

# DRAFT

## SUMMARY

Digest: The Act makes changes to laws about certain dental care providers. (Flesch Readability Score: 64.9).

Defines a “dental subcontractor.” Directs the Oregon Health Authority to adopt requirements for a dental subcontractor that contracts with a coordinated care organization.

Takes effect on the 91st day following adjournment sine die.

## A BILL FOR AN ACT

1  
2 Relating to dental subcontractors; creating new provisions; amending ORS  
3 413.614, 413.650, 414.025, 414.430, 414.572 and 679.540; and prescribing an  
4 effective date.

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

6 **SECTION 1.** ORS 414.025, as amended by section 5, chapter 18, Oregon  
7 Laws 2024, is amended to read:

8 414.025. As used in this chapter and ORS chapters 411 and 413, unless the  
9 context or a specially applicable statutory definition requires otherwise:

10 (1)(a) “Alternative payment methodology” means a payment other than a  
11 fee-for-services payment, used by coordinated care organizations as compen-  
12 sation for the provision of integrated and coordinated health care and ser-  
13 vices.

14 (b) “Alternative payment methodology” includes, but is not limited to:

15 (A) Shared savings arrangements;

16 (B) Bundled payments; and

17 (C) Payments based on episodes.

18 (2) “Behavioral health assessment” means an evaluation by a behavioral

1 health clinician, in person or using telemedicine, to determine a patient's  
2 need for immediate crisis stabilization.

3 (3) "Behavioral health clinician" means:

4 (a) A licensed psychiatrist;

5 (b) A licensed psychologist;

6 (c) A licensed nurse practitioner with a specialty in psychiatric mental  
7 health;

8 (d) A licensed clinical social worker;

9 (e) A licensed professional counselor or licensed marriage and family  
10 therapist;

11 (f) A certified clinical social work associate;

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

14 (h) Any other clinician whose authorized scope of practice includes men-  
15 tal health diagnosis and treatment.

16 (4) "Behavioral health crisis" means a disruption in an individual's men-  
17 tal or emotional stability or functioning resulting in an urgent need for im-  
18 mediate outpatient treatment in an emergency department or admission to  
19 a hospital to prevent a serious deterioration in the individual's mental or  
20 physical health.

21 (5) "Behavioral health home" means a mental health disorder or substance  
22 use disorder treatment organization, as defined by the Oregon Health Au-  
23 thority by rule, that provides integrated health care to individuals whose  
24 primary diagnoses are mental health disorders or substance use disorders.

25 (6) "Category of aid" means assistance provided by the Oregon Supple-  
26 mental Income Program, aid granted under ORS 411.877 to 411.896 and  
27 412.001 to 412.069 or federal Supplemental Security Income payments.

28 (7) "Community health worker" means an individual who meets quali-  
29 fication criteria adopted by the authority under ORS 414.665 and who:

30 (a) Has expertise or experience in public health;

31 (b) Works in an urban or rural community, either for pay or as a volun-

1 teer in association with a local health care system;

2 (c) To the extent practicable, shares ethnicity, language, socioeconomic  
3 status and life experiences with the residents of the community the worker  
4 serves;

5 (d) Assists members of the community to improve their health and in-  
6 creases the capacity of the community to meet the health care needs of its  
7 residents and achieve wellness;

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

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

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

12 (h) May provide direct services such as first aid or blood pressure  
13 screening.

14 (8) “Coordinated care organization” means an organization meeting cri-  
15 teria adopted by the Oregon Health Authority under ORS 414.572.

16 **(9) “Dental subcontractor” means a prepaid managed care health**  
17 **services organization that enters into a noncomprehensive risk con-**  
18 **tract with a coordinated care organization or the Oregon Health Au-**  
19 **thority to provide dental services to medical assistance recipients.**

20 [(9)] (10) “Dually eligible for Medicare and Medicaid” means, with respect  
21 to eligibility for enrollment in a coordinated care organization, that an in-  
22 dividual is eligible for health services funded by Title XIX of the Social Se-  
23 curity Act and is:

24 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security  
25 Act; or

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

27 [(10)(a)] (11)(a) “Family support specialist” means an individual who  
28 meets qualification criteria adopted by the authority under ORS 414.665 and  
29 who provides supportive services to and has experience parenting a child  
30 who:

31 (A) Is a current or former consumer of mental health or addiction treat-

1 ment; or

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

4 (b) A “family support specialist” may be a peer wellness specialist or a  
5 peer support specialist.

6 [(11)] (12) “Global budget” means a total amount established prospectively  
7 by the Oregon Health Authority to be paid to a coordinated care organiza-  
8 tion for the delivery of, management of, access to and quality of the health  
9 care delivered to members of the coordinated care organization.

