XIX of the Social Se-*
17 *curity Act, the department or the authority may prescribe by rule a period of*
18 *uninsurance prior to enrollment in the program.*]

19 “**SECTION 14.** If House Bill 2240 becomes law, section 40, chapter ____,
20 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

21 “**Sec. 40.** (1) The Office of Private Health Partnerships is abolished. On
22 the operative date of this section, the tenure of office of the Administrator
23 of the Office of Private Health Partnerships and the deputy director of the
24 Office of Private Health Partnerships ceases.

25 “(2) The unexpended balances of amounts in the Family Health Insurance
26 Assistance Program Account and other amounts authorized to be expended
27 by the office for the biennium beginning July 1, 2013, from revenues dedi-
28 cated, continuously appropriated, appropriated or otherwise made available
29 to the office for the purpose of administering the Family Health Insurance
30 Assistance Program are transferred to the Oregon Health Authority Fund

1 established in ORS 413.101 and are available for expenditure by the Oregon
2 Health Authority for the biennium beginning July 1, 2013, for the purpose
3 of administering and enforcing the duties, functions and powers of the office
4 with respect to the Family Health Insurance Assistance Program.

5 “(3) Nothing in this section, the amendments to ORS 192.556, 410.080,
6 413.011, 413.032, 413.201, 414.041, 414.231, 414.826, 414.828, 414.839 and 433.443
7 and section 1, chapter 867, Oregon Laws 2009, by sections 42 to 53, **chapter**
8 **___**, **Oregon Laws 2013 (Enrolled House Bill 2240)**, [of this 2013 Act] **and**
9 **section 13 of this 2013 Act** or the repeal of ORS 414.831, 414.841, 414.842,
10 414.844, 414.846, 414.848, 414.851, 414.852, 414.854, 414.856, 414.858, 414.861,
11 414.862, 414.864, 414.866, 414.868, 414.870, 414.872, 735.700, 735.701, 735.702,
12 735.703, 735.705, 735.707, 735.709, 735.710 and 735.712 by section 65, **chapter**
13 **___**, **Oregon Laws 2013 (Enrolled House Bill 2240)** [of this 2013 Act]:

14 “(a) Relieves a person of a liability, duty or obligation accruing under or
15 with respect to the duties, functions and powers of the office. The authority
16 may undertake the collection or enforcement of any such liability, duty or
17 obligation.

18 “(b) Affects any action, proceeding or prosecution involving or with re-
19 spect to the duties, functions and powers of the office that were begun before
20 and pending on the operative date of this section, except that the authority
21 is substituted for the office in the action, proceeding or prosecution.

22 “(4) The rights and obligations of the office legally incurred under con-
23 tracts, leases and business transactions executed, entered into or begun be-
24 fore the operative date of this section are transferred to the authority. For
25 the purpose of succession to these rights and obligations, the authority is a
26 continuation of the office.

27 “(5) Notwithstanding the abolishment of the office by subsection (1) of
28 this section, the rules of the office in effect on the operative date of this
29 section continue in effect until superseded or repealed by rules of the au-
30 thority. References in rules of the office to the office or an officer or em-

1 ployee of the office are considered to be references to the authority or an
2 officer or employee of the authority.

3 “(6) Whenever, in any statutory law or resolution of the Legislative As-
4 sembly or in any rule, document, record or proceeding authorized by the
5 Legislative Assembly, reference is made to the office or an officer or em-
6 ployee of the office, the reference is considered to be a reference to the au-
7 thority or an officer or employee of the authority.

8 **“SECTION 15.** If House Bill 2240 becomes law, section 64, chapter ___,
9 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

10 **“Sec. 64.** Sections 2 to 6 and 40, **chapter ___, Oregon Laws 2013 (En-**
11 **rolled House Bill 2240)**, [*of this 2013 Act*] and the amendments to ORS
12 192.556, 410.080, 413.011, 413.032, 413.201, 414.041, 414.231, 414.826, 414.828,
13 414.839, 433.443, 731.036, 735.625, 741.300, 743.018, 743.019, 743.405, 743.417,
14 743.420, 743.522, 743.524, 743.526, 743.528, 743.550, 743.552, 743.560, 743.610,
15 743.731, 743.733, 743.736, 743.737, 743.745, 743.748, 743.751, 743.752, 743.754,
16 743.757, 743.766, 743.767, 743.769, 743.777, 743.801, 743.804, 743.894, 743A.090,
17 743A.192, 746.015 and 746.045 and section 1, chapter 867, Oregon Laws 2009,
18 by sections 10 to 16, 18, 19, 21 to 30, 32 to 37, 42 to 58, 60, 61 and 61a,
19 **chapter ___, Oregon Laws 2013 (Enrolled House Bill 2240)**, [*of this 2013*
20 *Act*] **and section 13 of this 2013 Act** become operative January 1, 2014.

