

Senate Bill 1073

Sponsored by Senator NASH

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 **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act creates a program to train people to provide certain home health services to their family members. (Flesch Readability Score: 66.3).

Establishes the Family Home Health Aide Program in the Oregon Health Authority for the purpose of certifying family caregivers as family home health aides to provide qualified home health services to eligible relatives in the state medical assistance program. Requires the authority to report on the outcomes of the program every two years.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to family home health aides; and prescribing an effective date.

3 Whereas the home health workforce is facing a significant shortage of direct care workers, in-
4 cluding home health aides, personal care aides and private duty nurses; and

5 Whereas in addition to a shortage of direct care workers, the demand for private duty nursing
6 services remains high due to an increasing desire for individuals to receive care in their community
7 rather than in an institutional setting; and

8 Whereas many families are turning to family caregivers to fill the gap in care resulting from a
9 shortage of available direct care workers and long waiting lists for care; and

10 Whereas private duty nursing services require caregivers with proper education, licensing and
11 credentials to allow for the highest standard of care in the home; now, therefore,

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

SECTION 1. (1) As used in this section:

13 **(a) "Coordinated care organization" has the meaning given that term in ORS 414.025.**

14 **(b) "Eligible relative" means an individual of any age who:**

15 **(A) Has a physical, mental or cognitive impairment that prevents the individual from**
16 **safely living independently; and**

17 **(B) Is eligible to receive skilled nursing services under the state medical assistance pro-**
18 **gram.**

19 **(c) "Family caregiver" means a parent, guardian or family member related by**
20 **consanguinity to an eligible relative who:**

21 **(A) Is able, based on physical proximity, to provide appropriate and consistent care to the**
22 **eligible relative; and**

23 **(B) Has the necessary physical and mental capacity to assist the eligible relative with**
24 **qualified home health services.**

25 **(d) "Family home health aide" means a family caregiver who has been certified under this**
26 **section to provide qualified home health services to an eligible relative.**

27 **(e) "Home care provider" means:**
28

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

2 (B) An entity that provides private duty nursing services.

3 (f) "Medical assistance" has the meaning given that term in ORS 414.025.

4 (g) "Qualified home health services" means the home health or private duty nursing
5 services that a family home health aide certified under this section is authorized to provide
6 to an eligible relative.

7 (2) The Family Home Health Aide Program is established in the Oregon Health Authority
8 for the purpose of certifying a family caregiver as a family home health aide to provide
9 qualified home health services to an eligible relative.

10 (3)(a) The authority, in consultation with the Oregon State Board of Nursing and relative
11 stakeholders, shall develop a training course, including hands-on experience, for a family
12 caregiver to become certified as a family home health aide. The authority shall ensure that
13 a family caregiver that participates in the training course is trained in skills that are rele-
14 vant to the eligible relative's plan of care and clinical acuity. The training course may in-
15 clude:

16 (A) Patient care transfers;

17 (B) Assistance with activities of daily living;

18 (C) Normal range of motion and position;

19 (D) Adequate nutrition and fluid intake;

20 (E) Basic infection prevention and control procedures;

21 (F) Observation and reporting of a patient's vital signs, blood pressure and general pa-
22 tient status;

23 (G) Urinary catheterization and ostomy care;

24 (H) Ambulation;

25 (I) Wound care;

26 (J) Enteral care;

27 (K) Medication administration; and

28 (L) Any additional tasks, as determined by the authority, in consultation with the board.

29 (b) The authority shall provide, or may designate and reimburse selected home care
30 providers to provide, the training course developed under this subsection.

31 (4) The authority, in consultation with the board, shall certify a family caregiver as a
32 family home health aide if the family caregiver:

33 (a) Is at least 18 years of age;

34 (b) Has successfully completed the training developed under this section; and

35 (c) Has successfully fulfilled any additional requirements, including education or compe-
36 tency requirements, established by the authority.

37 (5) Notwithstanding any other provision of law, a home care provider may employ a
38 family home health aide to provide qualified home health services to an eligible relative. A
39 home care provider that employs a family home health aide shall:

40 (a) Ensure that the family home health aide receives, at least every 90 days, appropriate
41 clinical supervision based on the clinical acuity of the eligible relative, which may be deter-
42 mined using the acuity tool described in subsection (9) of this section.

43 (b) Recertify an eligible relative's plan of care at least every 180 days.

44 (6) Subject to the limitations described in subsection (7) of this section, a family home
45 health aide is authorized to provide the following qualified home health services:

- 1 (a) Assistance with activities of daily living, including personal care;
- 2 (b) Assistance with mobility;
- 3 (c) Assistance with nutrition and hydration;
- 4 (d) Assistance with toileting and elimination;
- 5 (e) Assistance with using assistive devices;
- 6 (f) Assistance with safety and cleanliness;
- 7 (g) Reporting abnormal signs and symptoms;
- 8 (h) Cardiopulmonary resuscitation and emergency care;
- 9 (i) Infection control;
- 10 (j) Assistance with hygiene, grooming, skin care and pressure sore prevention;
- 11 (k) Wound care;
- 12 (L) Assistance with portable oxygen use and safety;
- 13 (m) Enteral care and therapy; and
- 14 (n) Other services appropriate for low-acuity eligible relatives, as determined by the
- 15 board.

