



Legislative Update

During the recent 2009 session, the Oregon Legislative Assembly passed several bills with the potential to impact children with complex medical conditions. Legislation that passed expands access to health care, reduces out-of-pocket costs for families, and addresses health-care delivery.

House Bill 2116 significantly expands access to health insurance. It establishes funding through an increased hospital tax and a one percent tax on the commercial insurance premiums. It allows Oregon to draw down nearly \$2 billion dollars in federal funds for reimbursements to Medicaid providers. It offers coverage to all uninsured children up to the age of 19, and creates options for families without other health care choices.

For more information: www.oregonhealthykids.gov

House Bill 2009 addresses health care reform. The bill establishes the Oregon Health Policy Board, which is charged with creating a plan to coordinate and streamline health care delivery in Oregon. Governor Kulongoski recently appointed Dr. Bruce Goldberg to lead the state health care reform efforts. **For more information on HB 2116 and 2009:**

www.leg.state.or.us/press_releases/sdo_061109

In March, the Governor signed an executive order to establish **The Oregon Commission on Autism Spectrum Disorder**. The Commission will develop a 10-year strategic plan to address services for the growing number of individuals with autism. The Governor's office recently appointed 12 people to the new commission. A state senator is yet to be appointed.

House Bill 2589 requires private health insurance companies to cover hearing aids for children and youth. State-regulated insurance companies are now mandated to provide \$4000 every 48 months towards the cost of hearing aids and earmolds. The new requirement goes into effect January 1, 2010 as new insurance policies are issued or as policies are renewed throughout the year. **For more information:** www.leg.state.or.us/09reg/asures/hb2500.dir/hb2589.en

House Bill 2144 directs state agencies to work together to implement a “wraparound” model of health care delivery. They are charged with providing integrated care for children and youth with, or at risk of developing, significant emotional, behavioral or substance abuse problems. **For more information:** www.leg.state.or.us/09reg/measpdf/hb2100.dir/hb2144.en

House Bill 3418 requires the Department of Human Services (DHS) to assess the feasibility of using an “integrated health home” model of health care delivery for Medicaid patients. The bill authorizes DHS to apply to the federal Center for Medicaid Services for funding such a system. **For more information:** www.leg.state.or.us/09reg/measpdf/hb3400.dir/hb3418.en

House Bill 2693 implements task force recommendations to increase school nursing services. It establishes standards for school nurse-student ratios based on the health needs of students and sets up timelines for reaching the national standard of 1:750. It requires annual reporting on nursing ratios by the Department of Education. **For more information:** www.leg.state.or.us/09reg/measpdf/hb2600.dir/hb2693.en

Senate Bill 381 requires health benefit plans to provide coverage of medically necessary treatment for traumatic brain injury. **For more information:** www.leg.state.or.us/09reg/measpdf/sb0300.dir/sb0381.en

There were also a number of bills with the potential to impact children and youth with special health needs that did not move forward this session. They include:

House Bill 3000 would have required health insurance and Medicaid to cover the costs for diagnosis and treatment of autism spectrum disorder.

House Bill 3003 would have directed the Department of Human Services and the Department of Education to develop a strategic plan to improve the transition from high school to adult living for young adults with autism spectrum disorder.

House Bill 3023 would have required health benefit plans and health insurers to allow dependents to continue coverage past the policy age limit under certain conditions.