

Requested by HOUSE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO  
HOUSE BILL 4018**

1 On page 1 of the printed bill, line 2, delete “414.625” insert “414.025,  
2 414.625 and 414.638”.

3 On page 6, after line 38, insert:

4 **“SECTION 5.** ORS 414.638 is amended to read:

5 “414.638. (1) There *[is]* **are** created in the Health Plan Quality Metrics  
6 Committee:

7 **“(a)(A)** A nine-member metrics and scoring subcommittee appointed by  
8 the Director of the Oregon Health Authority. The members of the subcom-  
9 mittee serve two-year terms and *[must include]* **are eligible for reappoint-**  
10 **ment. The membership includes:**

11 “[*a*] (i) Three members at large;

12 “[*b*] (ii) Three individuals with expertise in health outcomes measures;  
13 and

14 “[*c*] (iii) Three representatives of coordinated care organizations.

15 “[2] (B) The subcommittee shall select, from the health outcome and  
16 quality measures identified by the Health Plan Quality Metrics Committee,  
17 the health outcome and quality measures applicable to services provided by  
18 coordinated care organizations. The Oregon Health Authority shall incor-  
19 porate these measures into coordinated care organization contracts to hold  
20 the organizations accountable for performance and customer satisfaction re-  
21 quirements. The authority shall notify each coordinated care organization

1 of any changes in the measures at least three months before the beginning  
2 of the contract period during which the new measures will be in place.

3 “[3] (C) The subcommittee shall evaluate the health outcome and quality  
4 measures annually, reporting recommendations based on its findings to the  
5 Health Plan Quality Metrics Committee, and adjust the measures to reflect:

6 “[a] (i) The amount of the global budget for a coordinated care organ-  
7 ization;

8 “[b] (ii) Changes in membership of the organization;

9 “[c] (iii) The organization’s costs for implementing outcome and quality  
10 measures; and

11 “[d] (iv) The community health assessment and the costs of the com-  
12 munity health assessment conducted by the organization under ORS 414.627.

13 **“(b)(A) A seven-member health equity metrics subcommittee ap-  
14 pointed by the director. The members of the subcommittee serve two-  
15 year terms and are eligible for reappointment. The membership  
16 includes:**

17 **“(i) Three members from the Health Plan Quality Metrics Commit-  
18 tee;**

19 **“(ii) Three members from the metrics and scoring subcommittee;  
20 and**

21 **“(iii) One member from the office of the Oregon Health Authority  
22 charged with promoting health equity and inclusion in the programs  
23 administered by the authority.**

24 **“(B) The subcommittee shall develop health outcome and quality  
25 measures that identify disparities in access to and the availability of  
26 effective and culturally appropriate health care for members of coor-  
27 dinated care organizations who are from racial or ethnic minority  
28 populations. The authority shall incorporate these measures into co-  
29 ordinated care organization contracts.**

30 “[4] (2) The authority shall evaluate on a regular and ongoing basis the

1 outcome and quality measures selected [*by the subcommittee*] **or developed**  
2 **by the subcommittees** under this section for members in each coordinated  
3 care organization and for members statewide.

4 **“SECTION 6. The health equity metrics subcommittee created in**  
5 **the amendments to ORS 414.638 by section 5 of this 2018 Act shall de-**  
6 **velop its first set of health outcome and quality measures no later**  
7 **than December 31, 2018. The health outcome and quality measures**  
8 **shall be incorporated into the contracts between the Oregon Health**  
9 **Authority and coordinated care organizations no later than January**  
10 **1, 2020.**

11 **“SECTION 7. ORS 414.025 is amended to read:**

12 “414.025. As used in this chapter and ORS chapters 411 and 413, unless  
13 the context or a specially applicable statutory definition requires otherwise:

14 “(1)(a) ‘Alternative payment methodology’ means a payment other than a  
15 fee-for-services payment, used by coordinated care organizations as compen-  
16 sation for the provision of integrated and coordinated health care and ser-  
17 vices.

18 “(b) ‘Alternative payment methodology’ includes, but is not limited to:

19 “(A) Shared savings arrangements;

20 “(B) Bundled payments; and

21 “(C) Payments based on episodes.

22 “(2) ‘Behavioral health assessment’ means an evaluation by a behavioral  
23 health clinician, in person or using telemedicine, to determine a patient’s  
24 need for immediate crisis stabilization.

25 “(3) ‘Behavioral health clinician’ means:

26 “(a) A licensed psychiatrist;

27 “(b) A licensed psychologist;

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

30 “(d) A licensed clinical social worker;

1 “(e) A licensed professional counselor or licensed marriage and family  
2 therapist;

3 “(f) A certified clinical social work associate;

4 “(g) An intern or resident who is working under a board-approved super-  
5 visory contract in a clinical mental health field; or

6 “(h) Any other clinician whose authorized scope of practice includes  
7 mental health diagnosis and treatment.

8 “(4) ‘Behavioral health crisis’ means a disruption in an individual’s men-  
9 tal or emotional stability or functioning resulting in an urgent need for im-  
10 mediate outpatient treatment in an emergency department or admission to  
11 a hospital to prevent a serious deterioration in the individual’s mental or  
12 physical health.

