

Enrolled House Bill 3352

Sponsored by Representatives CAMPOS, SALINAS, ALONSO LEON, DEXTER, REYNOLDS, Senator STEINER HAYWARD; Representatives GRAYBER, HOLVEY, HUDSON, KROPF, MARSH, MEEK, NOSSE, PHAM, POWER, PRUSAK, RUIZ, SCHOUTEN, SMITH WARNER, VALDERRAMA, WILLIAMS, Senators GELSER, LIEBER

CHAPTER

AN ACT

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

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

SECTION 1. ORS 414.231 is amended to read:

414.231. (1) As used in this section[.]:

(a) “Adult” means a person 19 years of age or older.

(b) “Child” means a person under 19 years of age.

(2) The [*Health Care for All Oregon Children*] **Cover All People** program is established to make affordable, accessible health care available to all [*of Oregon’s children*] **residents in this state**. The program provides medical assistance [*to children*], funded in whole or in part by Title XIX of the Social Security Act, by the State Children’s Health Insurance Program under Title XXI of the Social Security Act [*and*] **or** by moneys appropriated or allocated [*for that purpose*] by the Legislative Assembly **to supplement funds received under Titles XIX or XXI of the Social Security Act**.

(3) A child is eligible for medical assistance under subsection (2) of this section if the child resides in this state and the income of the child’s family is at or below 300 percent of the federal poverty guidelines.

(4) An adult is eligible for medical assistance under subsection (2) of this section if the adult resides in this state and would be eligible for medical assistance but for the adult’s immigration status.

[(4)] (5) There is no asset limit to qualify for the program.

[(5)(a)] (6)(a) A child receiving medical assistance through the [*Health Care for All Oregon Children*] **Cover All People** program is continuously eligible for a minimum period of 12 months or until the child reaches 19 years of age, whichever comes first.

(b) The Department of Human Services or the Oregon Health Authority shall reenroll a child for successive 12-month periods of enrollment as long as the child is eligible for medical assistance on the date of reenrollment and the child has not yet reached 19 years of age.

(c) A child may not be required to submit a new application as a condition of reenrollment under paragraph (b) of this subsection.

[(6)] (7) The department or the authority must determine [*the child’s*] eligibility for or reenrollment in medical assistance **under this section** using information and sources available to the department or the authority. If information and sources available to the department or the authority

are not adequate to verify [*the child's*] eligibility, the department or the authority may require the [*child*] **adult** or [*the*] **a** child's caretaker to provide additional documentation in accordance with ORS 411.400 and 411.402. Information requested or obtained by the department or the authority under this subsection is subject to the requirements of ORS 410.150 and 413.175.

SECTION 2. ORS 413.201 is amended to read:

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

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

- (a) Members of racial, ethnic and language minority communities;
- (b) Children **and families** living in geographic isolation; and
- (c) Children and [*family members*] **families** with additional barriers to accessing health care, such as cognitive, mental health or sensory disorders, physical disabilities or chemical dependency[, *and children experiencing*] **or** homelessness.

(3) The authority shall convene a work group, consisting of individuals with experience in conducting outreach to the individuals described in subsection (2)(a) to (c) of this section, to advise and assist the authority in carrying out its duties under this section **and in developing an implementation plan to ensure that community feedback is included from a health equity perspective.**

SECTION 3. ORS 192.556 is amended to read:

192.556. As used in ORS 192.553 to 192.581:

(1) "Authorization" means a document written in plain language that contains at least the following:

- (a) A description of the information to be used or disclosed that identifies the information in a specific and meaningful way;
- (b) The name or other specific identification of the person or persons authorized to make the requested use or disclosure;
- (c) The name or other specific identification of the person or persons to whom the covered entity may make the requested use or disclosure;
- (d) A description of each purpose of the requested use or disclosure, including but not limited to a statement that the use or disclosure is at the request of the individual;
- (e) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure;
- (f) The signature of the individual or personal representative of the individual and the date;
- (g) A description of the authority of the personal representative, if applicable; and
- (h) Statements adequate to place the individual on notice of the following:
 - (A) The individual's right to revoke the authorization in writing;
 - (B) The exceptions to the right to revoke the authorization;
 - (C) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization; and
 - (D) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected.

(2) "Covered entity" means:

- (a) A state health plan;
- (b) A health insurer;

(c) A health care provider that transmits any health information in electronic form to carry out financial or administrative activities in connection with a transaction covered by ORS 192.553 to 192.581; or

(d) A health care clearinghouse.

(3) "Health care" means care, services or supplies related to the health of an individual.

(4) "Health care operations" includes but is not limited to:

(a) Quality assessment, accreditation, auditing and improvement activities;

(b) Case management and care coordination;

(c) Reviewing the competence, qualifications or performance of health care providers or health insurers;

(d) Underwriting activities;

(e) Arranging for legal services;

(f) Business planning;

(g) Customer services;

(h) Resolving internal grievances;

(i) Creating deidentified information; and

(j) Fundraising.

