

A-Engrossed
House Bill 2164

Ordered by the House April 19
Including House Amendments dated April 19

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Office of the Governor)

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.

[Directs office of the Governor to study laws related to health and provide results to interim committees of Legislative Assembly no later than September 15, 2022.]
[Sunsets January 2, 2023.]

Renames "Health Care for All Oregon Children" program to "Cover All People" program. Expands eligibility for children from up to 19 years of age to age 26 or younger and includes parents of children enrolled in program who would qualify for medical assistance but for immigration status.

Requires Oregon Health Authority in collaboration with Department of Consumer and Business Services to seek federal approval necessary to maximize federal financial participation in costs of program.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to health; creating new provisions; amending ORS 192.556, 413.201, 413.225, 414.231 and
3 414.578; and prescribing an effective date.

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

5 **SECTION 1.** ORS 414.231 is amended to read:

6 414.231. (1) As used in this section, *"child"* :

7 (a) **"Parent" has the meaning prescribed by the Oregon Health Authority by rule.**

8 (b) **"Youth" means a person [under 19] 26 years of age or younger.**

9 (2) The [*Health Care for All Oregon Children*] **Cover All People** program is established to make
10 affordable, accessible health care available to all [*of Oregon's children*] **youth and their parents**
11 **in this state.** The program provides medical assistance [*to children*], funded in whole or in part by
12 Title XIX of the Social Security Act, by the State Children's Health Insurance Program under Title
13 XXI of the Social Security Act [*and*] **or** by moneys appropriated or allocated for that purpose by the
14 Legislative Assembly.

15 (3) A [*child is*] **youth and the parents of the youth are** eligible for medical assistance under
16 subsection (2) of this section if the [*child resides in this state and the income of the child's family is*
17 *at or below 300 percent of the federal poverty guidelines*] **youth or the youth and the youth's**
18 **parents:**

19 (a) **Reside in this state; and**

20 (b) **Would be eligible for medical assistance but for immigration status.**

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

22 (5)(a) A [*child*] **youth** receiving medical assistance through the [*Health Care for All Oregon*

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 *Children*] **Cover All People** program is continuously eligible for a minimum period of 12 months or
 2 until the [*child*] **youth** reaches [19] **27** years of age, whichever comes first.

3 (b) The Department of Human Services or the [*Oregon Health*] authority shall reenroll a [*child*]
 4 **youth** for successive 12-month periods of enrollment as long as the [*child*] **youth** is eligible for
 5 medical assistance on the date of reenrollment and the [*child*] **youth** has not yet reached [19] **27**
 6 years of age.

7 (c) A [*child*] **youth** may not be required to submit a new application as a condition of reenroll-
 8 ment under paragraph (b) of this subsection.

9 (6) The department or the authority must determine [*the child's*] eligibility for or reenrollment
 10 in medical assistance **under this section** using information and sources available to the department
 11 or the authority. If information and sources available to the department or the authority are not
 12 adequate to verify [*the child's*] eligibility, the department or the authority may require the [*child or*
 13 *the child's*] **parent, the youth or the youth's** caretaker to provide additional documentation in
 14 accordance with ORS 411.400 and 411.402. Information requested or obtained by the department or
 15 the authority under this subsection is subject to the requirements of ORS 410.150 and 413.175.

16 **SECTION 2.** ORS 413.201 is amended to read:

17 413.201. (1) The Oregon Health Authority is responsible for statewide outreach and [*marketing*
 18 *of the Health Care for All Oregon Children*] **education about the Cover All People** program estab-
 19 lished in ORS 414.231 and administered by the authority with the goal of enrolling in the program
 20 all eligible [*children*] **individuals** residing in this state. The authority, in collaboration with the work
 21 group described in subsection (3) of this section, shall evaluate and implement the outreach, [*and*
 22 *marketing*] **education and engagement** strategies designed to most effectively encourage [*the*]
 23 enrollment [*of children*] in the program.

