

Requested by Representative SALINAS

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2164**

1 In line 2 of the printed bill, after the semicolon, delete the rest of the line  
2 and insert “creating new provisions; amending ORS 192.556, 413.201, 413.225,  
3 414.231 and 414.578; and prescribing an effective date.”.

4 Delete lines 4 through 9 and insert:

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

6 “414.231. (1) As used in this section[,]:

7 **“(a) ‘Adult’ means a person 19 years of age or older.**

8 **“(b) ‘Child’ means a person under 19 years of age.**

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

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

20 **“(4) An adult is eligible for medical assistance under subsection (2)**  
21 **of this section if the adult:**

1       “(a) Resides in this state;

2       “(b) Has family income below 138 percent of the federal poverty  
3 guidelines or, if the adult is pregnant, has family income at or below  
4 190 percent of the federal poverty guidelines;

5       “(c) Is otherwise ineligible, due to immigration status, for medical  
6 assistance; and

7       “(d) Is ineligible for premium tax credits for the purchase of a  
8 qualified health plan through the health insurance exchange.

9       “[(4)] (5) There is no asset limit to qualify for the program.

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

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

18       “(c) A child may not be required to submit a new application as a condi-  
19 tion of reenrollment under paragraph (b) of this subsection.

20       “[(6)] (7) The department or the authority must determine [*the child’s*]  
21 eligibility for or reenrollment in medical assistance **under this section** us-  
22 ing information and sources available to the department or the authority. If  
23 information and sources available to the department or the authority are not  
24 adequate to verify [*the child’s*] eligibility, the department or the authority  
25 may require the [*child*] **adult** or [*the*] **a** child’s caretaker to provide addi-  
26 tional documentation in accordance with ORS 411.400 and 411.402. Informa-  
27 tion requested or obtained by the department or the authority under this  
28 subsection is subject to the requirements of ORS 410.150 and 413.175.

29       “(8) **The authority may narrow the eligibility requirements for**  
30 **adults or cap enrollment of adults in the Cover All People program if**

1 **necessary to prevent exceeding any appropriation of funds or expend-**  
2 **iture limitations established by the Legislative Assembly for the med-**  
3 **ical assistance provided to adults in the program.**

4 **“SECTION 2.** ORS 413.201 is amended to read:

5 “413.201. (1) The Oregon Health Authority is responsible for statewide  
6 outreach and marketing of the [*Health Care for All Oregon Children*] **Cover**  
7 **All People** program established in ORS 414.231 and administered by the au-  
8 thority with the goal of enrolling in the program all eligible [*children*] **in-**  
9 **dividuals** residing in this state. The authority, in collaboration with the  
10 work group described in subsection (3) of this section, shall evaluate and  
11 implement the outreach and marketing strategies designed to most effectively  
12 encourage [*the*] enrollment [*of children*] in the program.

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

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

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

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

25 “(3) The authority shall convene a work group, consisting of individuals  
26 with experience in conducting outreach to the individuals described in sub-  
27 section (2)(a) to (c) of this section, to advise and assist the authority in  
28 carrying out its duties under this section.

29 **“SECTION 3.** ORS 192.556 is amended to read:

30 “192.556. As used in ORS 192.553 to 192.581:

1 “(1) ‘Authorization’ means a document written in plain language that  
2 contains at least the following:

3 “(a) A description of the information to be used or disclosed that identi-  
4 fies the information in a specific and meaningful way;

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

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

9 “(d) A description of each purpose of the requested use or disclosure, in-  
10 cluding but not limited to a statement that the use or disclosure is at the  
11 request of the individual;

12 “(e) An expiration date or an expiration event that relates to the indi-  
13 vidual or the purpose of the use or disclosure;

14 “(f) The signature of the individual or personal representative of the in-  
15 dividual and the date;

16 “(g) A description of the authority of the personal representative, if ap-  
17 plicable; and

18 “(h) Statements adequate to place the individual on notice of the follow-  
19 ing:

20 “(A) The individual’s right to revoke the authorization in writing;

21 “(B) The exceptions to the right to revoke the authorization;

22 “(C) The ability or inability to condition treatment, payment, enrollment  
23 or eligibility for benefits on whether the individual signs the authorization;  
24 and

25 “(D) The potential for information disclosed pursuant to the authorization  
26 to be subject to redisclosure by the recipient and no longer protected.

27 “(2) ‘Covered entity’ means:

28 “(a) A state health plan;

29 “(b) A health insurer;

30 “(c) A health care provider that transmits any health information in

1 electronic form to carry out financial or administrative activities in con-  
2 nection with a transaction covered by ORS 192.553 to 192.581; or

3 “(d) A health care clearinghouse.

4 “(3) ‘Health care’ means care, services or supplies related to the health  
5 of an individual.

