

Senate Bill 233

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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**.

Requires Department of Human Services and Oregon Health Authority to suspend, instead of terminate, medical assistance for person who is expected to remain in correctional facility for more than 12 months. Requires reinstatement of medical assistance to person residing in state hospital who is hospitalized outside of state hospital.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to medical assistance; amending ORS 411.439, 411.447, 414.025 and 433.140; repealing ORS
3 411.443 and 411.445; and declaring an emergency.

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

5 **SECTION 1.** ORS 411.447 is amended to read:

6 411.447. (1) As used in this section, "correctional facility" means:

7 (a) A local correctional facility as defined in ORS 169.005;

8 (b) A Department of Corrections institution as defined in ORS 421.005; or

9 (c) A youth correction facility as defined in ORS 162.135.

10 (2) The Department of Human Services or the Oregon Health Authority shall suspend, instead
11 of terminate, the medical assistance of a person who is residing in a correctional facility [*and who*
12 *is expected to remain in the correctional facility for no more than 12 months*].

13 (3) Upon notification that a person described in subsection (2) of this section is not residing in
14 a correctional facility **or that the person is admitted to a medical institution outside of the**
15 **correctional facility for a period of hospitalization**, the department or the authority shall rein-
16 state the person's medical assistance if the person is eligible for medical assistance.

17 (4)(a) A designee of a correctional facility may apply for medical assistance on behalf of a per-
18 son, while the person is residing in the correctional facility, for the purpose of establishing eligi-
19 bility for medical assistance **upon the person's release from the correctional facility or** during
20 a period of hospitalization that will occur outside of the correctional facility.

21 (b) The designee may obtain information necessary to determine eligibility for medical assist-
22 ance, including the person's Social Security number or information that is not otherwise subject to
23 disclosure under ORS 411.320 or 413.175. The information obtained under this paragraph may be
24 used only for the purpose of assisting the person in applying for medical assistance and may not be
25 redisclosed without the person's authorization.

26 (c) If the person is determined eligible for medical assistance, the effective date of the person's
27 medical assistance shall be the date the person **is released from the correctional facility or the**
28 **date the person** begins the period of hospitalization outside of the correctional facility.

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 (5) This section does not extend eligibility to an otherwise ineligible person or extend medical
2 assistance to a person if matching federal funds are not available to pay for the medical assistance.

3 **SECTION 2.** ORS 411.439 is amended to read:

4 411.439. (1) As used in this section:

5 (a) “Person with a serious mental illness” means a person who is diagnosed by a psychiatrist,
6 a licensed clinical psychologist or a certified nonmedical examiner as having dementia,
7 schizophrenia, bipolar disorder, major depression or other affective disorder or psychotic mental
8 disorder other than a disorder caused primarily by substance abuse.

9 [(b) “Public institution” means:]

10 [(A) A state hospital as defined in ORS 162.135;]

11 [(B) A local correctional facility as defined in ORS 169.005;]

12 [(C) A Department of Corrections institution as defined in ORS 421.005; or]

13 [(D) A youth correction facility as defined in ORS 162.135.]

14 **(b) “State hospital” has the meaning given that term in ORS 162.135.**

15 (2) Except as provided in subsections (6) and (7) of this section, the Department of Human Ser-
16 vices or the Oregon Health Authority shall suspend, instead of terminate, the medical assistance of
17 a person with a serious mental illness when:

18 (a) The person receives medical assistance because of a serious mental illness; and

19 (b) The person [*becomes an inmate residing in a public institution*] **is admitted to a state hos-**
20 **pital.**

21 (3) The department or the authority shall continue to determine the eligibility of the person for
22 medical assistance.

23 (4) Upon notification that a person described in subsection (2) of this section is no longer [*an*
24 *inmate*] residing in a [*public institution*] **state hospital or that the person is admitted to a med-**
25 **ical institution outside of the state hospital for a period of hospitalization**, the department or
26 the authority shall reinstate the person’s medical assistance if the person is otherwise eligible for
27 medical assistance.

28 (5) This section does not extend eligibility to an otherwise ineligible person or extend medical
29 assistance to a person if matching federal funds are not available to pay for medical assistance.

30 (6) Subsection (2) of this section does not apply to a person with a serious mental illness residing
31 in a state hospital [*as defined in ORS 162.135*] who is under 22 years of age or who is 65 years of
32 age or older.

33 (7) A person with a serious mental illness may apply for medical assistance between 90 and 120
34 days prior to the expected date of the person’s release from a [*public institution*] **state hospital.** If
35 the person is found to be eligible, the effective date of the person’s medical assistance shall be the
36 date of the person’s release from the [*institution*] **state hospital.**

37 **SECTION 3.** ORS 414.025 is amended to read:

38 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially
39 applicable statutory definition requires otherwise:

40 (1)(a) “Alternative payment methodology” means a payment other than a fee-for-services pay-
41 ment, used by coordinated care organizations as compensation for the provision of integrated and
42 coordinated health care and services.

