

Requested by Representative BUEHLER

**PROPOSED MINORITY REPORT AMENDMENTS TO
HOUSE BILL 4018**

1 On page 1 of the printed bill, line 2, after “ORS” delete the rest of the
2 line and insert “414.025, 414.625 and 414.652; and”.

3 In line 5, delete “Section 2” and insert “Sections 2 and 3” and delete
4 “is” and insert “are”.

5 Delete lines 6 and 7 and insert:

6 **“SECTION 2. (1) As used in this section, ‘decision’ has the meaning**
7 **given that term in ORS 192.610.**

8 **“(2) Meetings of a governing body of a coordinated care organiza-**
9 **tion in which decisions are made final must:**

10 **“(a) Be open to the public;**

11 **“(b) Provide an opportunity for members of the public to provide**
12 **written or oral testimony; and**

13 **“(c) Include the minutes or other record of the previous meeting**
14 **of the governing body.**

15 **“(3) A coordinated care organization shall give public notice, rea-**
16 **sonably calculated to give actual notice to interested persons, of the**
17 **time and place for meetings described in subsection (1) of this section.**

18 **“(4) Meetings of a governing body of a coordinated care organiza-**
19 **tion are not subject to ORS 192.610 to 192.690.**

20 **“(5) The governing body of a coordinated care organization shall**
21 **provide for the sound, video or digital recording or the taking of**

1 written minutes of all its meetings. Neither a full transcript nor a full
2 recording of a meeting is required but the written minutes or record-
3 ing must give a true reflection of the matters discussed at the meeting
4 and the views of the participants. All minutes or recordings must be
5 available to the public within a reasonable time after the meeting and
6 must include at least the following information:

7 “(a) All members of the governing body present;

8 “(b) All motions, proposals, resolutions, orders, ordinances and
9 measures proposed and their disposition;

10 “(c) Unanimous votes on decisions or, if a vote is not unanimous,
11 the results of the vote and the vote of each member by name; and

12 “(d) The substance of any discussion on any matter.

13 “(6) A coordinated care organization shall make available on its
14 website, at a minimum, the following information:

15 “(a) The minutes or other record of previous meetings of the gov-
16 erning body of the coordinated care organization; and

17 “(b) Contact information for:

18 “(A) The chairperson of the governing body; and

19 “(B) A member of the governing body or a staff member of the co-
20 ordinated care organization responsible for providing information to
21 the public about the activities of the coordinated care organization.

22 **“SECTION 3.** The Oregon Health Authority shall collaborate with
23 coordinated care organizations to develop specific requirements for a
24 coordinated care organization’s annual investments in the social de-
25 terminants of health of its members. The requirements must be con-
26 sistent with the requirements contained in the terms and conditions
27 of the demonstration project approved by the Centers for Medicare and
28 Medicaid Services regarding:

29 “(1) The incorporation of costs of health-related services into the
30 development of the global budget for each coordinated care organiza-

1 **tion; and**

2 **“(2) The treatment of health-related services in the calculation of**
3 **a coordinated care organization’s medical loss ratio and the reinvest-**
4 **ment that is triggered by a coordinated care organization’s medical**
5 **loss ratio.”.**

6 In line 8, delete “3” and insert “4”.

7 In line 27, after “Expend” delete the rest of the line and line 28 and insert
8 “one percent of the coordinated care organization’s global budget on invest-
9 ments in the social determinants of health in accordance with section 3 of
10 this 2018 Act.”.

11 On page 2, delete lines 1 through 4.

12 In line 5, delete “spending” and insert “spend”.

13 On page 4, line 9, delete “4” and insert “5”.

14 In line 29, after “Expend” delete the rest the line and lines 30 through
15 34 and insert “one percent of the coordinated care organization’s global
16 budget on investments in the social determinants of health in accordance
17 with section 3 of this 2018 Act.”.

