

Requested by Senator LIEBER

**PROPOSED AMENDMENTS TO  
SENATE BILL 1079**

1 In line 2 of the printed bill, after “care” insert “; and declaring an emer-  
2 gency”.

3 Delete lines 4 through 8 and insert:

4 **“SECTION 1. (1) As used in this section, ‘post-acute care settings’**  
5 **include:**

6 **“(a) A setting in which a patient receives in-home care services, as**  
7 **defined in ORS 443.305;**

8 **“(b) A setting in which a patient receives home health services, as**  
9 **defined in ORS 443.014;**

10 **“(c) Skilled nursing facilities, as defined in ORS 442.015;**

11 **“(d) Residential care facilities, as defined in ORS 443.400, including**  
12 **assisted living facilities;**

13 **“(e) Adult foster homes, as defined in ORS 443.705; and**

14 **“(f) Community hemodialysis providers.**

15 **“(2) The Joint Task Force on Hospital Discharge Challenges is es-**  
16 **tablished, consisting of 22 members appointed as follows:**

17 **“(a) The President of the Senate shall appoint one member from**  
18 **among the members of the Senate.**

19 **“(b) The Speaker of the House of Representatives shall appoint one**  
20 **member from among the members of the House of Representatives.**

21 **“(c) The Governor shall appoint:**

1       **“(A) Five members representing hospitals, including at least one**  
2 **member representing a rural hospital, as described in ORS 442.470, and**  
3 **one member representing a health system who has expertise in hospice**  
4 **care and home health care;**

5       **“(B) One member representing nurses who work in acute care set-**  
6 **tings;**

7       **“(C) Three members representing health care workers in post-acute**  
8 **care settings;**

9       **“(D) Three members representing residential care facilities and long**  
10 **term care facilities, including skilled nursing facilities, including one**  
11 **member who has expertise in hospice or home health care;**

12       **“(E) One member representing commercial insurers that offer**  
13 **health benefit plans;**

14       **“(F) One member, representing counties, who has expertise in as-**  
15 **sessing and placing patients discharged from acute care settings into**  
16 **post-acute care settings;**

17       **“(G) One member representing coordinated care organizations;**

18       **“(H) One member representing social service providers or federally**  
19 **qualified health centers that serve individuals who are homeless;**

20       **“(I) One member representing the Oregon Health Authority;**

21       **“(J) One member representing the Department of Human Services;**

22       **“(K) One member representing the Governor; and**

23       **“(L) One member representing outpatient renal dialysis facilities,**  
24 **as defined in ORS 442.015.**

25       **“(3) The task force may ask the Governor to appoint additional**  
26 **members with expertise on specific topics.**

27       **“(4) The task force shall:**

28       **“(a) Develop recommendations to address the challenges faced by**  
29 **hospitals in discharging patients to appropriate post-acute care set-**  
30 **tings, including but not limited to recommendations for:**

1       **“(A) Streamlining and reducing barriers to training, education,**  
2 **licensure and certification for all classifications of nurses and nursing**  
3 **assistants for work in post-acute care settings while maintaining the**  
4 **quality of the workforce;**

5       **“(B) Facilitating the timely discharge of patients from hospitals to**  
6 **appropriate placements in post-acute care settings, including by:**

7       **“(i) Using the Preadmission Screening and Resident Review tool;**

8       **“(ii) Obtaining medical assistance determinations;**

9       **“(iii) Improving discharge methodologies; and**

10       **“(iv) Improving connectivity between hospitals and post-acute care**  
11 **settings for appropriate post-acute care setting placements;**

12       **“(C) Supporting innovative care models and innovative payment**  
13 **models to increase access to placements in post-acute care settings by**  
14 **patients with complex health needs or who lack stable housing;**

15       **“(D) Modifying medical assistance and commercial health benefit**  
16 **plan coverage and reimbursement to facilitate appropriate post-acute**  
17 **care setting placements such as by improving benefits for patients in**  
18 **hospitals who are awaiting discharge and increasing reimbursement**  
19 **and benefits for individuals in post-acute care settings;**

20       **“(E) Increasing available options for and access to community-**  
21 **based placements, including in-home care services, home health care**  
22 **services, adult foster homes, outpatient hemodialysis facilities, hospice**  
23 **care and other potential models of care that may be licensed by the**  
24 **state; and**

25       **“(F) Opportunities for federal and state partnerships to secure fed-**  
26 **eral resources and the federal approvals needed for such partnerships.**

27       **“(b) The task force shall consider how each recommendation de-**  
28 **veloped under this subsection relates to the needs of individuals who**  
29 **are experiencing homelessness or who otherwise lack stable housing.**

30       **“(5) The Legislative Policy and Research Director shall provide staff**