16 (7) A family home health aide that provides qualified home health services to an eligible
 17 relative:

- 18 (a) Must be employed by a home care provider;
- 19 (b) Must provide qualified home health services in accordance with the eligible relative's
- 20 plan of care; and

21 (c) May not provide tracheostomy care or ventilation therapy or care, regardless of the
 22 clinical acuity of the eligible relative, unless the family home health aide is a nurse licensed
 23 under ORS chapter 678 or is otherwise licensed, certified or authorized by the laws of this
 24 state to provide such therapy or care.

25 (8) To ensure continuity of care, the authority shall ensure that:

26 (a) An eligible relative who receives qualified home health services from a family home
 27 health aide remains enrolled in any other home health or private duty nursing services for
 28 which the eligible relative is eligible;

29 (b) An eligible relative with a higher clinical acuity, including an eligible relative who
 30 requires tracheostomy care or ventilation therapy or care, has timely access to any neces-
 31 sary home health or private duty nursing services; and

32 (c) A home care provider that employs a family home health aide to provide qualified
 33 home health services to an eligible relative is given preference to provide any other neces-
 34 sary home health or private duty nursing services to the eligible relative, to the extent
 35 practicable.

36 (9)(a) The authority may, in collaboration with home care providers that provide services
 37 to medical assistance recipients, medical assistance recipients, patient advocacy groups and
 38 other relevant stakeholders, develop a clinical acuity tool to assist in determining the care
 39 needs of medically fragile individuals to ensure that those individuals have access to high-
 40 quality, clinically appropriate home health services, private duty nursing services and quali-
 41 fied home health services.

42 (b) If the authority develops a clinical acuity tool under this subsection, the authority
 43 may use the clinical acuity tool to conduct an independent assessment of whether an eligible
 44 relative who is receiving qualified home health services from a family home health aide is
 45 receiving services that are clinically appropriate and consistent with the eligible relative's

1 **plan of care.**

2 (10) The authority shall establish a program to provide respite care to family home health
 3 aides, private duty nurses and home health aides. To ensure continuity of care, the authority
 4 shall ensure that any respite care is provided to a family home health aide, private duty
 5 nurse or home health aide by the home care provider that employs the family home health
 6 aide, private duty nurse or home health aide.

7 (11)(a) The authority and a coordinated care organization shall provide reimbursement
 8 in the state medical assistance program for up to 40 hours per week of qualified home health
 9 services provided by a family home health aide. The authority shall establish fee-for-service
 10 reimbursement rates for qualified home health services that take into account any clinical
 11 supervision that a home care provider must provide to a family home health aide.

12 (b) A coordinated care organization shall reimburse a home care provider for qualified
 13 home health services provided by a family home health aide at the rates established in par-
 14 agraph (a) of this subsection.

15 (c) The authority shall require a family home health aide to submit claims for re-
 16 imbursement in accordance with the electronic visit verification requirements for providers
 17 of services.

18 (12) At least once every two years, the authority shall submit a report, in the manner
 19 provided in ORS 192.245, to the Legislative Assembly and make the report available on the
 20 authority’s website. The report shall include:

21 (a) The number of hospitalizations and emergency department visits of eligible relatives
 22 receiving qualified home health services through the program established under this section;

23 (b) For each eligible relative receiving qualified home health services under this section:

24 (A) The number of hours of private duty nursing services that the eligible relative has
 25 received and analysis of whether that number has increased or decreased since the eligible
 26 relative began receiving qualified home health services under this section; and

27 (B) The number of hours of qualified home health services that the eligible relative has
 28 received;

29 (c) The number of overpayments made to home care providers that employ family home
 30 health aides and any other evidence of fraud, waste or abuse in the program established
 31 under this section; and

32 (d) The impact of the program established under this section on access to home health
 33 and private duty nursing services for medical assistance recipients.

34 (13) The authority, in consultation with the board, may adopt rules necessary to imple-
 35 ment this section.

36 **SECTION 2.** (1) Section 1 of this 2025 Act becomes operative on January 1, 2026.

37 (2) The Oregon Health Authority may take any action before the operative date specified
 38 in subsection (1) of this section that is necessary to enable the authority to exercise, on and
 39 after the operative date specified in subsection (1) of this section, all of the duties, functions
 40 and powers conferred on the authority by section 1 of this 2025 Act.

41 **SECTION 3.** This 2025 Act takes effect on the 91st day after the date on which the 2025
 42 regular session of the Eighty-third Legislative Assembly adjourns sine die.