

## HOUSE AMENDMENTS TO HOUSE BILL 4017

By COMMITTEE ON HEALTH CARE

February 11

1 On page 1 of the printed bill, line 2, after the semicolon insert “creating new provisions;  
2 amending ORS 678.038;”.

3 Delete lines 4 through 28 and delete pages 2 and 3 and insert:

4 **“SECTION 1. (1) As used in this section:**

5 **“(a) ‘Basic Health Program’ means a program certified by the United States Secretary**  
6 **of Health and Human Services under 42 U.S.C. 18051.**

7 **“(b) ‘Blueprint’ means the written document described in 42 C.F.R. 600.110.**

8 **“(c) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.**

9 **“(d) ‘Health insurance exchange’ has the meaning given that term in ORS 741.300.**

10 **“(e) ‘Standard health plan’ means a health plan available through the Basic Health Pro-**  
11 **gram.**

12 **“(2) The Department of Consumer and Business Services shall obtain, as necessary, up-**  
13 **dates of the data produced in the feasibility study commissioned under section 1, chapter 96,**  
14 **Oregon Laws 2014, to use in developing the report described in subsection (3) of this section.**

15 **“(3) Not later than December 31, 2016, the department, in collaboration with the Oregon**  
16 **Health Authority and in consultation with the stakeholder advisory group created in sub-**  
17 **section (6) of this section, shall create and present to the interim committees of the Legis-**  
18 **lative Assembly related to health a report containing a blueprint for a Basic Health Program.**

19 **“(4) In developing the blueprint, the department, authority and stakeholder advisory**  
20 **group shall consider and address the following recommendations contained in the report**  
21 **produced in accordance with section 1, chapter 256, Oregon Laws 2015:**

22 **“(a) The Basic Health Program should serve, at a minimum, residents of this state who**  
23 **are:**

24 **“(A) Under 65 years of age;**

25 **“(B) Not eligible to enroll in employer-sponsored health insurance that is affordable as**  
26 **determined under 26 U.S.C. 36B(c)(2)(C); and**

27 **“(C)(i) United States citizens with incomes at or above 138 percent but no greater than**  
28 **200 percent of the federal poverty guidelines and who do not qualify for the state medical**  
29 **assistance program or TRICARE; or**

30 **“(ii) Lawfully present noncitizens with incomes below 200 percent of the federal poverty**  
31 **guidelines, including those who would qualify for the state medical assistance program but**  
32 **for their immigration status or the duration of their residency in the United States.**

33 **“(b) Basic Health Program participants should be able to use the health insurance ex-**  
34 **change Internet portal to enroll in a standard health plan.**

35 **“(c) Basic Health Program participants should have the choice of enrolling in a standard**

1 health plan offered by a coordinated care organization or a commercial insurer.

2 “(d) The standard health plan should cover the same health benefits that are covered in  
3 the state medical assistance program and should conform to the Oregon Integrated and Co-  
4 ordinated Health Care Delivery System described in ORS 414.620 (1).

5 “(e) Basic Health Plan participants should not be subject to deductibles, coinsurance,  
6 copayments or other cost-sharing requirements.

7 “(f) Basic Health Program participants whose incomes are below 138 percent of the fed-  
8 eral poverty guidelines should not be required to pay premiums.

9 “(g) Premiums for Basic Health Program participants whose incomes are at or above 138  
10 percent of the federal poverty guidelines should be based on a sliding scale that ensures that  
11 the premiums are not greater than the premiums participants would pay for qualified health  
12 plans purchased on the health insurance exchange minus the premium tax credit described  
13 in 26 U.S.C. 36B.

14 “(h) Basic Health Program participants should be eligible to remain continuously enrolled  
15 in a standard health plan for a period of 12 consecutive months as long as they reside in this  
16 state.

17 “(i) Health care providers should be reimbursed for the services provided to Basic Health  
18 Program participants at a rate equal to the average of the rate paid by Medicare and the rate  
19 paid by commercial insurers for the services.

20 “(j) The cost of the Basic Health Program should be maintained at a fixed rate of growth  
21 annually.

22 “(5) The report presented to the interim committees of the Legislative Assembly must  
23 include the administrative framework for grievance procedures, for premium billing and for  
24 providing customer service to Basic Health Program participants.

25 “(6) The department and the authority shall convene a stakeholder advisory group con-  
26 sisting, at a minimum, of:

27 “(a) Advocates for low-income individuals and families;

28 “(b) Advocates for consumers of health care;

29 “(c) Representatives of health care provider groups;

30 “(d) Representatives of coordinated care organizations; and

31 “(e) Representatives of the health insurance industry.

32 “SECTION 2. (1) Subject to subsection (2) of this section, the Department of Consumer  
33 and Business Services shall have sole authority to apply for a waiver for state innovation  
34 under 42 U.S.C. 18052. In developing an application for a waiver, the department shall con-  
35 vene an advisory group to advise and assist the department in identifying federal provisions  
36 subject to waiver that are expected to improve the delivery of quality health care to resi-  
37 dents of this state including, but not limited to, alternative approaches for achieving the  
38 objectives of the Basic Health Program as described in section 1 (4) of this 2016 Act.

39 “(2) The department may not submit an application for a waiver to the United States  
40 Secretary of Health and Human Services or Secretary of the Treasury until the department  
41 has presented the proposed application for a waiver to the committees of the Legislative  
42 Assembly related to health and to the Legislative Assembly as specified in subsection (3) of  
43 this section.

44 “(3) Not later than March 1, 2017, the department shall report to the Legislative Assem-  
45 bly, in the manner provided in ORS 192.245, its recommendations for submitting an applica-

1 **tion for a waiver under 42 U.S.C. 18052.**

2 **“SECTION 3.** ORS 678.038 is amended to read:

3 **“678.038. A registered nurse who is employed by a public or private school, or by an education**  
4 **service district or a local public health authority as defined in ORS 431.003 to provide nursing**  
5 **services at a public or private school,** may accept an order from a physician licensed to practice  
6 medicine or osteopathy in another state or territory of the United States if the order is related to  
7 the care or treatment of a student who has been enrolled at the school for not more than 90 days.

8 **“SECTION 4. This 2016 Act being necessary for the immediate preservation of the public**  
9 **peace, health and safety, an emergency is declared to exist, and this 2016 Act takes effect**  
10 **on its passage.”.**

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