

# Enrolled Senate Bill 22

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CHAPTER .....

AN ACT

Relating to behavioral health homes; amending ORS 413.223, 413.225, 413.259 and 413.260.

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

**SECTION 1.** ORS 413.259 is amended to read:

413.259. (1) There is established in the Oregon Health Authority the patient centered primary care home program **and the behavioral health home program**. Through [*this program*] **these programs**, the authority shall:

(a) Define core attributes of a patient centered primary care home and a behavioral health home to promote a reasonable level of consistency of services provided by patient centered primary care homes and behavioral health homes in this state. In defining core attributes related to ensuring that care is coordinated, the authority shall focus on determining whether these patient centered primary care homes and behavioral health homes offer comprehensive primary and preventive care, integrated health care and disease management services;

(b) Establish a simple and uniform process to identify patient centered primary care homes **and behavioral health homes** that meet the core attributes defined by the authority under paragraph (a) of this subsection;

(c) Develop uniform quality measures that build from nationally accepted measures and allow for standard measurement of patient centered primary care home and behavioral health home performance;

(d) Develop uniform quality measures for acute care hospital and ambulatory services that align with the patient centered primary care home and behavioral health home quality measures developed under paragraph (c) of this subsection; and

(e) Develop policies that encourage the retention of, and the growth in the numbers of, primary care providers.

(2)(a) The Director of the Oregon Health Authority shall appoint an advisory committee to advise the authority in carrying out subsection (1) of this section.

(b) The director shall appoint to the advisory committee 15 individuals who represent a diverse constituency and are knowledgeable about patient centered primary care home delivery systems, behavioral health home delivery systems, integrated health care or health care quality.

(c) Members of the advisory committee are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses shall be paid out of funds appropriated to the authority for the purposes of the advisory committee.

(d) The advisory committee shall use public input to guide policy development.

(3) The authority will also establish, as part of the patient centered primary care home program, learning collaboratives in which state agencies, private health insurance carriers, third party administrators, patient centered primary care homes and behavioral health homes can:

(a) Share information about quality improvement;

(b) Share best practices that increase access to culturally competent and linguistically appropriate care;

(c) Share best practices that increase the adoption and use of the latest techniques in effective and cost-effective patient centered care;

(d) Coordinate efforts to develop and test methods to align financial incentives to support patient centered primary care homes and behavioral health homes;

(e) Share best practices for maximizing the utilization of patient centered primary care homes and behavioral health homes by individuals enrolled in medical assistance programs, including culturally specific and targeted outreach and direct assistance with applications to adults and children of racial, ethnic and language minority communities and other underserved populations;

(f) Coordinate efforts to conduct research on patient centered primary care homes and behavioral health homes and evaluate strategies to implement patient centered primary care homes and behavioral health homes that include integrated health care to improve health status and quality and reduce overall health care costs; and

(g) Share best practices for maximizing integration to ensure that patients have access to comprehensive primary and preventive care, integrated health care and disease management services.

(4) The Legislative Assembly declares that collaboration among public payers, private health carriers, third party purchasers and providers to identify appropriate reimbursement methods to align incentives in support of patient centered primary care homes and behavioral health homes is in the best interest of the public. The Legislative Assembly therefore declares its intent to exempt from state antitrust laws, and to provide immunity from federal antitrust laws, the collaborative and associated payment reforms designed and implemented under subsection (3) of this section that might otherwise be constrained by such laws. The Legislative Assembly does not authorize any person or entity to engage in activities or to conspire to engage in activities that would constitute per se violations of state or federal antitrust laws including, but not limited to, agreements among competing health care providers or health carriers as to the prices of specific levels of reimbursement for health care services.

(5) The authority may contract with a public or private entity to facilitate the work of the learning collaborative described in subsection (3) of this section and may apply for, receive and accept grants, gifts, payments and other funds and advances, appropriations, properties and services from the United States, the State of Oregon or any governmental body or agency or from any other public or private corporation or person for the purpose of establishing and maintaining the collaborative.

**SECTION 2.** ORS 413.223 is amended to read:

413.223. The division of the Oregon Health Authority that is charged with public health functions:

(1) Shall develop and continuously refine a system of care that:

(a) Meets the developmental needs of adolescents;

(b) Promotes evidence-based practices for children; and

(c) Prioritizes public health through activities such as:

(A) Establishing certification and performance standards;

(B) Collecting and analyzing clinical data;

(C) Conducting ongoing assessments and special studies; and

(D) Defining a statewide planning and development process.

(2) Shall adopt by rule the procedures and criteria for the certification, suspension and decertification of school-based health centers. The procedures must allow certified school-based health

centers a reasonable period of time to cure any defects in compliance prior to the suspension or decertification of the school-based health center.

(3) Shall convene work groups to recommend best practices for school-based health centers with respect to electronic health records, billing, joint purchasing, business models and patient centered primary care home [*certification or accreditation*] **identification.**

(4)(a) May, in addition to the duties described in subsection (1) of this section, enter into a contract with an entity that coordinates the efforts of school-based health centers for the purpose of providing assistance to school-based health centers that receive grant moneys under ORS 413.225.

