



Legislative Update

The 76th session of the Oregon State Legislative Assembly adjourned on June 30. OCCYSHN informed policy development and tracked and analyzed bills with the potential to impact children and youth with special health needs and their families. The bills are summarized here.

HB 3650 is a major health care reform bill. The bill's intent is to consolidate managed care organizations into regional Coordinated Care Organizations (CCO). CCOs will be responsible for delivering health care to people who receive Medicaid and those who receive both Medicaid and Medicare. They will provide integrated care for physical, mental, substance abuse, and oral health issues as well as long-term care. The bill also calls for Home Health Workers, who will ensure that people get the care they need. The intent of the bill is to achieve better health, better access and lower costs. For more information: <http://www.leg.state.or.us/11reg/measpdf/hb3600.dir/hb3650.en.pdf>

SB 99 establishes a health insurance exchange. An exchange is a centralized marketplace where individuals and small business can purchase health insurance. It will allow for comparison of rates, benefits and quality among plans. Oregon received an "Early Innovator" federal grant of \$48 million to develop the exchange, which is set to begin in 2014. For more information: <http://www.leg.state.or.us/11reg/measpdf/sb0001.dir/sb0099.en.pdf>

SB 101 establishes a new program called "Healthy Smiles." The program allows Oregon to meet its federal requirement to provide wraparound and comprehensive dental coverage to children 19 years old or younger already covered through the Family Health Insurance Assistance Program (FHIAP) or employer-based programs. The Governor is expected to sign this bill. For more information: <http://www.leg.state.or.us/11reg/measpdf/sb0100.dir/sb0101.en.pdf>

SB 738 directs the Oregon Health Authority to establish pilot projects to improve access to dental health. The bill will expand the scope of practice of dental hygienists. The Governor is expected to sign this bill. For more information: <http://www.leg.state.or.us/11reg/measpdf/sb0700.dir/sb0738.en.pdf>

SB 514 creates a program that will allow children with high-risk medical conditions to get health coverage. Parents will be able to access health coverage for their children year round. Children will be able to stay on the same insurance plan as their parents and keep their own doctors. The bill goes into effect in August. For more information: <http://www.leg.state.or.us/11reg/measpdf/sb0500.dir/sb0514.en.pdf>

SB 224 allows supervising physicians to write practice agreements with their physician assistants, delegating duties to the physician assistants which are appropriate to the practice and setting. The intent of the bill is to remove barriers to practicing for physician assistants and to expand access to health care, especially in rural areas. For more information: <http://www.leg.state.or.us/11reg/measpdf/sb0200.dir/sb0224.en.pdf>

SB 3 modifies terminology in educational statutes for persons with intellectual disability. It requires the change of terminology from “mental retardation” to “intellectual disability.” For more information: <http://www.leg.state.or.us/11reg/measpdf/sb0001.dir/sb0003.en.pdf>

HB 2052 is intended to create an incentive to adopt older children, including those with special health needs. It specifies provisions for expanding eligibility for adoption assistance subsidies to allow payments to continue until an adopted child turns 21 years of age. For more information: <http://www.leg.state.or.us/11reg/measpdf/hb2000.dir/hb2052.en.pdf>

HB 2600 codifies the Staley settlement agreement, which stemmed from a federal class action lawsuit filed in 2000 by Medicaid-eligible adults with developmental disabilities who spent years on long wait lists for services. Specifically, it codifies the regional support service brokerage system infrastructure and sets up requirements for ensuring people with development disabilities are included in the planning and choosing of services, activities and purchases. The Governor is expected to sign this bill. For more information: <http://www.leg.state.or.us/11reg/measpdf/hb2600.dir/hb2600.en.pdf>

The following bills with the potential to impact children with special health needs and their families did not move forward this session:

SB 555 would have required health insurance to cover treatment of autism spectrum disorders. It did not pass due to the potential increase in costs to the healthcare system.

SB 565 would have provided the funds to allow the Oregon Autism Commission to continue its work. Regardless of the fact that it did not move forward, the work of the Commission was extended through an Executive Order of the Governor. Staffing and support will be provided through agency collaboration, subject to the availability of funds. A provision which will allow the Oregon Council on Developmental Disabilities to accept contributions on behalf of the Commission was included. The Commission will guide implementation of the 10 year strategic plan on autism spectrum disorders.

HB 2236 would have established a birth anomalies registry. This bill did not move forward due to the costs of implementing such a system.

HB 2464 would have created a Medicaid buy-in program for certain children and youth with disabilities whose family income exceeds 300 percent of federal poverty guidelines. A buy-in program would have allowed families to get more comprehensive services for their children with complex medical needs without having to intentionally impoverish themselves in order to be eligible for the services.

HB 3514 would prescribe treatments for traumatic brain injuries that must be covered by health benefit plans. A companion bill, HB 3515, would have required certain health care providers to complete continuing education related to traumatic brain injury.

SB 631 would have established the children's psychiatric access telephone line as part of the 211 system. Plans to roll out the access line remain in place regardless. The access line will provide phone consultation to primary care physicians caring for children with mental health issues. For more information: Oregon Pediatric Society www.oraap.org .

HB 2935 would have required group and individual health insurance policies covering hospital, surgical or dental services to increase coverage of medically necessary cleft palate reconstructive surgery and of medically necessary pre-surgical and post-surgical orthodontic care.

OCCYSHN will continue to provide updates on state legislation and other activities with the potential to impact children and youth with special health needs.