

CHAPTER 87

AN ACT

SB 1538

Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association; creating new provisions; and amending ORS 413.032 and 413.612.

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

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

(a) "COFA citizen" has the meaning given that term in ORS 413.611.

(b) "Dental care organization" means a pre-paid managed care health services organization, as defined in ORS 414.025, that provides dental care to members of a coordinated care organization.

(c) "Income" means the modified adjusted gross income that is attributed to an individual in determining the individual's eligibility for the medical assistance program.

(2) The COFA Dental Program is established in the Oregon Health Authority. The purpose of the program is to provide oral health care to low-income citizens of the island nations in the Compact of Free Association who are residing in Oregon.

(3) The authority shall contract with dental care organizations throughout this state, and with individual oral health care providers in areas of this state that are not served by dental care organizations, to provide oral health care to COFA citizens enrolled in the COFA Dental Program.

(4) Enrollees in the COFA Dental Program shall receive the types and extent of oral health care services that the authority determines will be provided to medical assistance recipients in accordance with ORS 414.065, without any corresponding copayments, deductibles or cost sharing required.

(5) An individual is eligible for the COFA Dental Program if the individual:

(a) Is a resident of Oregon;

(b) Is a COFA citizen;

(c) Has income that is less than 138 percent of the federal poverty guidelines; and

(d) Does not qualify for Medicaid under Title XIX of the Social Security Act or the Children's Health Insurance Program under Title XXI of the Social Security Act.

(6) The authority may use the application process described in ORS 411.400 for the COFA Dental Program. The authority shall provide culturally and linguistically appropriate assistance, in person and by telephone, to applicants for and enrollees in the program. The application process, forms and notices used in the COFA Dental Program must conform to the guidance adopted by the United States Department of Health and Human Services, in accord-

ance with Title VI of the Civil Rights Act of 1964, regarding the prohibition against national origin discrimination affecting persons with limited English proficiency in federally funded programs.

(7) The authority shall accept as verification of eligibility the attestation of an applicant for or enrollee in the COFA Dental Program that the applicant or enrollee meets the requirements of subsection (5) of this section.

(8) The authority shall conduct outreach as described in ORS 413.612 (4)(e) to facilitate applications for and enrollment in the COFA Dental Program.

(9) The authority may not disclose personally identifying information about applicants for or enrollees in the COFA Dental Program except to the extent necessary to conduct outreach under subsection (8) of this section or to comply with federal or state laws.

SECTION 2. ORS 413.612 is amended to read:

413.612. (1) An individual is eligible for the COFA Premium Assistance Program if the individual:

(a) Is a resident;

(b) Is a COFA citizen;

(c) Enrolls in a qualified health plan;

(d) Has income that is less than 138 percent of the federal poverty guidelines; and

(e) Qualifies for an advance premium tax credit toward the cost of the individual's qualified health plan.

(2) Within the limits of moneys in the COFA Premium Assistance Program Fund, the Oregon Health Authority shall pay the premium cost for a qualified health plan and the out-of-pocket costs for the coverage provided by the plan for an individual who meets the criteria in subsection (1) of this section.

(3) The authority may disenroll a participant from the program if the participant:

(a) No longer meets the eligibility criteria specified in subsection (1) of this section;

(b) Fails, without good cause, to comply with procedural or documentation requirements established by the authority in accordance with subsection (4) of this section;

(c) Fails, without good cause, to notify the authority of a change of address in a timely manner;

(d) Withdraws the participant's application or requests termination of coverage; or

(e) Performs an act, practice or omission that constitutes fraud and, as a result, an insurer rescinds the participant's policy for the qualified health plan.

(4) The authority shall establish:

(a) Application, enrollment and renewal processes for the COFA Premium Assistance Program;

(b) The qualified health plans that are eligible for reimbursement under the program;

(c) Procedural requirements for continued participation in the program, including participant doc-

umentation requirements that are necessary for the authority to administer the program;

(d) Open enrollment periods and special enrollment periods consistent with the enrollment periods for the health insurance exchange; and

(e) A comprehensive community education and outreach campaign, working with stakeholder and community organizations, to facilitate applications for, and enrollment in, the **COFA Premium Assistance Program established in ORS 413.610 and the COFA Dental Program established in section 1 of this 2022 Act.**

