

SB 1035 A STAFF MEASURE SUMMARY

Senate Committee On Human Services

Action Date: 04/09/19

Action: Do pass with amendments. Refer to Ways and Means by prior reference. (Printed A-Eng).

Vote: 4-0-1-0

Yeas: 4 - Gelser, Heard, Knopp, Monnes Anderson

Exc: 1 - Fagan

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 4/4, 4/9

WHAT THE MEASURE DOES:

Directs Oregon Health Authority (OHA), with Department of Human Services (DHS) and advisory committee, to design program for providing specified limited benefit package to defined care recipients and apply for Medicare and Medicaid approval by June 30, 2020. Requires DHS to convene advisory committee to make recommendations on program design, benefits package, and application for federal approval. Specifies composition of advisory committee. Requires DHS report to Legislative Assembly by December 31, 2020. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Provisions of measure

EFFECT OF AMENDMENT:

Modifies definitions of "care recipient" and "unpaid caregiver." Modifies program for limited benefit package to include up to \$500 per month in supports or services for unpaid caregivers. Changes deadline to apply for federal approval to June 30, 2020. Changes deadline for DHS report to Legislative Assembly to December 31, 2020.

BACKGROUND:

The most cost-effective, often the best choice, and usually the preference of many people in need of care or assistance, is for them to remain in-home if possible, for as long as possible.

Senate Bill 1035 A requires the Oregon Health Authority (OHA), in collaboration with the Department of Human Services (DHS) and an advisory committee convened by DHS, to design a limited benefits package for low-income individuals age 55 or older who have a chronic illness or disabling condition, or under age 55 who have been diagnosed with dementia. The benefits package must include up to \$500 per month in supports or services for unpaid caregivers, as well as services appropriate to maintain the recipient's current level of care in-home. The measure also requires an application for approval from the Centers for Medicare and Medicaid Services to secure federal financial participation in the cost of the package, by June 30, 2020, and a report to the Legislative Assembly by December 31, 2020.