1 support to the task force, including but not limited to:

2 “(a) Reviewing strategies that have been successful in other states,  
3 including through the use of federal waivers of Medicaid requirements  
4 or through demonstration projects under 42 U.S.C. 1315;

5 “(b) Reviewing data and studies related to the challenges faced by  
6 hospitals in discharging patients to post-acute care settings;

7 “(c) Reviewing state and federal requirements for licensure, certi-  
8 fication and scope of practice for all licensed or certified providers who  
9 practice in post-acute care settings;

10 “(d) Reviewing the responsibilities of county and state agencies and  
11 the accountability of county and state agencies for conducting clinical  
12 assessments and financial assessments of hospital patients who are  
13 ready for discharge to post-acute care settings and assisting in the  
14 patients’ placements in appropriate post-acute care settings;

15 “(e) Gathering and analyzing data on wages paid to county and  
16 state employees with the responsibilities described in paragraph (d) of  
17 this subsection, turnover rates of the staff and best practices for hir-  
18 ing and training the staff; and

19 “(f) Gathering and analyzing data provided by hospitals, post-acute  
20 care settings and local and state agencies on the main barriers to  
21 discharging patients from acute care facilities to appropriate post-  
22 acute care settings, including but not limited to:

23 “(A) The primary reasons for delays in discharging patients for  
24 post-acute care;

25 “(B) The current overall capacity of post-acute care settings;

26 “(C) The current workforce challenges faced by post-acute care  
27 settings;

28 “(D) The rates of reimbursement and methodology for reimbursing  
29 care for patients in post-acute care settings;

30 “(E) Coordinated care organizations’ rates of reimbursement and

1 methodologies for reimbursing care for patients in post-acute care  
2 settings;

3 “(F) The numbers of days patients remain in hospitals after the  
4 patients are ready for discharge and the reasons for the avoidable ex-  
5 tended stays; and

6 “(G) Data from acute care facilities on patients’ lengths of stays.

7 “(6) The director may contract with third parties that have exper-  
8 tise in acute care discharges and post-acute care settings to support  
9 the work of the task force.

10 “(7) The Oregon Health Authority and the Department of Human  
11 Services shall provide data and policy analysis to the task force at the  
12 direction of the task force chairperson.

13 “(8) A majority of the voting members of the task force constitutes  
14 a quorum for the transaction of business.

15 “(9) Official action by the task force requires the approval of a  
16 majority of the voting members of the task force.

17 “(10) The task force shall elect one of its voting members to serve  
18 as chairperson and another voting member as vice chairperson.

19 “(11) If there is a vacancy for any cause, the Governor shall make  
20 an appointment to become immediately effective.

21 “(12) The task force shall meet at times and places specified by the  
22 call of the chairperson or of a majority of the voting members of the  
23 task force.

24 “(13) The task force may adopt rules necessary for the operation  
25 of the task force.

26 “(14) Members of the Legislative Assembly appointed to the task  
27 force are nonvoting members of the task force and may act in an ad-  
28 visory capacity only.

29 “(15) Members of the task force who are not members of the Leg-  
30 islative Assembly are not entitled to compensation or reimbursement

1 for expenses and serve as volunteers on the task force.

2 “(16) The task force may convene subcommittees under the direc-  
3 tion of the chairperson as needed to complete the task force’s work.

4 “(17)(a) No later than November 1, 2023, the task force shall provide  
5 recommendations for administrative changes that do not require leg-  
6 islative action to the Governor and to the interim committees of the  
7 Legislative Assembly related to health and human services.

8 “(b) No later than December 15, 2023, the task force shall report its  
9 recommendations for legislative changes to the interim committees  
10 of the Legislative Assembly related to health and human services. The  
11 report need not comply with ORS 192.245.

12 “(c) No later than September 15, 2024, the task force shall submit  
13 a final report, in the manner provided in ORS 192.245, on the findings  
14 and recommendations of the task force, which may include recom-  
15 mendations for legislation, to the interim committees of the Legisla-  
16 tive Assembly related to health and human services.

17 **“SECTION 2. Section 1 of this 2023 Act is repealed on January 2,  
18 2025.**

19 **“SECTION 3. In addition to and not in lieu of any other appropri-  
20 ation, there is appropriated to the Legislative Policy and Research  
21 Committee, for the biennium beginning July 1, 2023, out of the General  
22 Fund, the amount of \$800,000, which may be expended for carrying out  
23 the provisions of section 1 of this 2023 Act.**

24 **“SECTION 4. This 2023 Act being necessary for the immediate  
25 preservation of the public peace, health and safety, an emergency is  
26 declared to exist, and this 2023 Act takes effect on its passage.”.**

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