(b) A contract entered into under this subsection must require the entity to:

(A) Provide technical assistance and community-specific ongoing training to school-based health centers, school districts and education service districts;

(B) Assist school-based health centers in improving business practices, including practices related to billing and efficiencies;

(C) Assist school-based health centers in expanding their relationships with coordinated care organizations, sponsors of medical care for school-age children and other community-based providers of school-based health and mental health services; and

(D) Facilitate the integration of health and education policies and programs at the local level so that school-based health centers operate in an optimal environment.

**SECTION 3.** ORS 413.225 is amended to read:

413.225. (1) As used in this section:

(a) "Community health center or safety net clinic" means a nonprofit medical clinic or school-based health center that provides primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding scale based on the income of the patient.

(b) "School-based health center" means a health clinic that:

(A) Is located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization;

(B) Is organized through collaboration among schools, communities and health providers, including public health authorities;

(C) Is administered by a county, state, federal or private organization that ensures that certification requirements are met and provides project funding through grants, contracts, billing or other sources of funds;

(D) Is operated exclusively for the purpose of providing health services such as:

(i) Primary care;

(ii) Preventive health care;

(iii) Management and monitoring of chronic health conditions;

(iv) Behavioral health care;

(v) Oral health care;

(vi) Health education services; and

(vii) The administration of vaccines recommended by the Centers for Disease Control and Prevention;

(E) Provides health services to children and adolescents by licensed or certified health professionals; and

(F) May provide one or more health services to children and adolescents by:

(i) A student enrolled in a professional medical, nursing or dental program at an accredited university if the health service is within the student's field of study and training; or

(ii) An expanded practice dental hygienist holding a permit issued under ORS 680.200 for oral health care.

(2) The Oregon Health Authority shall award grants to community health centers or safety net clinics, including school-based health centers, to ensure the capacity of each grantee to provide health care services to underserved or vulnerable populations, within the limits of funds provided by the Legislative Assembly for this purpose.

(3) The authority shall provide outreach for the Health Care for All Oregon Children program, including development and administration of an application assistance program, and including grants to provide funding to organizations and local groups for outreach and enrollment activities for the program, within the limits of funds provided by the Legislative Assembly for this purpose.

(4) The authority shall, using funds allocated by the Legislative Assembly:

(a) Provide funds for the expansion and continuation of school-based health centers that are operating on July 29, 2013, and that become certified under ORS 413.223;

(b) Direct funds to communities with certified school-based health centers and to communities planning for certified school-based health centers; and

(c) Create a pool of funds available to provide financial incentives to:

(A) Increase the number of school-based health centers [*certified*] **identified** as patient centered primary care homes without requiring school-based health centers to be [*certified*] **identified** as patient centered primary care homes;

(B) Improve the coordination of the care of patients served by coordinated care organizations and school-based health centers; and

(C) Improve the effectiveness of the delivery of health services through school-based health centers to children who qualify for medical assistance.

(5) The authority shall by rule adopt criteria for awarding grants and providing funds in accordance with this section.

(6) The authority shall analyze and evaluate the implementation of the Health Care for All Oregon Children program.

**SECTION 4.** ORS 413.260 is amended to read:

413.260. (1) The Oregon Health Authority, in collaboration with health insurers and purchasers of health plans including the Public Employees' Benefit Board, the Oregon Educators Benefit Board and other members of the patient centered primary care home learning collaborative and the patient centered primary care home program advisory committee, shall:

(a) Develop, test and evaluate strategies that reward enrollees in publicly funded health plans for:

(A) Receiving care through patient centered primary care homes **and behavioral health homes** that meet the core attributes established in ORS 413.259;

(B) Seeking preventative and wellness services;

(C) Practicing healthy behaviors; and

(D) Effectively managing chronic diseases.

(b) Develop, test and evaluate community-based strategies that utilize community health workers to enhance the culturally competent and linguistically appropriate health services provided by patient centered primary care homes **and behavioral health homes** in underserved communities.

(2) The authority shall focus on patients with chronic health conditions in developing strategies under this section.

(3) The authority, in collaboration with the Public Employees' Benefit Board and the Oregon Educators Benefit Board, shall establish uniform standards for contracts with health benefit plans providing coverage to public employees to promote the provision of patient centered primary care homes, especially for enrollees with chronic medical conditions, **and behavioral health homes** that are consistent with the uniform quality measures established under ORS 413.259 (1)(c).

(4) The standards established under subsection (3) of this section may direct health benefit plans to provide incentives to primary care providers who serve vulnerable populations to partner with health-focused community-based organizations to provide culturally specific health promotion and disease management services.

**Passed by Senate June 13, 2019**

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

**Passed by House June 19, 2019**

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Tina Kotek, Speaker of House

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**Approved:**

.....M,....., 2019

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Kate Brown, Governor

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Bev Clarno, Secretary of State