24 (2) To maximize the enrollment and retention of eligible [*children*] **individuals** in the [*Health*
 25 *Care for All Oregon Children*] **Cover All People** program, the authority shall develop and administer
 26 a grant program to provide funding to organizations and community based groups to deliver cul-
 27 turally specific and targeted outreach, [*and direct*] application assistance **and navigation** to:

28 (a) Members of racial, ethnic and language minority communities;

29 (b) Children **and families** living in geographic isolation; and

30 (c) Children and [*family members*] **families** with additional barriers to accessing health care,
 31 such as cognitive, mental health or sensory disorders, physical disabilities or chemical
 32 dependency[, *and children experiencing*] **or** homelessness.

33 (3) The authority shall convene a work group, consisting of individuals with experience in con-
 34 ducting outreach to the individuals described in subsection (2)(a) to (c) of this section, to advise and
 35 assist the authority in carrying out its duties under this section.

36 **SECTION 3.** ORS 192.556 is amended to read:

37 192.556. As used in ORS 192.553 to 192.581:

38 (1) "Authorization" means a document written in plain language that contains at least the fol-
 39 lowing:

40 (a) A description of the information to be used or disclosed that identifies the information in a
 41 specific and meaningful way;

42 (b) The name or other specific identification of the person or persons authorized to make the
 43 requested use or disclosure;

44 (c) The name or other specific identification of the person or persons to whom the covered entity
 45 may make the requested use or disclosure;

- 1 (d) A description of each purpose of the requested use or disclosure, including but not limited
2 to a statement that the use or disclosure is at the request of the individual;
- 3 (e) An expiration date or an expiration event that relates to the individual or the purpose of the
4 use or disclosure;
- 5 (f) The signature of the individual or personal representative of the individual and the date;
- 6 (g) A description of the authority of the personal representative, if applicable; and
- 7 (h) Statements adequate to place the individual on notice of the following:
- 8 (A) The individual's right to revoke the authorization in writing;
- 9 (B) The exceptions to the right to revoke the authorization;
- 10 (C) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits
11 on whether the individual signs the authorization; and
- 12 (D) The potential for information disclosed pursuant to the authorization to be subject to
13 redisclosure by the recipient and no longer protected.
- 14 (2) "Covered entity" means:
- 15 (a) A state health plan;
- 16 (b) A health insurer;
- 17 (c) A health care provider that transmits any health information in electronic form to carry out
18 financial or administrative activities in connection with a transaction covered by ORS 192.553 to
19 192.581; or
- 20 (d) A health care clearinghouse.
- 21 (3) "Health care" means care, services or supplies related to the health of an individual.
- 22 (4) "Health care operations" includes but is not limited to:
- 23 (a) Quality assessment, accreditation, auditing and improvement activities;
- 24 (b) Case management and care coordination;
- 25 (c) Reviewing the competence, qualifications or performance of health care providers or health
26 insurers;
- 27 (d) Underwriting activities;
- 28 (e) Arranging for legal services;
- 29 (f) Business planning;
- 30 (g) Customer services;
- 31 (h) Resolving internal grievances;
- 32 (i) Creating deidentified information; and
- 33 (j) Fundraising.
- 34 (5) "Health care provider" includes but is not limited to:
- 35 (a) A psychologist, occupational therapist, regulated social worker, professional counselor or
36 marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675
37 or an employee of the psychologist, occupational therapist, regulated social worker, professional
38 counselor or marriage and family therapist;
- 39 (b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist licensed
40 under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;
- 41 (c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of
42 the nurse or nursing home administrator;
- 43 (d) A dentist licensed under ORS chapter 679 or an employee of the dentist;
- 44 (e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental
45 hygienist or denturist;