6 “(4) ‘Health care operations’ includes but is not limited to:

7 “(a) Quality assessment, accreditation, auditing and improvement activ-  
8 ities;

9 “(b) Case management and care coordination;

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

12 “(d) Underwriting activities;

13 “(e) Arranging for legal services;

14 “(f) Business planning;

15 “(g) Customer services;

16 “(h) Resolving internal grievances;

17 “(i) Creating deidentified information; and

18 “(j) Fundraising.

19 “(5) ‘Health care provider’ includes but is not limited to:

20 “(a) A psychologist, occupational therapist, regulated social worker, pro-  
21 fessional counselor or marriage and family therapist licensed or otherwise  
22 authorized to practice under ORS chapter 675 or an employee of the psy-  
23 chologist, occupational therapist, regulated social worker, professional  
24 counselor or marriage and family therapist;

25 “(b) A physician or physician assistant licensed under ORS chapter 677,  
26 an acupuncturist licensed under ORS 677.759 or an employee of the physi-  
27 cian, physician assistant or acupuncturist;

28 “(c) A nurse or nursing home administrator licensed under ORS chapter  
29 678 or an employee of the nurse or nursing home administrator;

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

1 dentist;

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

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

6 “(g) An emergency medical services provider licensed under ORS chapter  
7 682;

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

10 “(i) A chiropractic physician licensed under ORS chapter 684 or an em-  
11 ployee of the chiropractic physician;

12 “(j) A naturopathic physician licensed under ORS chapter 685 or an em-  
13 ployee of the naturopathic physician;

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

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

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

20 “(n) A medical imaging licensee under ORS 688.405 to 688.605 or an em-  
21 ployee of the medical imaging licensee;

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

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

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

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

30 “(s) A funeral service practitioner licensed under ORS chapter 692 or an

1 employee of the funeral service practitioner;  
2 “(t) A health care facility as defined in ORS 442.015;  
3 “(u) A home health agency as defined in ORS 443.014;  
4 “(v) A hospice program as defined in ORS 443.850;  
5 “(w) A clinical laboratory as defined in ORS 438.010;  
6 “(x) A pharmacy as defined in ORS 689.005; and  
7 “(y) Any other person or entity that furnishes, bills for or is paid for  
8 health care in the normal course of business.  
9 “(6) ‘Health information’ means any oral or written information in any  
10 form or medium that:  
11 “(a) Is created or received by a covered entity, a public health authority,  
12 an employer, a life insurer, a school, a university or a health care provider  
13 that is not a covered entity; and  
14 “(b) Relates to:  
15 “(A) The past, present or future physical or mental health or condition  
16 of an individual;  
17 “(B) The provision of health care to an individual; or  
18 “(C) The past, present or future payment for the provision of health care  
19 to an individual.  
20 “(7) ‘Health insurer’ means an insurer as defined in ORS 731.106 who of-  
21 fers:  
22 “(a) A health benefit plan as defined in ORS 743B.005;  
23 “(b) A short term health insurance policy, the duration of which does not  
24 exceed three months including renewals;  
25 “(c) A student health insurance policy;  
26 “(d) A Medicare supplemental policy; or  
27 “(e) A dental only policy.  
28 “(8) ‘Individually identifiable health information’ means any oral or  
29 written health information in any form or medium that is:  
30 “(a) Created or received by a covered entity, an employer or a health care

1 provider that is not a covered entity; and

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

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

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

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

10 “(9) ‘Payment’ includes but is not limited to:

11 “(a) Efforts to obtain premiums or reimbursement;

12 “(b) Determining eligibility or coverage;

13 “(c) Billing activities;

14 “(d) Claims management;

15 “(e) Reviewing health care to determine medical necessity;

16 “(f) Utilization review; and

17 “(g) Disclosures to consumer reporting agencies.

18 “(10) ‘Personal representative’ includes but is not limited to:

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

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

25 “(c) A person appointed as a personal representative under ORS chapter  
26 113; and

27 “(d) A person described in ORS 192.573.

28 “(11)(a) ‘Protected health information’ means individually identifiable  
29 health information that is maintained or transmitted in any form of elec-  
30 tronic or other medium by a covered entity.



1 “(b) ‘Protected health information’ does not mean individually identifiable  
2 health information in:

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

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

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

7 “(12) ‘State health plan’ means:

8 “(a) Medical assistance as defined in ORS 414.025;

9 “(b) The [*Health Care for All Oregon Children*] **Cover All People** pro-  
10 gram; or

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

13 “(13) ‘Treatment’ includes but is not limited to:

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

15 “(b) Consultations and referrals between health care providers.

16 **“SECTION 4.** ORS 413.225 is amended to read:

17 “413.225. (1) As used in this section:

18 “(a) ‘Community health center or safety net clinic’ means a nonprofit  
19 medical clinic or school-based health center that provides primary physical  
20 health, vision, dental or mental health services to low-income patients with-  
21 out charge or using a sliding scale based on the income of the patient.