21 **“SECTION 16.** If House Bill 2240 becomes law, section 9, chapter ___,
22 Oregon Laws 2013 (Enrolled House Bill 2091), is amended to read:

23 **“Sec. 9.** ORS 414.825, 414.826[,] **and** 414.828 [*and 414.831*] are repealed
24 June 30, 2015.

25 **“SECTION 17.** If House Bill 2240 becomes law, sections 82 (amending
26 **ORS 414.841)**, 83 (amending ORS 414.842), 84 (amending ORS 414.848)
27 **and 85 (amending ORS 414.862)**, **chapter ___, Oregon Laws 2013 (En-**
28 **rolled House Bill 2859)**, and section 10 (amending ORS 414.841), **chapter**
29 **___, Oregon Laws 2013 (Enrolled House Bill 3458)**, are repealed.

30 **“SECTION 18.** If House Bill 2240 becomes law, section 104, chapter ___,

1 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

2 “**Sec. 104.** The Oregon Health Authority, the Department of Human Ser-
3 vices and the Oregon Health Insurance Exchange Corporation may take any
4 action prior to January 1, 2014, necessary to carry out sections 1 and 99,
5 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [*of this 2013*
6 *Act*], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800,
7 93.967, 93.969, 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515,
8 114.517, 115.125, 115.195, 125.170, 130.425, 166.715, 179.505, 183.458, 192.588,
9 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
10 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408,
11 411.435, 411.439, 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640,
12 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.795, 411.802, 411.965,
13 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
14 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736,
15 414.740, [414.841, 414.842, 414.848, 414.862,] 416.340, 416.350, 419B.373, 419C.550,
16 426.300, 435.215, 689.778 and 735.625 and section 6, chapter 290, Oregon Laws
17 1987, section 9, chapter 736, Oregon Laws 2003, section 20, chapter 595,
18 Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections
19 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [*of this*
20 *2013 Act*] and the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750,
21 414.866, 414.868, 414.870 and 414.872 by section 98, **chapter __, Oregon**
22 **Laws 2013 (Enrolled House Bill 2859)**, [*of this 2013 Act*] on and after Jan-
23 uary 1, 2014.

24 “**SECTION 19.** If House Bill 2240 becomes law, section 105, chapter __,
25 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

26 “**Sec. 105.** Sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled**
27 **House Bill 2859)** [*of this 2013 Act*], the amendments to ORS 1.198, 18.784,
28 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939, 108.725, 109.811, 113.085,
29 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
30 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010,

1 411.070, 411.081, 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402,
2 411.404, 411.406, 411.408, 411.435, 411.439, 411.443, 411.610, 411.620, 411.630,
3 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
4 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025,
5 414.041, 414.065, 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706,
6 414.709, 414.727, 414.736, 414.740, [414.841, 414.842, 414.848, 414.862,] 416.340,
7 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625 and section
8 6, chapter 290, Oregon Laws 1987, section 9, chapter 736, Oregon Laws 2003,
9 section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon
10 Laws 2009, by sections 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled**
11 **House Bill 2859)**, [of this 2013 Act] and the repeal of ORS 411.431, 411.432,
12 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section 98,
13 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013
14 Act] become operative January 1, 2014.

15 **“SECTION 20.** If House Bill 2240 or House Bill 2859 becomes law, section
16 42, chapter __, Oregon Laws 2013 (Enrolled House Bill 3458), is amended to
17 read:

18 **“Sec. 42.** (1) ORS 414.868, 414.872, 735.614, 735.640 and 746.222 and section
19 1, chapter 803, Oregon Laws 2009, are repealed January 1, 2014.

20 **“(2)** Sections 1, 2, 4 and 4a, **chapter __, Oregon Laws 2013 (Enrolled**
21 **House Bill 3458)**, [of this 2013 Act] and ORS [414.866, 414.870,] 735.600,
22 735.605, 735.610, 735.612, 735.615, 735.616, 735.620, 735.625, 735.630, 735.635,
23 735.645 and 735.650 are repealed July 1, 2017.

24 **“SECTION 21.** If House Bill 3458 becomes law, section 65, chapter __,
25 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

26 **“Sec. 65.** ORS 414.831, 414.841, 414.842, 414.844, 414.846, 414.848, 414.851,
27 414.852, 414.854, 414.856, 414.858, 414.861, 414.862, 414.864, 414.866, 414.868,
28 414.870, 414.872, [735.616,] 735.700, 735.701, 735.702, 735.703, 735.705, 735.707,
29 735.709, 735.710, 735.712, 743.549, 743.760 and 743.761 are repealed January 1,
30 2014.