10 [(12)] (13) “Health insurance exchange” or “exchange” means an American  
11 Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and  
12 18041.

13 [(13)] (14) “Health services” means at least so much of each of the fol-  
14 lowing as are funded by the Legislative Assembly based upon the prioritized  
15 list of health services compiled by the Health Evidence Review Commission  
16 under ORS 414.690:

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

19 (b) Services provided by a physician as defined in ORS 677.010, a nurse  
20 practitioner licensed under ORS 678.375, a behavioral health clinician or  
21 other licensed practitioner within the scope of the practitioner’s practice as  
22 defined by state law, and ambulance services;

23 (c) Prescription drugs;

24 (d) Laboratory and X-ray services;

25 (e) Medical equipment and supplies;

26 (f) Mental health services;

27 (g) Chemical dependency services;

28 (h) Emergency dental services;

29 (i) Nonemergency dental services;

30 (j) Provider services, other than services described in paragraphs (a) to  
31 (i), (k), (L) and (m) of this subsection, defined by federal law that may be

1 included in the state’s medical assistance program;

2 (k) Emergency hospital services;

3 (L) Outpatient hospital services; and

4 (m) Inpatient hospital services.

5 [(14)] **(15)** “Income” has the meaning given that term in ORS 411.704.

6 [(15)(a)] **(16)(a)** “Integrated health care” means care provided to individ-  
7 uals and their families in a patient centered primary care home or behavioral  
8 health home by licensed primary care clinicians, behavioral health clinicians  
9 and other care team members, working together to address one or more of  
10 the following:

11 (A) Mental illness.

12 (B) Substance use disorders.

13 (C) Health behaviors that contribute to chronic illness.

14 (D) Life stressors and crises.

15 (E) Developmental risks and conditions.

16 (F) Stress-related physical symptoms.

17 (G) Preventive care.

18 (H) Ineffective patterns of health care utilization.

19 (b) As used in this subsection, “other care team members” includes but  
20 is not limited to:

21 (A) Qualified mental health professionals or qualified mental health as-  
22 sociates meeting requirements adopted by the Oregon Health Authority by  
23 rule;

24 (B) Peer wellness specialists;

25 (C) Peer support specialists;

26 (D) Community health workers who have completed a state-certified  
27 training program;

28 (E) Personal health navigators; or

29 (F) Other qualified individuals approved by the Oregon Health Authority.

30 [(16)] **(17)** “Investments and savings” means cash, securities as defined in  
31 ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such sim-

1 ilar investments or savings as the department or the authority may establish  
2 by rule that are available to the applicant or recipient to contribute toward  
3 meeting the needs of the applicant or recipient.

4 [(17)] **(18)** “Medical assistance” means so much of the medical, mental  
5 health, preventive, supportive, palliative and remedial care and services as  
6 may be prescribed by the authority according to the standards established  
7 pursuant to ORS 414.065, including premium assistance under ORS 414.115  
8 and 414.117, payments made for services provided under an insurance or  
9 other contractual arrangement and money paid directly to the recipient for  
10 the purchase of health services and for services described in ORS 414.710.

11 [(18)] **(19)** “Medical assistance” includes any care or services for any in-  
12 dividual who is a patient in a medical institution or any care or services for  
13 any individual who has attained 65 years of age or is under 22 years of age,  
14 and who is a patient in a private or public institution for mental diseases.  
15 Except as provided in ORS 411.439 and 411.447, “medical assistance” does not  
16 include care or services for a resident of a nonmedical public institution.

17 [(19)] **(20)** “Patient centered primary care home” means a health care team  
18 or clinic that is organized in accordance with the standards established by  
19 the Oregon Health Authority under ORS 414.655 and that incorporates the  
20 following core attributes:

- 21 (a) Access to care;
- 22 (b) Accountability to consumers and to the community;
- 23 (c) Comprehensive whole person care;
- 24 (d) Continuity of care;
- 25 (e) Coordination and integration of care; and
- 26 (f) Person and family centered care.

27 [(20)] **(21)** “Peer support specialist” means any of the following individ-  
28 uals who meet qualification criteria adopted by the authority under ORS  
29 414.665 and who provide supportive services to a current or former consumer  
30 of mental health or addiction treatment:

- 31 (a) An individual who is a current or former consumer of mental health

1 treatment; or

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

4 [(21)] **(22)** “Peer wellness specialist” means an individual who meets  
5 qualification criteria adopted by the authority under ORS 414.665 and who  
6 is responsible for assessing mental health and substance use disorder service  
7 and support needs of a member of a coordinated care organization through  
8 community outreach, assisting members with access to available services and  
9 resources, addressing barriers to services and providing education and in-  
10 formation about available resources for individuals with mental health or  
11 substance use disorders in order to reduce stigma and discrimination toward  
12 consumers of mental health and substance use disorder services and to assist  
13 the member in creating and maintaining recovery, health and wellness.