SECTION 3. ORS 413.032 is amended to read:

413.032. (1) The Oregon Health Authority is established. The authority shall:

(a) Carry out policies adopted by the Oregon Health Policy Board;

(b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established in ORS 414.570, **the COFA Premium Assistance Program established in ORS 413.610 and the COFA Dental Program established in section 1 of this 2022 Act;**

(c) Administer the Oregon Prescription Drug Program;

(d) Develop the policies for and the provision of publicly funded medical care and medical assistance in this state;

(e) Develop the policies for and the provision of mental health treatment and treatment of addictions;

(f) Assess, promote and protect the health of the public as specified by state and federal law;

(g) Provide regular reports to the board with respect to the performance of health services contractors serving recipients of medical assistance, including reports of trends in health services and enrollee satisfaction;

(h) Guide and support, with the authorization of the board, community-centered health initiatives designed to address critical risk factors, especially those that contribute to chronic disease;

(i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the Social Security Act and administer medical assistance under ORS chapter 414;

(j) In consultation with the Director of the Department of Consumer and Business Services, periodically review and recommend standards and methodologies to the Legislative Assembly for:

(A) Review of administrative expenses of health insurers;

(B) Approval of rates; and

(C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

(k) Structure reimbursement rates for providers that serve recipients of medical assistance to reward comprehensive management of diseases, quality outcomes and the efficient use of resources and to promote cost-effective procedures, services and programs including, without limitation, preventive health, dental and primary care services, web-based

office visits, telephone consultations and telemedicine consultations;

(L) Guide and support community three-share agreements in which an employer, state or local government and an individual all contribute a portion of a premium for a community-centered health initiative or for insurance coverage;

(m) Develop, in consultation with the Department of Consumer and Business Services, one or more products designed to provide more affordable options for the small group market;

(n) Implement policies and programs to expand the skilled, diverse workforce as described in ORS 414.018 (4); and

(o) Implement a process for collecting the health outcome and quality measure data identified by the Health Plan Quality Metrics Committee and the Behavioral Health Committee and report the data to the Oregon Health Policy Board.

(2) The Oregon Health Authority is authorized to:

(a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate health care reform in Oregon and to provide comparative cost and quality information to consumers, providers and purchasers of health care about Oregon's health care systems and health plan networks in order to provide comparative information to consumers.

(b) Develop uniform contracting standards for the purchase of health care, including the following:

(A) Uniform quality standards and performance measures;

(B) Evidence-based guidelines for major chronic disease management and health care services with unexplained variations in frequency or cost;

(C) Evidence-based effectiveness guidelines for select new technologies and medical equipment;

(D) A statewide drug formulary that may be used by publicly funded health benefit plans; and

(E) Standards that accept and consider tribal-based practices for mental health and substance abuse prevention, counseling and treatment for persons who are Native American or Alaska Native as equivalent to evidence-based practices.

(3) The enumeration of duties, functions and powers in this section is not intended to be exclusive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Authority by ORS 413.006 to 413.042, 413.610 to 413.613, 415.012 to 415.430, 415.501, 741.001 to 741.540, 741.802 and 741.900 or by other statutes.

SECTION 4. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (1), chapter 668, Oregon Laws 2021, for the biennium ending June 30, 2023, for health systems, health policy and analytics, and public health, is increased by \$314,543 for the purpose of carrying out section 1 of this 2022 Act.

SECTION 5. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 2 (4), chapter 668, Oregon Laws 2021, for the biennium ending June 30, 2023, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, tobacco tax receipts, marijuana tax receipts, beer and wine tax receipts, provider taxes and Medicare receipts, but excluding lottery funds and federal funds not described in section 2, chapter 668, Oregon Laws 2021, collected or received by the Oregon Health Authority, for shared administrative services, is increased by \$394,949 for the purpose of carrying out section 1 of this 2022 Act.

SECTION 6. Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (1), chapter 668, Oregon Laws 2021, for the biennium ending June 30, 2023, as the maximum limit for payment of expenses from federal funds, excluding federal funds described in section 2, chapter 668, Oregon Laws 2021, collected or received by the Oregon Health Authority, for health systems, health policy and analytics, and public health, is increased by \$808,628 for the purpose of carrying out section 1 of this 2022 Act.

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