1 **“SECTION 22. If House Bill 3458 becomes law, sections 54 (amending**
2 **ORS 731.036) and 55 (amending ORS 735.625), chapter __, Oregon Laws**
3 **2013 (Enrolled House Bill 2240), are repealed.**

4 **“SECTION 23.** If House Bill 3458 becomes law, section 64, chapter __,
5 Oregon Laws 2013 (Enrolled House Bill 2240), is amended to read:

6 **“Sec. 64.** Sections 2 to 6 and 40, **chapter __, Oregon Laws 2013 (En-**
7 **rolled House Bill 2240)**, [*of this 2013 Act*] and the amendments to ORS
8 192.556, 410.080, 413.011, 413.032, 413.201, 414.041, 414.231, 414.826, 414.828,
9 414.839, 433.443, [731.036, 735.625,] 741.300, 743.018, 743.019, 743.405, 743.417,
10 743.420, 743.522, 743.524, 743.526, 743.528, 743.550, 743.552, 743.560, 743.610,
11 743.731, 743.733, 743.736, 743.737, 743.745, 743.748, 743.751, 743.752, 743.754,
12 743.757, 743.766, 743.767, 743.769, 743.777, 743.801, 743.804, 743.894, 743A.090,
13 743A.192, 746.015 and 746.045 and section 1, chapter 867, Oregon Laws 2009,
14 by sections 10 to 16, 18, 19, 21 to 30, 32 to 37, 42 to 58, 60, 61 and 61a,
15 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2240)**, [*of this 2013*
16 *Act*] become operative January 1, 2014.

17 **“SECTION 24. Section 94 (amending section 6, chapter 290, Oregon**
18 **Laws 1987), chapter __, Oregon Laws 2013 (Enrolled House Bill 2859),**
19 **is repealed.**

20 **“SECTION 25.** Section 104, chapter __, Oregon Laws 2013 (Enrolled
21 House Bill 2859), is amended to read:

22 **“Sec. 104.** The Oregon Health Authority, the Department of Human Ser-
23 vices and the Oregon Health Insurance Exchange Corporation may take any
24 action prior to January 1, 2014, necessary to carry out sections 1 and 99,
25 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [*of this 2013*
26 *Act*], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800,
27 93.967, 93.969, 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515,
28 114.517, 115.125, 115.195, 125.170, 130.425, 166.715, 179.505, 183.458, 192.588,
29 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
30 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408,

1 411.435, 411.439, 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640,
2 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.795, 411.802, 411.965,
3 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
4 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736,
5 414.740, 414.841, 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550,
6 426.300, 435.215, 689.778 and 735.625 and [section 6, chapter 290, Oregon Laws
7 1987,] section 9, chapter 736, Oregon Laws 2003, section 20, chapter 595,
8 Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections
9 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this
10 2013 Act] and the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750,
11 414.866, 414.868, 414.870 and 414.872 by section 98, **chapter __, Oregon
12 Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] on and after Jan-
13 uary 1, 2014.

14 **“SECTION 26.** Section 105, chapter __, Oregon Laws 2013 (Enrolled
15 House Bill 2859), is amended to read:

16 **“Sec. 105.** Sections 1 and 99, **chapter __, Oregon Laws 2013 (Enrolled
17 House Bill 2859)** [of this 2013 Act], the amendments to ORS 1.198, 18.784,
18 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939, 108.725, 109.811, 113.085,
19 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
20 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010,
21 411.070, 411.081, 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402,
22 411.404, 411.406, 411.408, 411.435, 411.439, 411.443, 411.610, 411.620, 411.630,
23 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
24 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025,
25 414.041, 414.065, 414.095, 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706,
26 414.709, 414.727, 414.736, 414.740, 414.841, 414.842, 414.848, 414.862, 416.340,
27 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625 and [section
28 6, chapter 290, Oregon Laws 1987,] section 9, chapter 736, Oregon Laws 2003,
29 section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867, Oregon
30 Laws 2009, by sections 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled**

1 **House Bill 2859**), [of this 2013 Act] and the repeal of ORS 411.431, 411.432,
2 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by section 98,
3 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this 2013
4 Act] become operative January 1, 2014.