43 (b) “Alternative payment methodology” includes, but is not limited to:

44 (A) Shared savings arrangements;

45 (B) Bundled payments; and

- 1 (C) Payments based on episodes.
- 2 (2) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,
3 aid granted under ORS 412.001 to 412.069 and 418.647 or federal Supplemental Security Income
4 payments.
- 5 (3) “Community health worker” means an individual who:
- 6 (a) Has expertise or experience in public health;
- 7 (b) Works in an urban or rural community, either for pay or as a volunteer in association with
8 a local health care system;
- 9 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-
10 ences with the residents of the community where the worker serves;
- 11 (d) Assists members of the community to improve their health and increases the capacity of the
12 community to meet the health care needs of its residents and achieve wellness;
- 13 (e) Provides health education and information that is culturally appropriate to the individuals
14 being served;
- 15 (f) Assists community residents in receiving the care they need;
- 16 (g) May give peer counseling and guidance on health behaviors; and
- 17 (h) May provide direct services such as first aid or blood pressure screening.
- 18 (4) “Coordinated care organization” means an organization meeting criteria adopted by the
19 Oregon Health Authority under ORS 414.625.
- 20 (5) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment
21 in a coordinated care organization, that an individual is eligible for health services funded by Title
22 XIX of the Social Security Act and is:
- 23 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or
- 24 (b) Enrolled in Part B of Title XVIII of the Social Security Act.
- 25 (6) “Global budget” means a total amount established prospectively by the Oregon Health Au-
26 thority to be paid to a coordinated care organization for the delivery of, management of, access to
27 and quality of the health care delivered to members of the coordinated care organization.
- 28 (7) “Health services” means at least so much of each of the following as are funded by the
29 Legislative Assembly based upon the prioritized list of health services compiled by the Health Evi-
30 dence Review Commission under ORS 414.690:
- 31 (a) Services required by federal law to be included in the state’s medical assistance program in
32 order for the program to qualify for federal funds;
- 33 (b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner certified
34 under ORS 678.375 or other licensed practitioner within the scope of the practitioner’s practice as
35 defined by state law, and ambulance services;
- 36 (c) Prescription drugs;
- 37 (d) Laboratory and X-ray services;
- 38 (e) Medical equipment and supplies;
- 39 (f) Mental health services;
- 40 (g) Chemical dependency services;
- 41 (h) Emergency dental services;
- 42 (i) Nonemergency dental services;
- 43 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
44 this subsection, defined by federal law that may be included in the state’s medical assistance pro-
45 gram;

- 1 (k) Emergency hospital services;
2 (L) Outpatient hospital services; and
3 (m) Inpatient hospital services.

4 (8) "Income" has the meaning given that term in ORS 411.704.

5 (9) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable in-
6 struments as defined in ORS 73.0104 and such similar investments or savings as the department or
7 the authority may establish by rule that are available to the applicant or recipient to contribute
8 toward meeting the needs of the applicant or recipient.

9 (10) "Medical assistance" means so much of the medical, mental health, preventive, supportive,
10 palliative and remedial care and services as may be prescribed by the authority according to the
11 standards established pursuant to ORS 414.065, including premium assistance and payments made for
12 services provided under an insurance or other contractual arrangement and money paid directly to
13 the recipient for the purchase of health services and for services described in ORS 414.710.

14 (11) "Medical assistance" includes any care or services for any individual who is a patient in
15 a medical institution or any care or services for any individual who has attained 65 years of age
16 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
17 eases. **Except as provided in ORS 411.439 and 411.447**, "medical assistance" does not include care
18 or services for *[an inmate in]* a **resident of** a nonmedical public institution.

19 (12) "Patient centered primary care home" means a health care team or clinic that is organized
20 in accordance with the standards established by the Oregon Health Authority under ORS 414.655
21 and that incorporates the following core attributes:

- 22 (a) Access to care;
23 (b) Accountability to consumers and to the community;
24 (c) Comprehensive whole person care;
25 (d) Continuity of care;
26 (e) Coordination and integration of care; and
27 (f) Person and family centered care.

28 (13) "Peer wellness specialist" means an individual who is responsible for assessing mental
29 health service and support needs of the individual's peers through community outreach, assisting
30 individuals with access to available services and resources, addressing barriers to services and
31 providing education and information about available resources and mental health issues in order to
32 reduce stigmas and discrimination toward consumers of mental health services and to provide direct
33 services to assist individuals in creating and maintaining recovery, health and wellness.

34 (14) "Person centered care" means care that:

- 35 (a) Reflects the individual patient's strengths and preferences;
36 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;
37 and
38 (c) Is based upon the patient's goals and will assist the patient in achieving the goals.

39 (15) "Personal health navigator" means an individual who provides information, assistance, tools
40 and support to enable a patient to make the best health care decisions in the patient's particular
41 circumstances and in light of the patient's needs, lifestyle, combination of conditions and desired
42 outcomes.

43 (16) "Quality measure" means the measures and benchmarks identified by the authority in ac-
44 cordance with ORS 414.638.

45 (17) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes, "re-

1 sources” does not include charitable contributions raised by a community to assist with medical
2 expenses.

3 **SECTION 4.** ORS 433.140 is amended to read:

4 433.140. (1) The expenses incurred under ORS 433.128, when properly certified by the local
5 public health administrator, shall be paid by the person who is isolated or quarantined, when the
6 person is able to pay the expenses.

7 (2) The Oregon Health Authority may provide general assistance[, *including*] **and** medical
8 [*care*] **assistance** for the person who is isolated or quarantined, on the basis of need, provided that
9 no payment shall be made for the care of any such person in or under the care of any public insti-
10 tution, **except as provided in ORS 411.439 and 411.447**, or public agency or municipality.

11 **SECTION 5.** ORS 411.443 and 411.445 are repealed.

12 **SECTION 6.** This 2015 Act being necessary for the immediate preservation of the public
13 peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect
14 on its passage.

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