- 1 (f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee
2 of the speech-language pathologist or audiologist;
- 3 (g) An emergency medical services provider licensed under ORS chapter 682;
- 4 (h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;
- 5 (i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic
6 physician;
- 7 (j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic
8 physician;
- 9 (k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage
10 therapist;
- 11 (L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct
12 entry midwife;
- 13 (m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical
14 therapist;
- 15 (n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical
16 imaging licensee;
- 17 (o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory
18 care practitioner;
- 19 (p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the poly-
20 somnographic technologist;
- 21 (q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;
- 22 (r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;
- 23 (s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral
24 service practitioner;
- 25 (t) A health care facility as defined in ORS 442.015;
- 26 (u) A home health agency as defined in ORS 443.014;
- 27 (v) A hospice program as defined in ORS 443.850;
- 28 (w) A clinical laboratory as defined in ORS 438.010;
- 29 (x) A pharmacy as defined in ORS 689.005; and
- 30 (y) Any other person or entity that furnishes, bills for or is paid for health care in the normal
31 course of business.
- 32 (6) "Health information" means any oral or written information in any form or medium that:
- 33 (a) Is created or received by a covered entity, a public health authority, an employer, a life
34 insurer, a school, a university or a health care provider that is not a covered entity; and
- 35 (b) Relates to:
- 36 (A) The past, present or future physical or mental health or condition of an individual;
- 37 (B) The provision of health care to an individual; or
- 38 (C) The past, present or future payment for the provision of health care to an individual.
- 39 (7) "Health insurer" means an insurer as defined in ORS 731.106 who offers:
- 40 (a) A health benefit plan as defined in ORS 743B.005;
- 41 (b) A short term health insurance policy, the duration of which does not exceed three months
42 including renewals;
- 43 (c) A student health insurance policy;
- 44 (d) A Medicare supplemental policy; or
- 45 (e) A dental only policy.

1 (8) "Individually identifiable health information" means any oral or written health information
2 in any form or medium that is:

3 (a) Created or received by a covered entity, an employer or a health care provider that is not
4 a covered entity; and

5 (b) Identifiable to an individual, including demographic information that identifies the individual,
6 or for which there is a reasonable basis to believe the information can be used to identify an indi-
7 vidual, and that relates to:

8 (A) The past, present or future physical or mental health or condition of an individual;

9 (B) The provision of health care to an individual; or

10 (C) The past, present or future payment for the provision of health care to an individual.

11 (9) "Payment" includes but is not limited to:

12 (a) Efforts to obtain premiums or reimbursement;

13 (b) Determining eligibility or coverage;

14 (c) Billing activities;

15 (d) Claims management;

16 (e) Reviewing health care to determine medical necessity;

17 (f) Utilization review; and

18 (g) Disclosures to consumer reporting agencies.

19 (10) "Personal representative" includes but is not limited to:

20 (a) A person appointed as a guardian under ORS 125.305, 419B.372, 419C.481 or 419C.555 with
21 authority to make medical and health care decisions;

22 (b) A person appointed as a health care representative under ORS 127.505 to 127.660 or a rep-
23 resentative under ORS 127.700 to 127.737 to make health care decisions or mental health treatment
24 decisions;

25 (c) A person appointed as a personal representative under ORS chapter 113; and

26 (d) A person described in ORS 192.573.

27 (11)(a) "Protected health information" means individually identifiable health information that is
28 maintained or transmitted in any form of electronic or other medium by a covered entity.

29 (b) "Protected health information" does not mean individually identifiable health information in:

30 (A) Education records covered by the federal Family Educational Rights and Privacy Act (20
31 U.S.C. 1232g);

32 (B) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); or

33 (C) Employment records held by a covered entity in its role as employer.

34 (12) "State health plan" means:

35 (a) Medical assistance as defined in ORS 414.025;

36 (b) The [*Health Care for All Oregon Children*] **Cover All People** program; or

37 (c) Any medical assistance or premium assistance program operated by the Oregon Health Au-
38 thority.

39 (13) "Treatment" includes but is not limited to:

40 (a) The provision, coordination or management of health care; and

41 (b) Consultations and referrals between health care providers.