18 In line 35, delete “spending” and insert “spend”.

19 On page 6, after line 38, insert:

20 **“SECTION 6. (1) The Task Force on Sustainable Funding for Ser-**
21 **vices Provided by Coordinated Care Organizations is established.**

22 **“(2) The task force consists of:**

23 **“(a) Eight voting members appointed as follows:**

24 **“(A) Two members of the majority party in the Senate appointed**
25 **by the President of the Senate;**

26 **“(B) Two members of the minority party in the Senate appointed**
27 **by the leader of the minority party in the Senate;**

28 **“(C) Two members of the majority party in the House of Represen-**
29 **tatives appointed by the Speaker of the House of Representatives; and**

30 **“(D) Two members of the minority party in the House of Repre-**

1 **sentatives appointed by the leader of the minority party in the House**
2 **of Representatives; and**

3 **“(b) The following nonvoting members:**

4 **“(A) The Director of the Oregon Health Authority or an appointee**
5 **of the director who is an employee of the Oregon Health Authority;**

6 **“(B) The Director of the Department of Consumer and Business**
7 **Services or an appointee of the director who is an employee of the**
8 **Department of Consumer and Business Services;**

9 **“(C) The Director of the Department of Revenue or an appointee**
10 **of the director who is an employee of the Department of Revenue;**

11 **“(D) One member, appointed by the Governor, from a union repre-**
12 **senting employees who are engaged in public health activities; and**

13 **“(E) Four members, appointed by the Governor, who are licensed**
14 **as or employed by any of the following health care provider types that**
15 **are licensed or certified in Oregon:**

16 **“(i) Inpatient hospital services providers.**

17 **“(ii) Outpatient hospital services providers.**

18 **“(iii) Nursing facilities.**

19 **“(iv) Intermediate care facilities for individuals with intellectual**
20 **disabilities.**

21 **“(v) Physicians.**

22 **“(vi) Home health care service providers.**

23 **“(vii) Providers of prescription drugs.**

24 **“(viii) Managed care organizations.**

25 **“(ix) Ambulatory surgical centers.**

26 **“(x) Dental service providers.**

27 **“(xi) Podiatrists.**

28 **“(xii) Chiropractic physicians.**

29 **“(xiii) Providers of optometric or optician services.**

30 **“(xiv) Psychologists.**

1 “(xv) Therapists.

2 “(xvi) Nurses.

3 “(xvii) Laboratory and medical imaging service providers.

4 “(xviii) Emergency ambulance service providers.

5 “(3) The task force shall meet at least twice monthly to create a
6 legislative concept that will ensure a stable funding source or strategy
7 to pay the costs of services provided by coordinated care organizations
8 to medical assistance recipients. The task force shall present the
9 concept to the interim committees of the Legislative Assembly related
10 to health no later than December 31, 2018.

11 “(4) A majority of the voting members of the task force constitutes
12 a quorum for the transaction of business.

13 “(5) Official action by the task force requires the approval of a
14 majority of the voting members of the task force.

15 “(6) The task force shall elect one of its members to serve as
16 chairperson.

17 “(7) If there is a vacancy for any cause, the appointing authority
18 shall make an appointment to become immediately effective.

19 “(8) The task force shall meet at places specified by the chairperson
20 or by a majority of the voting members of the task force.

21 “(9) The task force may adopt rules necessary for the operation of
22 the task force.

23 “(10) The Oregon Health Authority shall provide staff support to the
24 task force.

25 “(11) Members of the task force who are not members of the Leg-
26 islative Assembly or a state agency are entitled to compensation and
27 reimbursement as provided in ORS 292.495.

28 “(12) All agencies of state government, as defined in ORS 174.111,
29 are directed to assist the task force in the performance of the task
30 force’s duties and, to the extent permitted by laws relating to

1 **confidentiality, to furnish information and advice the members of the**
2 **task force consider necessary to perform their duties.**

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

4 “414.025. As used in this chapter and ORS chapters 411 and 413, unless
5 the context or a specially applicable statutory definition requires otherwise:

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

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

11 “(A) Shared savings arrangements;

12 “(B) Bundled payments; and

13 “(C) Payments based on episodes.

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

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

18 “(a) A licensed psychiatrist;

19 “(b) A licensed psychologist;

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

22 “(d) A licensed clinical social worker;

23 “(e) A licensed professional counselor or licensed marriage and family
24 therapist;

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

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

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

30 “(4) ‘Behavioral health crisis’ means a disruption in an individual’s men-

1 tal or emotional stability or functioning resulting in an urgent need for im-
2 mediate outpatient treatment in an emergency department or admission to
3 a hospital to prevent a serious deterioration in the individual's mental or
4 physical health.