22 “(b) ‘School-based health center’ means a health clinic that:

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

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

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

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

3 “(i) Primary care;

4 “(ii) Preventive health care;

5 “(iii) Management and monitoring of chronic health conditions;

6 “(iv) Behavioral health care;

7 “(v) Oral health care;

8 “(vi) Health education services; and

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

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

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

15 “(i) A student enrolled in a professional medical, nursing or dental pro-  
16 gram at an accredited university if the health service is within the student’s  
17 field of study and training; or

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

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

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

29 “(3) The authority shall provide outreach for the [*Health Care for All*  
30 *Oregon Children*] **Cover All People** program, including development and

1 administration of an application assistance program, and including grants to  
2 provide funding to organizations and local groups for outreach and enroll-  
3 ment activities for the program, within the limits of funds provided by the  
4 Legislative Assembly for this purpose.

5 “(4) The authority shall, using funds allocated by the Legislative Assem-  
6 bly:

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

10 “(b) Direct funds to communities with certified school-based health cen-  
11 ters and to communities planning for certified school-based health centers;  
12 and

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

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

17 “(B) Improve the coordination of the care of patients served by coordi-  
18 nated care organizations and school-based health centers; and

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

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

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

25 “**SECTION 5.** ORS 414.578 is amended to read:

26 “414.578. (1) A community health improvement plan adopted by a coordi-  
27 nated care organization and its community advisory council in accordance  
28 with ORS 414.577 shall include a component for addressing the health of  
29 children and youth in the areas served by the coordinated care organization  
30 including, to the extent practicable, a strategy and a plan for:

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

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

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

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

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

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

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

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

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

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

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

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

1 “(c) The Healthy Start Family Support Services program in the region;  
2 “(d) The [*Health Care for All Oregon Children*] **Cover All People** program  
3 and other medical assistance programs;  
4 “(e) Relief nurseries in the region;  
5 “(f) Community health centers;  
6 “(g) Oral health care providers;  
7 “(h) Community mental health providers;  
8 “(i) Administrators of county health department programs that offer pre-  
9 ventive health services to children;  
10 “(j) Hospitals in the region; and  
11 “(k) Other appropriate child and adolescent health program administra-  
12 tors.

13 “(4) The Oregon Health Authority may provide incentive grants to coor-  
14 dinated care organizations for the purpose of contracting with individuals  
15 or organizations to help coordinate integration strategies identified in the  
16 community health improvement plan adopted by the community advisory  
17 council. The authority may also provide funds to coordinated care organiza-  
18 tions to improve systems of services that will promote the implementation  
19 of the plan.

20 “(5) Each coordinated care organization shall report to the authority, in  
21 the form and manner prescribed by the authority, on the progress of the in-  
22 tegration strategies and implementation of the plan for working with the  
23 programs developed by the Early Learning Council, Early Learning Hubs,  
24 the Youth Development Council and school health care providers in the re-  
25 gion, as part of the development and implementation of the community  
26 health improvement plan. The authority shall compile the information  
27 biennially and report the information to the Legislative Assembly by De-  
28 cember 31 of each even-numbered year.

29 **“SECTION 6. (1) The Oregon Health Authority, in collaboration**  
30 **with the Department of Consumer and Business Services if necessary,**

1 shall seek any federal approval or waivers of federal requirements  
2 necessary to maximize federal financial participation in the costs of  
3 providing medical assistance to adults in the Cover All People program  
4 established in ORS 414.231.

5 “(2) Implementation of the amendments to ORS 414.231 by section  
6 1 of this 2021 Act is not contingent upon federal approval or waivers  
7 described in subsection (1) of this section.

8 “SECTION 7. In addition to and not in lieu of any other appropri-  
9 ation, there is appropriated to the Oregon Health Authority, for the  
10 biennium beginning July 1, 2021, out of the General Fund, the amount  
11 of \$10,000,000, which may be expended for carrying out the amend-  
12 ments to ORS 413.201 and 414.231 by sections 1 and 2 of this 2021 Act.

13 “SECTION 8. (1) The amendments to ORS 413.201 by section 2 of this  
14 2021 Act become operative on November 1, 2021.

15 “(2) The amendments to ORS 192.556, 413.225, 414.231 and 414.578 by  
16 sections 1 and 3 to 5 of this 2021 Act become operative on March 31,  
17 2022.

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

21 “(a) ORS 413.201 by section 2 of this 2021 Act on and after November  
22 1, 2021; and

23 “(b) ORS 192.556, 413.225, 414.231 and 414.578 by sections 1 and 3 to  
24 5 of this 2021 Act on and after March 31, 2022.”

25 In line 10, delete “3” and insert “9”.

26