

**PROPOSED AMENDMENTS TO
SENATE BILL 832**

1 On page 1 of the printed bill, line 3, delete “414.638, 414.645,” and after
2 “414.655” insert “, 414.736, 414.740”.

3 In line 8, after the period delete the rest of the line and delete lines 9
4 through 14.

5 In line 15, delete “4” and insert “3”.

6 After line 24, insert:

7 “(2) ‘Behavioral health clinician’ includes:

8 “(a) A licensed psychiatrist;

9 “(b) A licensed psychologist;

10 “(c) A certified nurse practitioner with a specialty in psychiatric mental
11 health;

12 “(d) A licensed clinical social worker;

13 “(e) A licensed professional counselor or licensed marriage and family
14 therapist;

15 “(f) A clinical social work associate; and

16 “(g) An intern or resident who is working under a board-approved super-
17 visory contract in a clinical mental health field.”.

18 In line 25, delete “(2)” and insert “(3)”.

19 On page 2, line 1, delete “(3)” and insert “(4)”.

20 In line 14, delete “(4)” and insert “(5)”.

21 In line 16, delete “(5)” and insert “(6)”.

22 In line 21, delete “(6)” and insert “(7)”.

1 In line 24, delete “(7)” and insert “(8)”.

2 In line 45, delete “(8)” and insert “(9)”.

3 On page 3, line 1, delete “(9)” and insert “(10)”.

4 In line 2, delete “and” and insert “clinicians,”.

5 In line 3, after “clinicians” insert “and other care team members”.

6 Delete lines 4 through 9 and insert:

7 “(a) Mental illness.

8 “(b) Substance use disorders.

9 “(c) Health behaviors that contribute to chronic illnesses.

10 “(d) Life stressors and crises.

11 “(e) Developmental risks and conditions.

12 “(f) Stress-related physical symptoms.

13 “(g) Preventive care.

14 “(h) Ineffective patterns of health care utilization.”.

15 In line 10, delete “(10)” and insert “(11)”.

16 In line 14, delete “(11)” and insert “(12)”.

17 In line 20, delete “(12)” and insert “(13)”.

18 In line 25, delete “(13)” and insert “(14)”.

19 In line 34, delete “(14)” and insert “(15)”.

20 In line 40, delete “(15)” and insert “(16)”.

21 In line 45, delete “(16)” and insert “(17)”.

22 On page 4, line 4, delete “(17)” and insert “(18)”.

23 In line 6, delete “(18)” and insert “(19)”.

24 In line 9, delete “5” and insert “4”.

25 On page 5, delete lines 14 through 45.

26 On page 6, delete lines 1 through 21.

27 In line 22, delete “8” and insert “5”.

28 In line 43, delete “9” and insert “6”.

29 On page 7, line 25, delete “10” and insert “7”.

30 In line 26, delete “11” and insert “8”.

1 On page 9, after line 4, insert:

2 **“SECTION 9.** ORS 414.736 is amended to read:

3 “414.736. As used in ORS 192.493, this chapter[,] **and** ORS chapter 416
4 [*and section 9, chapter 867, Oregon Laws 2009*]:

5 “(1) ‘Designated area’ means a geographic area of the state defined by the
6 Oregon Health Authority by rule that is served by a prepaid managed care
7 health services organization.

8 “(2) ‘Fully capitated health plan’ means an organization that contracts
9 with the authority on a prepaid capitated basis under ORS 414.618.

10 “(3) ‘Physician care organization’ means an organization that contracts
11 with the authority on a prepaid capitated basis under ORS 414.618 to provide
12 the health services described in ORS 414.025 [(7)(b)] **(8)(b)**, (c), (d), (e), (f),
13 (g) and (j). A physician care organization may also contract with the au-
14 thority on a prepaid capitated basis to provide the health services described
15 in ORS 414.025 [(7)(k)] **(8)(k)** and (L).

16 “(4) ‘Prepaid managed care health services organization’ means a managed
17 physical health, dental, mental health or chemical dependency organization
18 that contracts with the authority on a prepaid capitated basis under ORS
19 414.618. A prepaid managed care health services organization may be a dental
20 care organization, fully capitated health plan, physician care organization,
21 mental health organization or chemical dependency organization.

22 **“SECTION 10.** ORS 414.740 is amended to read:

23 “414.740. (1) Notwithstanding ORS 414.738 (1), the Oregon Health Au-
24 thority shall contract under ORS 414.651 with a prepaid group practice
25 health plan that serves at least 200,000 members in this state and that has
26 been issued a certificate of authority by the Department of Consumer and
27 Business Services as a health care service contractor to provide health ser-
28 vices as described in ORS 414.025 [(7)(b)] **(8)(b)**, (c), (d), (e), (g) and (j). A
29 health plan may also contract with the authority on a prepaid capitated basis
30 to provide the health services described in ORS 414.025 [(7)(k)] **(8)(k)** and (L).

1 The authority may accept financial contributions from any public or private
2 entity to help implement and administer the contract. The authority shall
3 seek federal matching funds for any financial contributions received under
4 this section.

5 “(2) In a designated area, in addition to the contract described in sub-
6 section (1) of this section, the authority shall contract with prepaid managed
7 care health services organizations to provide health services under [ORS
8 414.631, 414.651 and 414.688 to 414.745] **this chapter.**”.

9 In line 5, delete “12” and insert “11”.

10 In line 6, delete “13” and insert “12”.

11
