

Requested by JOINT COMMITTEE ON WAYS AND MEANS

**PROPOSED AMENDMENTS TO  
HOUSE BILL 3396**

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 shall:**

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

29       **“(A) Streamlining and reducing barriers to training, education,**  
30 **licensure and certification for all classifications of nurses and nursing**

1 assistants for work in post-acute care settings while maintaining the  
2 quality of the workforce;

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

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

6 “(ii) Obtaining medical assistance determinations;

7 “(iii) Improving discharge methodologies; and

8 “(iv) Improving connectivity between hospitals and post-acute care  
9 settings for appropriate post-acute care setting placements;

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

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

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

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

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

28 “(4) The Legislative Policy and Research Director shall provide staff  
29 support to the task force, including but not limited to:

30 “(a) Reviewing strategies that have been successful in other states,

1 including through the use of federal waivers of Medicaid requirements  
2 or through demonstration projects under 42 U.S.C. 1315;

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

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

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

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

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

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

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

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

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

28 “(E) Coordinated care organizations’ rates of reimbursement and  
29 methodologies for reimbursing care for patients in post-acute care  
30 settings;

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

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

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

8       **“(6) The Oregon Health Authority and the Department of Human**  
9 **Services shall provide data and policy analysis to the task force at the**  
10 **direction of the task force chairperson.**

11       **“(7) A majority of the voting members of the task force constitutes**  
12 **a quorum for the transaction of business.**

13       **“(8) Official action by the task force requires the approval of a**  
14 **majority of the voting members of the task force.**

15       **“(9) The task force shall elect one of its voting members to serve**  
16 **as chairperson and another voting member as vice chairperson.**

17       **“(10) If there is a vacancy for any cause, the Governor shall make**  
18 **an appointment to become immediately effective.**

19       **“(11) The task force shall meet at times and places specified by the**  
20 **call of the chairperson or of a majority of the voting members of the**  
21 **task force.**

22       **“(12) The task force may adopt rules necessary for the operation**  
23 **of the task force.**

24       **“(13) Members of the Legislative Assembly appointed to the task**  
25 **force are nonvoting members of the task force and may act in an ad-**  
26 **visory capacity only.**

27       **“(14) Members of the task force who are not members of the Leg-**  
28 **islative Assembly are not entitled to compensation or reimbursement**  
29 **for expenses and serve as volunteers on the task force.**

30       **“(15)(a) The task force, at any time, may provide recommendations**

1 for administrative changes that do not require legislative action to the  
2 Governor and to the interim committees of the Legislative Assembly  
3 related to health and human services.

4 “(b) No later than December 15, 2023, to the greatest extent practi-  
5 cable, the task force shall report its recommendations for legislative  
6 changes to the interim committees of the Legislative Assembly related  
7 to health and human services. The report need not comply with ORS  
8 192.245.

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

14 “SECTION 2. Notwithstanding ORS 414.590 (2)(a), a contract entered  
15 into between the Oregon Health Authority and a coordinated care or-  
16 ganization under ORS 414.572 (1) that is in effect on the effective date  
17 of this 2023 Act shall be extended to December 31, 2026.

18 “SECTION 3. The Oregon Health Authority shall provide grants to  
19 support clinical education at hospitals and health care facilities.

20 “SECTION 4. The Oregon Health Authority shall provide grants to  
21 employers participating in a labor-management training trust to ex-  
22 pand on-the-job training, apprenticeship opportunities and other pro-  
23 grams that support the development of health care professionals,  
24 including medical technicians, certified nursing assistants and  
25 phlebotomists.

26 “SECTION 5. The Oregon Health Authority shall provide grants to  
27 the Oregon Center for Nursing to work with Oregon’s public nursing  
28 education programs, including the nursing programs at the Oregon  
29 Health and Science University and Oregon’s community colleges, to  
30 develop programs to recruit and retain nurse educators at public in-

1stitutions of higher education.

2 **“SECTION 6.** In addition to and not in lieu of any other appropri-  
3 ation, there is appropriated to the Legislative Policy and Research  
4 Committee, for the biennium beginning July 1, 2023, out of the General  
5 Fund, the amount of \$500,000, which may be expended for carrying out  
6 the provisions of section 1 of this 2023 Act.

7 **“SECTION 7.** In addition to and not in lieu of any other appropri-  
8 ation, there is appropriated to the Oregon Health Authority, for the  
9 biennium beginning July 1, 2023, out of the General Fund, the amount  
10 of \$15,000,000, which may be expended to provide grants under section  
11 3 of this 2023 Act.

12 **“SECTION 8.** In addition to and not in lieu of any other appropri-  
13 ation, there is appropriated to the Oregon Health Authority, for the  
14 biennium beginning July 1, 2023, out of the General Fund, the amount  
15 of \$5,000,000, which may be expended to provide grants under section  
16 4 of this 2023 Act.

17 **“SECTION 9.** In addition to and not in lieu of any other appropri-  
18 ation, there is appropriated to the Oregon Health Authority, for the  
19 biennium beginning July 1, 2023, out of the General Fund, the amount  
20 of \$5,000,000, which may be expended to provide grants under section 5  
21 of this 2023 Act.

22 **“SECTION 10.** In addition to and not in lieu of any other appropri-  
23 ation, there is appropriated to the Oregon Health Authority, for the  
24 biennium beginning July 1, 2023, out of the General Fund, the amount  
25 of \$1,517,041, which may be expended to support the task force estab-  
26 lished in section 1 of this 2023 Act and administer the grant programs  
27 in sections 3, 4 and 5 of this 2023 Act.

28 **“SECTION 11.** (1) Section 1 of this 2023 Act is repealed on January  
29 2, 2025.

30 **“(2)** Section 2 of this 2023 Act is repealed on January 2, 2027.

