

SENATE AMENDMENTS TO SENATE BILL 283

By COMMITTEE ON HEALTH CARE

April 15

1 In line 2 of the printed bill, after “workforce” insert “; creating new provisions; amending ORS
2 676.476 and 676.479; and declaring an emergency”.

3 Delete lines 4 through 8 and insert:

4 “**SECTION 1.** ORS 676.476 is amended to read:

5 “676.476. **(1)(a)** The Oregon Health Authority shall provide reimbursements to support clinical
6 education at hospitals, **as defined in ORS 442.015.** [*and health care facilities.*]

7 “**(b)** The Department of Human Services shall provide reimbursements to support clinical
8 education at long term care facilities, as defined in ORS 442.015, and residential care facili-
9 ties, as defined in ORS 443.400, including facilities with a memory care endorsement under
10 ORS 443.886 and assisted living facilities.

11 “**(2)** To receive reimbursement under this section, a hospital, long term care facility or
12 residential care facility must offer clinical placements, as defined by the authority by rule,
13 that include the provision of clinical instruction, supervision and health care professional
14 training services.

15 “**SECTION 2.** ORS 676.479 is amended to read:

16 “676.479. The Oregon Health Authority shall provide:

17 “**(1)** Reimbursements to [*employers*] **hospitals** participating in a labor-management training trust
18 to expand on-the-job training, apprenticeship opportunities and other programs that support the de-
19 velopment of health care professionals, including medical technicians, certified nursing assistants
20 and phlebotomists.

21 “**(2)** Incentive payments to federally qualified health centers to support workforce
22 recruitment, retention and training. The incentive payments:

23 “**(a)** Shall be designed to:

24 “**(A)** Enhance the quality of services provided by federally qualified health centers to el-
25 igible patients; and

26 “**(B)** Increase the financial sustainability of the services provided by federally qualified
27 health centers.

28 “**(b)** To the extent permitted by federal law, may not be considered in determining pro-
29 spective payment rates for federally qualified health centers.

30 “**SECTION 3.** (1) As used in this section:

31 “**(a)** ‘Eligible employer’ has the meaning given that term in ORS 735.520.

32 “**(b)** ‘Essential Workforce Health Care Fund’ means a jointly administered employee
33 welfare benefit plan, as defined in 29 U.S.C. 1002, that has been established:

34 “**(A)** For the purpose of providing health benefits and related benefits to employees of
35 eligible employers and their beneficiaries; and

1 **“(B) Under the conditions required by ORS 735.520.**

2 **“(c) ‘Medical assistance’ has the meaning given that term in ORS 414.025.**

3 **“(2) The Oregon Health Authority shall convene a task force to:**

4 **“(a) Make recommendations for ensuring the availability of high-quality, affordable**

5 **health benefits for essential workers under the Oregon Essential Workforce Health Care**

6 **Program established under ORS 735.520, including recommendations about:**

7 **“(A) Funding models for long-term financial sustainability; and**

8 **“(B) The costs of covering current program participants and other essential workers in**

9 **the future.**

10 **“(b) Review the performance of the program and its impact on care settings, including:**

11 **“(A) Impact on the workforce;**

12 **“(B) Impact on patients and residents, especially medical assistance recipients;**

13 **“(C) Alternative options for high-quality health insurance available to essential workers**

14 **who are currently covered by the program; and**

15 **“(D) Comparison of quality and affordability relative to other commercial health care**

16 **coverage.**

17 **“(3) The task force consists of seven members appointed by the Governor as follows:**

18 **“(a) One representative of the Oregon Health Authority.**

19 **“(b) One representative of the Department of Consumer and Business Services.**

20 **“(c) One representative of the Department of Human Services.**

21 **“(d) One representative of eligible employers.**

22 **“(e) One representative of essential workers who participate in the program.**

23 **“(f) One representative of a labor-management training trust who administers the Es-**

24 **sential Workforce Health Care Fund.**

25 **“(g) One member who has expertise in Medicaid supplemental payments and labor-**

26 **management training trusts.**

27 **“(4) A majority of the members of the task force constitutes a quorum for the trans-**

28 **action of business.**

29 **“(5) Official action by the task force requires the approval of a majority of the members**

30 **of the task force.**

31 **“(6) The task force shall select one member of the task force to serve as chairperson and**

32 **another to serve as vice chairperson, for the terms and with the duties and powers necessary**

33 **for the performance of the functions of the offices as the task force determines.**

34 **“(7) If there is a vacancy for any cause, the Governor shall make an appointment to be-**

35 **come immediately effective.**

36 **“(8) The task force shall meet at times and places specified by the call of the chairperson**

37 **or of a majority of the members of the task force.**

38 **“(9) The task force may adopt rules necessary for the operation of the task force.**

39 **“(10)(a) No later than February 15, 2026, the task force shall submit a preliminary report**

40 **in the manner provided in ORS 192.245, and may include recommendations for legislation, to**

41 **the Governor and the committees or interim committees of the Legislative Assembly related**

42 **to health care and ways and means.**

43 **“(b) No later than June 1, 2026, the task force shall submit a final report in the manner**

44 **provided in ORS 192.245, and may include recommendations for legislation, to the Governor**

45 **and the interim committees of the Legislative Assembly related to health care and ways and**

1 means.

2 “(11) The Legislative Fiscal Officer and the Oregon Health Authority shall provide staff
3 support to the task force.

4 “(12) Members of the task force serve as volunteers on the task force and are not enti-
5 tled to compensation or reimbursement for expenses.

6 “(13) All agencies of state government, as defined in ORS 174.111, are directed to assist
7 the task force in the performance of the duties of the task force and, to the extent permitted
8 by laws relating to confidentiality, to furnish information and advice the members of the task
9 force consider necessary to perform their duties.

10 “(14) The task force shall have its first meeting on or before September 15, 2025.

11 “SECTION 4. Section 3 of this 2025 Act is repealed on December 31, 2026.

12 “SECTION 5. No later than September 30, 2026, the Oregon Health Authority shall submit
13 a report, in the manner provided in ORS 192.245, to the interim committees of the Legislative
14 Assembly related to health on the authority’s progress in implementing the reimbursements
15 and incentive payments provided under the amendments to ORS 676.476 and 676.479 by
16 sections 1 and 2 of this 2025 Act, including any federal approval sought under section 6 of this
17 2025 Act.

18 “SECTION 6. The Oregon Health Authority may seek any necessary approval from the
19 Centers for Medicare and Medicaid Services to receive federal financial participation in the
20 costs of the reimbursements and incentive payments provided under the amendments to ORS
21 676.476 and 676.479 by sections 1 and 2 of this 2025 Act.

22 “SECTION 7. This 2025 Act being necessary for the immediate preservation of the public
23 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
24 on its passage.”

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