42 **SECTION 4.** ORS 413.225 is amended to read:

43 413.225. (1) As used in this section:

44 (a) "Community health center or safety net clinic" means a nonprofit medical clinic or school-
45 based health center that provides primary physical health, vision, dental or mental health services

1 to low-income patients without charge or using a sliding scale based on the income of the patient.

2 (b) "School-based health center" means a health clinic that:

3 (A) Is located on the grounds of a school in a school district or on the grounds of a school op-
4 erated by a federally recognized Indian tribe or tribal organization;

5 (B) Is organized through collaboration among schools, communities and health providers, in-
6 cluding public health authorities;

7 (C) Is administered by a county, state, federal or private organization that ensures that certi-
8 fication requirements are met and provides project funding through grants, contracts, billing or
9 other sources of funds;

10 (D) Is operated exclusively for the purpose of providing health services such as:

11 (i) Primary care;

12 (ii) Preventive health care;

13 (iii) Management and monitoring of chronic health conditions;

14 (iv) Behavioral health care;

15 (v) Oral health care;

16 (vi) Health education services; and

17 (vii) The administration of vaccines recommended by the Centers for Disease Control and Pre-
18 vention;

19 (E) Provides health services to children and adolescents by licensed or certified health profes-
20 sionals; and

21 (F) May provide one or more health services to children and adolescents by:

22 (i) A student enrolled in a professional medical, nursing or dental program at an accredited
23 university if the health service is within the student's field of study and training; or

24 (ii) An expanded practice dental hygienist holding a permit issued under ORS 680.200 for oral
25 health care.

26 (2)(a) The Oregon Health Authority shall award grants to community health centers or safety
27 net clinics, including school-based health centers, to ensure the capacity of each grantee to provide
28 health care services to underserved or vulnerable populations.

29 (b) The authority shall work with the Centers for Medicare and Medicaid Services and
30 stakeholders to identify additional sources of funding for school-based health center expenditures for
31 which federal financial participation is available under Title XIX or Title XXI of the Social Security
32 Act.

33 (3) The authority shall provide outreach for the [*Health Care for All Oregon Children*] **Cover**
34 **All People** program, including development and administration of an application assistance program,
35 and including grants to provide funding to organizations and local groups for outreach and enroll-
36 ment activities for the program, within the limits of funds provided by the Legislative Assembly for
37 this purpose.

38 (4) The authority shall, using funds allocated by the Legislative Assembly:

39 (a) Provide funds for the expansion and continuation of school-based health centers that are
40 operating on July 29, 2013, and that become certified under ORS 413.223;

41 (b) Direct funds to communities with certified school-based health centers and to communities
42 planning for certified school-based health centers; and

43 (c) Create a pool of funds available to provide financial incentives to:

44 (A) Increase the number of school-based health centers identified as patient centered primary
45 care homes without requiring school-based health centers to be identified as patient centered pri-

1 mary care homes;

2 (B) Improve the coordination of the care of patients served by coordinated care organizations
3 and school-based health centers; and

4 (C) Improve the effectiveness of the delivery of health services through school-based health
5 centers to children who qualify for medical assistance.

6 (5) The authority shall by rule adopt criteria for awarding grants and providing funds in ac-
7 cordance with this section.

8 (6) The authority shall analyze and evaluate the implementation of the [*Health Care for All*
9 *Oregon Children*] **Cover All People** program.

10 **SECTION 5.** ORS 414.578 is amended to read:

11 414.578. (1) A community health improvement plan adopted by a coordinated care organization
12 and its community advisory council in accordance with ORS 414.577 shall include a component for
13 addressing the health of children and youth in the areas served by the coordinated care organization
14 including, to the extent practicable, a strategy and a plan for:

15 (a) Working with programs developed by the Early Learning Council, Early Learning Hubs, the
16 Youth Development Council and the school health providers in the region; and

17 (b) Coordinating the effective and efficient delivery of health care to children and adolescents
18 in the community.