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

9 “(6) ‘Category of aid’ means assistance provided by the Oregon Supple-
10 mental Income Program, aid granted under ORS 411.877 to 411.896 and
11 412.001 to 412.069 or federal Supplemental Security Income payments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29 “(b) Services provided by a physician as defined in ORS 677.010, a nurse
30 practitioner certified under ORS 678.375, a behavioral health clinician or

1 other licensed practitioner within the scope of the practitioner’s practice as
2 defined by state law, and ambulance services;

3 “(c) Prescription drugs;

4 “(d) Laboratory and X-ray services;

5 “(e) Medical equipment and supplies;

6 “(f) Mental health services;

7 “(g) Chemical dependency services;

8 “(h) Emergency dental services;

9 “(i) Nonemergency dental services;

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

13 “(k) Emergency hospital services;

14 “(L) Outpatient hospital services; and

15 “(m) Inpatient hospital services.

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

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

22 “(A) Mental illness.

23 “(B) Substance use disorders.

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

25 “(D) Life stressors and crises.

26 “(E) Developmental risks and conditions.

27 “(F) Stress-related physical symptoms.

28 “(G) Preventive care.

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

30 “(b) As used in this subsection, ‘other care team members’ includes but

1 is not limited to:

2 “(A) Qualified mental health professionals or qualified mental health as-
3 sociates meeting requirements adopted by the Oregon Health Authority by
4 rule;

5 “(B) Peer wellness specialists;

6 “(C) Peer support specialists;

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

9 “(E) Personal health navigators; or

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

12 “(16) ‘Investments and savings’ means cash, securities as defined in ORS
13 59.015, negotiable instruments as defined in ORS 73.0104 and such similar
14 investments or savings as the department or the authority may establish by
15 rule that are available to the applicant or recipient to contribute toward
16 meeting the needs of the applicant or recipient.

17 “(17) ‘Medical assistance’ means so much of the medical, mental health,
18 preventive, supportive, palliative and remedial care and services as may be
19 prescribed by the authority according to the standards established pursuant
20 to ORS 414.065, including premium assistance and payments made for ser-
21 vices provided under an insurance or other contractual arrangement and
22 money paid directly to the recipient for the purchase of health services and
23 for services described in ORS 414.710.

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

30 “(19) ‘Patient centered primary care home’ means a health care team or

1 clinic that is organized in accordance with the standards established by the
2 Oregon Health Authority under ORS 414.655 and that incorporates the fol-
3 lowing core attributes:

4 “(a) Access to care;

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

6 “(c) Comprehensive whole person care;

7 “(d) Continuity of care;

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

9 “(f) Person and family centered care.

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

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

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

18 “(21) ‘Peer wellness specialist’ means an individual who meets qualifica-
19 tion criteria adopted by the authority under ORS 414.665 and who is re-
20 sponsible for assessing mental health and substance use disorder service and
21 support needs of a member of a coordinated care organization through com-
22 munity outreach, assisting members with access to available services and
23 resources, addressing barriers to services and providing education and in-
24 formation about available resources for individuals with mental health or
25 substance use disorders in order to reduce stigma and discrimination toward
26 consumers of mental health and substance use disorder services and to assist
27 the member in creating and maintaining recovery, health and wellness.

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

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

30 “(b) Reflects the clinical needs of the patient as identified through an

1 individualized assessment; and

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

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

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

15 “(25) ‘Quality measure’ means the health outcome and quality measures
16 and benchmarks identified by the Health Plan Quality Metrics Committee
17 and the metrics and scoring subcommittee in accordance with ORS 413.017
18 (4) and 414.638.

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

22 “(27) **‘Social determinants of health’ means the conditions into**
23 **which individuals are born and in which individuals grow, live, work**
24 **and age, including but not limited to:**

25 **“(a) Housing;**

26 **“(b) Education;**

27 **“(c) Criminal justice;**

28 **“(d) Employment opportunities;**

29 **“(e) Neighborhood environment; and**

30 **“(f) Transportation.**

1 “[27)(a)] (28)(a) ‘Youth support specialist’ means an individual who meets
2 qualification criteria adopted by the authority under ORS 414.665 and who,
3 based on a similar life experience, provides supportive services to an indi-
4 vidual who:

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

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

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

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

12 **“SECTION 8. Section 6 of this 2018 Act is repealed on December 31,**
13 **2019.”.**

14 In line 39, delete “5” and insert “9”.

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