Enrolled
House Bill 2280

Sponsored by Representatives CONGER, HOYLE, Senator KNOPP (Presession filed.)

CHAPTER .....

AN ACT

Relating to community-based health care improvement programs; amending ORS 735.721 and 735.723.

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

SECTION 1. ORS 735.721 is amended to read:

735.721. As used in ORS 735.721 to 735.727:

(1) "Community" means the area of geographically contiguous political subdivisions as determined by the Office for Oregon Health Policy and Research in collaboration with the board of directors of a community-based health care initiative.

(2) "Qualified employee" means an individual who:

(a) Is employed by a qualified employer;

(b) Resides or works within a community;

(c) Does not have health insurance; and

(d) Does not qualify for publicly funded health care.

(3) "Qualified employer" means an employer that:

(a) Employs 1 to 50 **full-time equivalent** employees;

(b) Pays a median wage to its employees that is equal to or below an amount that is 300 percent of the federal poverty guidelines;

(c) For [*12*] **two** months prior to enrollment in a community-based health care improvement program, or for the duration of the employer's operation if the employer has been in operation less than [*12*] **two** months, has not provided to employees employer-based health insurance coverage for which the employer contributes at least 50 percent of the cost of premiums;

(d) Offers community-based health care services through a community-based health care improvement program to all qualified employees and their dependents regardless of health status;

(e) Agrees to participate in a community-based health care improvement program for at least 12 months; and

(f) Agrees to provide information that is deemed necessary by the community-based health care initiative to determine eligibility, assess dues and pay claims.

SECTION 2. ORS 735.723 is amended to read:

735.723. (1) The Administrator of the Office for Oregon Health Policy and Research shall adopt rules for the approval of one community-based health care initiative per community that meets the requirements under subsection (2) of this section and of a community-based health care improvement program that meets the requirements under subsection (3) of this section. The office may not approve community-based health care initiatives for more than three communities during the period beginning with June 23, 2009, and ending June 30, 2013.

(2) An approved community-based health care initiative shall:

(a) Be a nonprofit corporation governed by a board of directors that includes, but is not limited to, representatives of participating health care providers and qualified employers. At least 80 percent of the board members must be residents of the community.

(b) Contract with health care providers that offer health care services in the community to provide services to enrollees in the program.

(c) Recruit qualified employers to enroll in the program.

(d) Establish an operational structure for:

(A) Assisting employees of qualified employers or their dependents to enroll in state medical assistance programs if appropriate;

(B) Enrolling qualified employees and their dependents in the community-based health care improvement program;

(C) Billing and collecting dues from qualified employers and qualified employees; and

(D) Reimbursing participating health care providers for services to enrollees.

(e) Establish a set of health care services that are covered in the community-based health care improvement program, cost-sharing requirements and incentives to encourage the utilization of primary care, wellness and chronic disease management services.

(f) Maintain a liquid reserve account in an amount sufficient to pay all claims that have been incurred but not yet charged for a period of at least two months.

(g) Provide to each qualified employee enrolled in the program a clear and concise written statement that describes the community-based health care improvement program and that includes:

(A) The health care services that are covered;

(B) Any exclusions or limitations on coverage of health care services, including any requirements for prior authorization;

(C) Copayments, coinsurance, deductibles and any other cost-sharing requirements;

(D) A list of participating health care providers;

(E) The complaint process described in subsection (3)(b) of this section; and

(F) The conditions under which the program or coverage through the program may be terminated.

(h) Comply with the requirements of ORS 735.725 and 735.727.

(3) An approved community-based health care improvement program shall:

(a) Reimburse the cost of the set of health care services established by the initiative and provided in the community to qualified employers, qualified employees and their dependents.

(b) Include an enrollee complaint process that ensures the resolution of complaints within 45 days.

(4) An individual who is a qualified employee and whose employment with a qualified employer terminates may elect to continue enrollment of the individual and the individual's dependents in an approved community-based health care improvement program for no more than 18 months by paying the required dues. The dues may not be greater than the amount that would be charged if the individual remained a qualified employee. An approved community-based health care initiative must notify an employee of the opportunity to continue coverage upon the individual's termination of coverage under the qualified employer's program.

Passed by House March 7, 2013

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Ramona J. Line, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate April 30, 2013

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2013

Approved:

.....M.,....., 2013

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John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2013

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Kate Brown, Secretary of State