(5) "Health care provider" includes but is not limited to:

(a) A psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist licensed or otherwise authorized to practice under ORS chapter 675 or an employee of the psychologist, occupational therapist, regulated social worker, professional counselor or marriage and family therapist;

(b) A physician or physician assistant licensed under ORS chapter 677, an acupuncturist licensed under ORS 677.759 or an employee of the physician, physician assistant or acupuncturist;

(c) A nurse or nursing home administrator licensed under ORS chapter 678 or an employee of the nurse or nursing home administrator;

(d) A dentist licensed under ORS chapter 679 or an employee of the dentist;

(e) A dental hygienist or denturist licensed under ORS chapter 680 or an employee of the dental hygienist or denturist;

(f) A speech-language pathologist or audiologist licensed under ORS chapter 681 or an employee of the speech-language pathologist or audiologist;

(g) An emergency medical services provider licensed under ORS chapter 682;

(h) An optometrist licensed under ORS chapter 683 or an employee of the optometrist;

(i) A chiropractic physician licensed under ORS chapter 684 or an employee of the chiropractic physician;

(j) A naturopathic physician licensed under ORS chapter 685 or an employee of the naturopathic physician;

(k) A massage therapist licensed under ORS 687.011 to 687.250 or an employee of the massage therapist;

(L) A direct entry midwife licensed under ORS 687.405 to 687.495 or an employee of the direct entry midwife;

(m) A physical therapist licensed under ORS 688.010 to 688.201 or an employee of the physical therapist;

(n) A medical imaging licensee under ORS 688.405 to 688.605 or an employee of the medical imaging licensee;

(o) A respiratory care practitioner licensed under ORS 688.815 or an employee of the respiratory care practitioner;

(p) A polysomnographic technologist licensed under ORS 688.819 or an employee of the polysomnographic technologist;

(q) A pharmacist licensed under ORS chapter 689 or an employee of the pharmacist;

(r) A dietitian licensed under ORS 691.405 to 691.485 or an employee of the dietitian;

(s) A funeral service practitioner licensed under ORS chapter 692 or an employee of the funeral service practitioner;

(t) A health care facility as defined in ORS 442.015;

(u) A home health agency as defined in ORS 443.014;

(v) A hospice program as defined in ORS 443.850;

(w) A clinical laboratory as defined in ORS 438.010;

(x) A pharmacy as defined in ORS 689.005; and

(y) Any other person or entity that furnishes, bills for or is paid for health care in the normal course of business.

(6) "Health information" means any oral or written information in any form or medium that:

(a) Is created or received by a covered entity, a public health authority, an employer, a life insurer, a school, a university or a health care provider that is not a covered entity; and

(b) Relates to:

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

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

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

(7) "Health insurer" means an insurer as defined in ORS 731.106 who offers:

(a) A health benefit plan as defined in ORS 743B.005;

(b) A short term health insurance policy, the duration of which does not exceed three months including renewals;

(c) A student health insurance policy;

(d) A Medicare supplemental policy; or

(e) A dental only policy.

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

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

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

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

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

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

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

(a) Efforts to obtain premiums or reimbursement;

(b) Determining eligibility or coverage;

(c) Billing activities;

(d) Claims management;

(e) Reviewing health care to determine medical necessity;

(f) Utilization review; and

(g) Disclosures to consumer reporting agencies.

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

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

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

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

(d) A person described in ORS 192.573.

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

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

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

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

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

(12) "State health plan" means:

(a) Medical assistance as defined in ORS 414.025;

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

(c) Any medical assistance or premium assistance program operated by the Oregon Health Authority.

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

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

(b) Consultations and referrals between health care providers.

SECTION 4. ORS 413.225 is amended to read:

413.225. (1) As used in this section:

(a) "Community health center or safety net clinic" means a nonprofit medical clinic or school-based health center that provides primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding scale based on the income of the patient.

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

(A) Is located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization;

(B) Is organized through collaboration among schools, communities and health providers, including public health authorities;

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

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

(i) Primary care;

(ii) Preventive health care;

(iii) Management and monitoring of chronic health conditions;

(iv) Behavioral health care;

(v) Oral health care;

(vi) Health education services; and

(vii) The administration of vaccines recommended by the Centers for Disease Control and Prevention;

(E) Provides health services to children and adolescents by licensed or certified health professionals; and

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

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

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

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

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

(3) The authority shall provide outreach for the [*Health Care for All Oregon Children*] **Cover All People** program, including development and administration of an application assistance program, and including grants to provide funding to organizations and local groups for outreach and enroll-

ment activities for the program, within the limits of funds provided by the Legislative Assembly for this purpose.

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

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

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

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

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

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

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

(5) The authority shall by rule adopt criteria for awarding grants and providing funds in accordance with this section.

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

SECTION 5. ORS 414.578 is amended to read:

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

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

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

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

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

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

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

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

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

(f) Address promotion of health and prevention and early intervention in the treatment of children and adolescents.

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

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

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

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

(d) The [*Health Care for All Oregon Children*] **Cover All People** program and other medical assistance programs;

- (e) Relief nurseries in the region;
- (f) Community health centers;
- (g) Oral health care providers;
- (h) Community mental health providers;
- (i) Administrators of county health department programs that offer preventive health services to children;
- (j) Hospitals in the region; and
- (k) Other appropriate child and adolescent health program administrators.

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

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

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

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

SECTION 7. **If necessary to stay within the moneys appropriated to the Oregon Health Authority under section 11 of this 2021 Act, the authority may, based on recommendations of the work group described in ORS 413.201 (3), restrict eligibility under ORS 414.231 (4) to specific categories or groups of individuals based on criteria adopted by the authority by rule.**

SECTION 8. **The Oregon Health Authority shall report to the 2023 regular session of the Legislative Assembly, in the manner described in ORS 192.245, on the implementation of the amendments to ORS 413.201 and 414.231 by sections 1 and 2 of this 2021 Act.**

SECTION 9. (1) **The amendments to ORS 413.201 by section 2 of this 2021 Act become operative on November 1, 2021.**

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

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

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

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

SECTION 10. **Section 7 of this 2021 Act is repealed on June 30, 2023.**

SECTION 11. **In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of \$100,000,000, which may be expended for carrying out the amendments to ORS 413.201 and 414.231 by sections 1 and 2 of this 2021 Act.**

SECTION 12. **This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.**

Passed by House June 24, 2021

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Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate June 26, 2021

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2021

Approved:

.....M.,....., 2021

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2021

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Shemia Fagan, Secretary of State