19 (2) A community health improvement plan must be based on research, including research into
20 adverse childhood experiences, and must identify funding sources and additional funding necessary
21 to address the health needs of children and adolescents in the community and to meet the goals of
22 the plan. The plan must also:

23 (a) Evaluate the adequacy of the existing school-based health resources including school-based
24 health centers and school nurses to meet the specific pediatric and adolescent health care needs in
25 the community;

26 (b) Make recommendations to improve the school-based health center and school nurse system,
27 including the addition or improvement of electronic medical records and billing systems;

28 (c) Take into consideration whether integration of school-based health centers with the larger
29 health system or system of community clinics would further advance the goals of the plan;

30 (d) Improve the integration of all services provided to meet the needs of children, adolescents
31 and families;

32 (e) Focus on primary care, behavioral health and oral health; and

33 (f) Address promotion of health and prevention and early intervention in the treatment of chil-
34 dren and adolescents.

35 (3) A coordinated care organization shall involve in the development of its community health
36 improvement plan, school-based health centers, school nurses, school mental health providers and
37 individuals representing:

38 (a) Programs developed by the Early Learning Council and Early Learning Hubs;

39 (b) Programs developed by the Youth Development Council in the region;

40 (c) The Healthy Start Family Support Services program in the region;

41 (d) The [*Health Care for All Oregon Children*] **Cover All People** program and other medical as-
42 sistance programs;

43 (e) Relief nurseries in the region;

44 (f) Community health centers;

45 (g) Oral health care providers;

1 (h) Community mental health providers;

2 (i) Administrators of county health department programs that offer preventive health services
3 to children;

4 (j) Hospitals in the region; and

5 (k) Other appropriate child and adolescent health program administrators.

6 (4) The Oregon Health Authority may provide incentive grants to coordinated care organizations
7 for the purpose of contracting with individuals or organizations to help coordinate integration
8 strategies identified in the community health improvement plan adopted by the community advisory
9 council. The authority may also provide funds to coordinated care organizations to improve systems
10 of services that will promote the implementation of the plan.

11 (5) Each coordinated care organization shall report to the authority, in the form and manner
12 prescribed by the authority, on the progress of the integration strategies and implementation of the
13 plan for working with the programs developed by the Early Learning Council, Early Learning Hubs,
14 the Youth Development Council and school health care providers in the region, as part of the de-
15 velopment and implementation of the community health improvement plan. The authority shall
16 compile the information biennially and report the information to the Legislative Assembly by De-
17 cember 31 of each even-numbered year.

18 **SECTION 6. (1) The Oregon Health Authority, in collaboration with the Department of**
19 **Consumer and Business Services if necessary, shall seek any federal approval or waivers of**
20 **federal requirements necessary to maximize federal financial participation in the costs of**
21 **providing medical assistance to adults in the Cover All People program established in ORS**
22 **414.231.**

23 **(2) Implementation of the amendments to ORS 414.231 by section 1 of this 2021 Act is not**
24 **contingent upon federal approval or waivers described in subsection (1) of this section.**

25 **SECTION 7. (1) The amendments to ORS 413.201 by section 2 of this 2021 Act become**
26 **operative on November 1, 2021.**

27 **(2) The amendments to ORS 192.556, 413.225, 414.231 and 414.578 by sections 1 and 3 to 5**
28 **of this 2021 Act become operative on March 31, 2022.**

29 **(3) The Oregon Health Authority shall take all steps prior to the operative dates specified**
30 **in this section that are necessary to carry out the amendments to:**

31 **(a) ORS 413.201 by section 2 of this 2021 Act on and after November 1, 2021; and**

32 **(b) ORS 192.556, 413.225, 414.231 and 414.578 by sections 1 and 3 to 5 of this 2021 Act on**
33 **and after March 31, 2022.**

34 **SECTION 8. This 2021 Act takes effect on the 91st day after the date on which the 2021**
35 **regular session of the Eighty-first Legislative Assembly adjourns sine die.**

36