13 “(5) ‘Behavioral health home’ means a mental health disorder or sub-  
14 stance use disorder treatment organization, as defined by the Oregon Health  
15 Authority by rule, that provides integrated health care to individuals whose  
16 primary diagnoses are mental health disorders or substance use disorders.

17 “(6) ‘Category of aid’ means assistance provided by the Oregon Supple-  
18 mental Income Program, aid granted under ORS 411.877 to 411.896 and  
19 412.001 to 412.069 or federal Supplemental Security Income payments.

20 “(7) ‘Community health worker’ means an individual who meets quali-  
21 fication criteria adopted by the authority under ORS 414.665 and who:

22 “(a) Has expertise or experience in public health;

23 “(b) Works in an urban or rural community, either for pay or as a vol-  
24 unteer in association with a local health care system;

25 “(c) To the extent practicable, shares ethnicity, language, socioeconomic  
26 status and life experiences with the residents of the community where the  
27 worker serves;

28 “(d) Assists members of the community to improve their health and in-  
29 creases the capacity of the community to meet the health care needs of its  
30 residents and achieve wellness;

1 “(e) Provides health education and information that is culturally appro-  
2 priate to the individuals being served;

3 “(f) Assists community residents in receiving the care they need;

4 “(g) May give peer counseling and guidance on health behaviors; and

5 “(h) May provide direct services such as first aid or blood pressure  
6 screening.

7 “(8) ‘Coordinated care organization’ means an organization meeting cri-  
8 teria adopted by the Oregon Health Authority under ORS 414.625.

9 “(9) ‘Dually eligible for Medicare and Medicaid’ means, with respect to  
10 eligibility for enrollment in a coordinated care organization, that an indi-  
11 vidual is eligible for health services funded by Title XIX of the Social Se-  
12 curity Act and is:

13 “(a) Eligible for or enrolled in Part A of Title XVIII of the Social Security  
14 Act; or

15 “(b) Enrolled in Part B of Title XVIII of the Social Security Act.

16 “(10)(a) ‘Family support specialist’ means an individual who meets quali-  
17 fication criteria adopted by the authority under ORS 414.665 and who pro-  
18 vides supportive services to and has experience parenting a child who:

19 “(A) Is a current or former consumer of mental health or addiction  
20 treatment; or

21 “(B) Is facing or has faced difficulties in accessing education, health and  
22 wellness services due to a mental health or behavioral health barrier.

23 “(b) A ‘family support specialist’ may be a peer wellness specialist or a  
24 peer support specialist.

25 “(11) ‘Global budget’ means a total amount established prospectively by  
26 the Oregon Health Authority to be paid to a coordinated care organization  
27 for the delivery of, management of, access to and quality of the health care  
28 delivered to members of the coordinated care organization.

29 “(12) ‘Health insurance exchange’ or ‘exchange’ means an American  
30 Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

1 “(13) ‘Health services’ means at least so much of each of the following  
2 as are funded by the Legislative Assembly based upon the prioritized list of  
3 health services compiled by the Health Evidence Review Commission under  
4 ORS 414.690:

5 “(a) Services required by federal law to be included in the state’s medical  
6 assistance program in order for the program to qualify for federal funds;

7 “(b) Services provided by a physician as defined in ORS 677.010, a nurse  
8 practitioner certified under ORS 678.375, a behavioral health clinician or  
9 other licensed practitioner within the scope of the practitioner’s practice as  
10 defined by state law, and ambulance services;

11 “(c) Prescription drugs;

12 “(d) Laboratory and X-ray services;

13 “(e) Medical equipment and supplies;

14 “(f) Mental health services;

15 “(g) Chemical dependency services;

16 “(h) Emergency dental services;

17 “(i) Nonemergency dental services;

18 “(j) Provider services, other than services described in paragraphs (a) to  
19 (i), (k), (L) and (m) of this subsection, defined by federal law that may be  
20 included in the state’s medical assistance program;

21 “(k) Emergency hospital services;

22 “(L) Outpatient hospital services; and

23 “(m) Inpatient hospital services.

24 “(14) ‘Income’ has the meaning given that term in ORS 411.704.

25 “(15)(a) ‘Integrated health care’ means care provided to individuals and  
26 their families in a patient centered primary care home or behavioral health  
27 home by licensed primary care clinicians, behavioral health clinicians and  
28 other care team members, working together to address one or more of the  
29 following:

30 “(A) Mental illness.

1 “(B) Substance use disorders.

2 “(C) Health behaviors that contribute to chronic illness.

3 “(D) Life stressors and crises.

4 “(E) Developmental risks and conditions.

5 “(F) Stress-related physical symptoms.

6 “(G) Preventive care.

7 “(H) Ineffective patterns of health care utilization.

