A-Engrossed House Bill 2012

Ordered by the House April 15 Including House Amendments dated April 15

Sponsored by Representatives SALINAS, NOSSE, Senator MONNES ANDERSON; Representatives ALONSO LEON, GREENLICK, KENY-GUYER, MARSH, MEEK, POWER, SMITH WARNER, WILDE, WILLIAMS, Senator FAGAN

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.

[Allows individuals who do not qualify for medical assistance or premium tax credits under Affordable Care Act to enroll in coordinated care organizations by paying premiums that cover actuarial value of health services. Requires Oregon Health Authority to administer program.]

Requires Oregon Health Authority to develop plan for Medicaid Buy-In program or public option for Oregon residents who do not have access to health care. Specifies requirements for plan. Requires authority to report plan to Legislative Assembly by May 1, 2020. Requires that report include recommendations for legislative changes necessary to implement plan and any federal approval that will be required to implement plan.

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT

- Relating to health care; and prescribing an effective date.
- Be It Enacted by the People of the State of Oregon:
 - SECTION 1. (1) The Oregon Health Authority shall develop a plan for a Medicaid Buy-In program or a public option to provide an affordable health care option to the six percent of Oregon residents who do not have access to health care. The plan must:
 - (a) Have no net cost to the state;
 - (b) Provide a comprehensive package of benefits that are, at a minimum, equivalent to the benefits offered by qualified plans offered through the health insurance exchange;
 - (c) Impose no more than minimal cost sharing, deductibles or copayments;
 - (d) Take into account the impact on the distribution of risk in the health insurance market;
 - (e) Encourage the utilization of premium tax credits available under section 36B of the Internal Revenue Code and other subsidies available under federal law;
 - (f) Maximize the receipt of federal funds to support the costs of the program or option;
 - (g) Utilize the coordinated care organization health care delivery model; and
 - (h) Utilize the coordinated care organization provider networks to the extent possible without destabilizing the networks.
 - (2) No later than May 1, 2020, the authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245, the plan developed in accordance with subsection (1) of this section including recommendations for legislative changes necessary to implement the plan and any federal approval that will be required to implement the plan, such as demonstration projects under section 1115 of the Social Security Act, a state plan amendment or

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22 23 a waiver for state innovation under 42 U.S.C. 18052.

SECTION 2. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.