5 **“SECTION 27. If House Bill 2216 becomes law, section 95 (amending**
6 **section 9, chapter 736, Oregon Laws 2003), chapter __, Oregon Laws**
7 **2013 (Enrolled House Bill 2859), is repealed.**

8 **“SECTION 28.** If House Bill 2216 becomes law, section 104, chapter __,
9 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

10 **“Sec. 104.** The Oregon Health Authority, the Department of Human Ser-
11 vices and the Oregon Health Insurance Exchange Corporation may take any
12 action prior to January 1, 2014, necessary to carry out sections 1 and 99,
13 **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)** [of this 2013
14 Act], the amendments to ORS 1.198, 18.784, 18.838, 18.847, 25.381, 30.800,
15 93.967, 93.969, 97.939, 108.725, 109.811, 113.085, 113.086, 114.305, 114.515,
16 114.517, 115.125, 115.195, 125.170, 130.425, 166.715, 179.505, 183.458, 192.588,
17 293.231, 314.860, 409.010, 410.150, 410.490, 411.010, 411.070, 411.081, 411.087,
18 411.095, 411.119, 411.141, 411.159, 411.400, 411.402, 411.404, 411.406, 411.408,
19 411.435, 411.439, 411.443, 411.610, 411.620, 411.630, 411.632, 411.635, 411.640,
20 411.660, 411.670, 411.675, 411.690, 411.694, 411.703, 411.795, 411.802, 411.965,
21 411.967, 411.969, 411.970, 413.109, 413.175, 414.025, 414.041, 414.065, 414.095,
22 414.115, [414.231,] 414.428, 414.534, 414.536, 414.706, 414.709, 414.727, 414.736,
23 414.740, 414.841, 414.842, 414.848, 414.862, 416.340, 416.350, 419B.373, 419C.550,
24 426.300, 435.215, 689.778 and 735.625 and section 6, chapter 290, Oregon Laws
25 1987, [section 9, chapter 736, Oregon Laws 2003,] section 20, chapter 595,
26 Oregon Laws 2009, and section 1, chapter 867, Oregon Laws 2009, by sections
27 3 to 97, **chapter __, Oregon Laws 2013 (Enrolled House Bill 2859)**, [of this
28 2013 Act] and the repeal of ORS 411.431, 411.432, 414.707, 414.708, 414.750,
29 414.866, 414.868, 414.870 and 414.872 by section 98, **chapter __, Oregon**
30 **Laws 2013 (Enrolled House Bill 2859)**, [of this 2013 Act] on and after Jan-

1 uary 1, 2014.

2 **“SECTION 29.** If House Bill 2216 becomes law, section 105, chapter ____,
3 Oregon Laws 2013 (Enrolled House Bill 2859), is amended to read:

4 **“Sec. 105.** Sections 1 and 99, **chapter ____, Oregon Laws 2013 (Enrolled**
5 **House Bill 2859)** [*of this 2013 Act*], the amendments to ORS 1.198, 18.784,
6 18.838, 18.847, 25.381, 30.800, 93.967, 93.969, 97.939, 108.725, 109.811, 113.085,
7 113.086, 114.305, 114.515, 114.517, 115.125, 115.195, 125.170, 130.425, 166.715,
8 179.505, 183.458, 192.588, 293.231, 314.860, 409.010, 410.150, 410.490, 411.010,
9 411.070, 411.081, 411.087, 411.095, 411.119, 411.141, 411.159, 411.400, 411.402,
10 411.404, 411.406, 411.408, 411.435, 411.439, 411.443, 411.610, 411.620, 411.630,
11 411.632, 411.635, 411.640, 411.660, 411.670, 411.675, 411.690, 411.694, 411.703,
12 411.795, 411.802, 411.965, 411.967, 411.969, 411.970, 413.109, 413.175, 414.025,
13 414.041, 414.065, 414.095, 414.115, [~~414.231,~~] 414.428, 414.534, 414.536, 414.706,
14 414.709, 414.727, 414.736, 414.740, 414.841, 414.842, 414.848, 414.862, 416.340,
15 416.350, 419B.373, 419C.550, 426.300, 435.215, 689.778 and 735.625 and section
16 6, chapter 290, Oregon Laws 1987, [*section 9, chapter 736, Oregon Laws*
17 *2003,*] section 20, chapter 595, Oregon Laws 2009, and section 1, chapter 867,
18 Oregon Laws 2009, by sections 3 to 97, **chapter ____, Oregon Laws 2013**
19 **(Enrolled House Bill 2859)**, [*of this 2013 Act*] and the repeal of ORS 411.431,
20 411.432, 414.707, 414.708, 414.750, 414.866, 414.868, 414.870 and 414.872 by sec-
21 tion 98, **chapter ____, Oregon Laws 2013 (Enrolled House Bill 2859)**, [*of*
22 *this 2013 Act*] become operative January 1, 2014.

23 **“SECTION 30.** **This 2013 Act being necessary for the immediate**
24 **preservation of the public peace, health and safety, an emergency is**
25 **declared to exist, and this 2013 Act takes effect on its passage.”.**

26