8 “(b) As used in this subsection, ‘other care team members’ includes but  
9 is not limited to:

10 “(A) Qualified mental health professionals or qualified mental health as-  
11 sociates meeting requirements adopted by the Oregon Health Authority by  
12 rule;

13 “(B) Peer wellness specialists;

14 “(C) Peer support specialists;

15 “(D) Community health workers who have completed a state-certified  
16 training program;

17 “(E) Personal health navigators; or

18 “(F) Other qualified individuals approved by the Oregon Health Author-  
19 ity.

20 “(16) ‘Investments and savings’ means cash, securities as defined in ORS  
21 59.015, negotiable instruments as defined in ORS 73.0104 and such similar  
22 investments or savings as the department or the authority may establish by  
23 rule that are available to the applicant or recipient to contribute toward  
24 meeting the needs of the applicant or recipient.

25 “(17) ‘Medical assistance’ means so much of the medical, mental health,  
26 preventive, supportive, palliative and remedial care and services as may be  
27 prescribed by the authority according to the standards established pursuant  
28 to ORS 414.065, including premium assistance and payments made for ser-  
29 vices provided under an insurance or other contractual arrangement and  
30 money paid directly to the recipient for the purchase of health services and

1 for services described in ORS 414.710.

2 “(18) ‘Medical assistance’ includes any care or services for any individual  
3 who is a patient in a medical institution or any care or services for any in-  
4 dividual who has attained 65 years of age or is under 22 years of age, and  
5 who is a patient in a private or public institution for mental diseases. Except  
6 as provided in ORS 411.439 and 411.447, ‘medical assistance’ does not include  
7 care or services for a resident of a nonmedical public institution.

8 “(19) ‘Patient centered primary care home’ means a health care team or  
9 clinic that is organized in accordance with the standards established by the  
10 Oregon Health Authority under ORS 414.655 and that incorporates the fol-  
11 lowing core attributes:

12 “(a) Access to care;

13 “(b) Accountability to consumers and to the community;

14 “(c) Comprehensive whole person care;

15 “(d) Continuity of care;

16 “(e) Coordination and integration of care; and

17 “(f) Person and family centered care.

18 “(20) ‘Peer support specialist’ means any of the following individuals who  
19 meet qualification criteria adopted by the authority under ORS 414.665 and  
20 who provide supportive services to a current or former consumer of mental  
21 health or addiction treatment:

22 “(a) An individual who is a current or former consumer of mental health  
23 treatment; or

24 “(b) An individual who is in recovery, as defined by the Oregon Health  
25 Authority by rule, from an addiction disorder.

26 “(21) ‘Peer wellness specialist’ means an individual who meets qualifica-  
27 tion criteria adopted by the authority under ORS 414.665 and who is re-  
28 sponsible for assessing mental health and substance use disorder service and  
29 support needs of a member of a coordinated care organization through com-  
30 munity outreach, assisting members with access to available services and



1 resources, addressing barriers to services and providing education and in-  
2 formation about available resources for individuals with mental health or  
3 substance use disorders in order to reduce stigma and discrimination toward  
4 consumers of mental health and substance use disorder services and to assist  
5 the member in creating and maintaining recovery, health and wellness.

6 “(22) ‘Person centered care’ means care that:

7 “(a) Reflects the individual patient’s strengths and preferences;

8 “(b) Reflects the clinical needs of the patient as identified through an  
9 individualized assessment; and

10 “(c) Is based upon the patient’s goals and will assist the patient in  
11 achieving the goals.

12 “(23) ‘Personal health navigator’ means an individual who meets quali-  
13 fication criteria adopted by the authority under ORS 414.665 and who pro-  
14 vides information, assistance, tools and support to enable a patient to make  
15 the best health care decisions in the patient’s particular circumstances and  
16 in light of the patient’s needs, lifestyle, combination of conditions and de-  
17 sired outcomes.

18 “(24) ‘Prepaid managed care health services organization’ means a man-  
19 aged dental care, mental health or chemical dependency organization that  
20 contracts with the authority under ORS 414.654 or with a coordinated care  
21 organization on a prepaid capitated basis to provide health services to med-  
22 ical assistance recipients.

23 “(25) ‘Quality measure’ means the health outcome and quality measures  
24 and benchmarks identified by the Health Plan Quality Metrics Committee,  
25 [and] the metrics and scoring subcommittee **and the health equity metrics**  
26 **subcommittee** in accordance with ORS 413.017 (4) and 414.638.

27 “(26) ‘Resources’ has the meaning given that term in ORS 411.704. For  
28 eligibility purposes, ‘resources’ does not include charitable contributions  
29 raised by a community to assist with medical expenses.

30 “(27)(a) ‘Youth support specialist’ means an individual who meets quali-

1 fication criteria adopted by the authority under ORS 414.665 and who, based  
2 on a similar life experience, provides supportive services to an individual  
3 who:

4 “(A) Is not older than 30 years of age; and

5 “(B)(i) Is a current or former consumer of mental health or addiction  
6 treatment; or

7 “(ii) Is facing or has faced difficulties in accessing education, health and  
8 wellness services due to a mental health or behavioral health barrier.

9 “(b) A ‘youth support specialist’ may be a peer wellness specialist or a  
10 peer support specialist.”.

11 In line 39, delete “5” and insert “8”.

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