

## SENATE AMENDMENTS TO SENATE BILL 776

By COMMITTEE ON HUMAN SERVICES

April 7

1 On page 2 of the printed bill, line 25, after “of” insert “the organizational unit within the de-  
2 partment responsible for the administration of the state medical assistance program,”.

3 In line 28, after the first “care” insert “or services” and after “by” insert “the organizational  
4 unit within the department responsible for the administration of the state medical assistance pro-  
5 gram or”.

6 In line 32, after “from” insert “the organizational unit within the department responsible for the  
7 administration of the state medical assistance program or”.

8 In line 33, after the period insert “The ombudsman shall determine whether a complaint is sub-  
9 stantiated and issue findings and recommendations regarding further action.”.

10 In line 36, after the first “care” insert “or services” and after “by” insert “the organizational  
11 unit within the department responsible for the administration of the state medical assistance pro-  
12 gram or”.

13 On page 3, line 4, after “vices” insert “and the Health Plan Ombudsman Advisory Council”.

14 In line 9, after “complaints” insert “, including the number of substantiated complaints and  
15 patterns and trends in the nature of the complaints”.

16 After line 19, insert:

17 **“SECTION 5. (1) The Health Plan Ombudsman Advisory Council is established consisting  
18 of 14 members appointed as follows:**

19 **“(a) The President of the Senate shall appoint one member from among members of the  
20 Senate.**

21 **“(b) The Speaker of the House of Representatives shall appoint one member from among  
22 members of the House of Representatives.**

23 **“(c) The Governor shall appoint the following members:**

24 **“(A) Seven persons who are enrolled in fully capitated health plans or prepaid managed  
25 care health services organizations both as defined in ORS 414.736;**

26 **“(B) One person representing the Governor’s Commission on Senior Services;**

27 **“(C) One person representing the Oregon Disabilities Commission;**

28 **“(D) One person representing area agencies on aging;**

29 **“(E) One person from the Department of Human Services; and**

30 **“(F) One person from the Office of the Long Term Care Ombudsman.**

31 **“(2) The purpose of the advisory council is to advise the Health Plan Ombudsman on  
32 carrying out the duties and functions of the office.**

33 **“(3) A majority of the advisory council constitutes a quorum for the transaction of  
34 business.**

35 **“(4) Official action by the advisory council requires the approval of a majority of the**

1 **members of the advisory council.**

2 **“(5) The advisory council shall elect one of its members to serve as chairperson.**

3 **“(6) The term of office of a member is three years beginning on July 1 of the year of**  
4 **appointment. A member shall continue to serve until a successor has been appointed and**  
5 **qualifies.**

6 **“(7) If there is a vacancy for any cause, the appointing authority shall make an appoint-**  
7 **ment to become immediately effective.**

8 **“(8) The advisory council shall meet at times and places specified by the call of the**  
9 **chairperson or of a majority of the members of the advisory council.**

10 **“(9) The advisory council may adopt rules necessary for the operation of the advisory**  
11 **council.**

12 **“(10) Members of the advisory council are entitled to compensation or reimbursement for**  
13 **expenses as provided in ORS 292.495 from funds available to the Office of the Health Plan**  
14 **Ombudsman.**

15 **“(11) All agencies of state government, as defined in ORS 174.111, and fully capitated**  
16 **health plans and prepaid managed care health services organizations are directed to assist**  
17 **the advisory council in the performance of its duties and, to the extent permitted by laws**  
18 **relating to confidentiality, to furnish such information and advice as the members of the**  
19 **advisory council consider necessary to perform their duties.**

20 **“(12) No later than July 1 of each year, the advisory council shall report to the Governor**  
21 **and the Department of Human Services on its findings and recommendations regarding the**  
22 **fully capitated health plans and prepaid managed care health services organizations with**  
23 **which the department is contracting for care and services.”.**

24 In line 20, delete “5” and insert “6”.  
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