14 [(22)] **(23)** “Person centered care” means care that:

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

16 (b) Reflects the clinical needs of the patient as identified through an in-  
17 dividualized assessment; and

18 (c) Is based upon the patient’s goals and will assist the patient in  
19 achieving the goals.

20 [(23)] **(24)** “Personal health navigator” means an individual who meets  
21 qualification criteria adopted by the authority under ORS 414.665 and who  
22 provides information, assistance, tools and support to enable a patient to  
23 make the best health care decisions in the patient’s particular circumstances  
24 and in light of the patient’s needs, lifestyle, combination of conditions and  
25 desired outcomes.

26 [(24)] **(25)** “Prepaid managed care health services organization” means a  
27 managed dental care, mental health or chemical dependency organization  
28 that contracts with the authority under ORS 414.654 or with a coordinated  
29 care organization on a prepaid capitated basis to provide health services to  
30 medical assistance recipients.

31 [(25)] **(26)** “Quality measure” means the health outcome and quality

1 measures and benchmarks identified by the Health Plan Quality Metrics  
2 Committee and the metrics and scoring subcommittee in accordance with  
3 ORS 413.017 (4) and 413.022 and the quality metrics developed by the Be-  
4 havioral Health Committee in accordance with ORS 413.017 (5).

5 [(26)(a)] **(27)(a)** “Quality of life in general measure” means an assessment  
6 of the value, effectiveness or cost-effectiveness of a treatment that gives  
7 greater value to a year of life lived in perfect health than the value given  
8 to a year of life lived in less than perfect health.

9 (b) “Quality of life in general measure” does not mean an assessment of  
10 the value, effectiveness or cost-effectiveness of a treatment during a clinical  
11 trial in which a study participant is asked to rate the participant’s physical  
12 function, pain, general health, vitality, social functions or other similar do-  
13 mains.

14 [(27)] **(28)** “Resources” has the meaning given that term in ORS 411.704.  
15 For eligibility purposes, “resources” does not include charitable contribu-  
16 tions raised by a community to assist with medical expenses.

17 [(28)] **(29)** “Social determinants of health” means:

18 (a) Nonmedical factors that influence health outcomes;

19 (b) The conditions in which individuals are born, grow, work, live and  
20 age; and

21 (c) The forces and systems that shape the conditions of daily life, such  
22 as economic policies and systems, development agendas, social norms, social  
23 policies, racism, climate change and political systems.

24 [(29)] **(30)** “Tribal traditional health worker” means an individual who  
25 meets qualification criteria adopted by the authority under ORS 414.665 and  
26 who:

27 (a) Has expertise or experience in public health;

28 (b) Works in a tribal community or an urban Indian community, either  
29 for pay or as a volunteer in association with a local health care system;

30 (c) To the extent practicable, shares ethnicity, language, socioeconomic  
31 status and life experiences with the residents of the community the worker



1 serves;

2 (d) Assists members of the community to improve their health, including  
3 physical, behavioral and oral health, and increases the capacity of the com-  
4 munity to meet the health care needs of its residents and achieve wellness;

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

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

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

9 (h) May provide direct services, such as tribal-based practices.

10 [(30)(a)] **(31)(a)** “Youth support specialist” means an individual who meets  
11 qualification criteria adopted by the authority under ORS 414.665 and who,  
12 based on a similar life experience, provides supportive services to an indi-  
13 vidual who:

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

15 (B)(i) Is a current or former consumer of mental health or addiction  
16 treatment; or

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

19 (b) A “youth support specialist” may be a peer wellness specialist or a  
20 peer support specialist.

21 **SECTION 2.** ORS 414.025, as amended by section 2, chapter 628, Oregon  
22 Laws 2021, and section 6, chapter 18, Oregon Laws 2024, is amended to read:

23 414.025. As used in this chapter and ORS chapters 411 and 413, unless the  
24 context or a specially applicable statutory definition requires otherwise:

25 (1)(a) “Alternative payment methodology” means a payment other than a  
26 fee-for-services payment, used by coordinated care organizations as compen-  
27 sation for the provision of integrated and coordinated health care and ser-  
28 vices.

29 (b) “Alternative payment methodology” includes, but is not limited to:

30 (A) Shared savings arrangements;

31 (B) Bundled payments; and

1 (C) Payments based on episodes.

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

5 (3) “Behavioral health clinician” means:

6 (a) A licensed psychiatrist;

7 (b) A licensed psychologist;

8 (c) A licensed nurse practitioner with a specialty in psychiatric mental  
9 health;

10 (d) A licensed clinical social worker;

11 (e) A licensed professional counselor or licensed marriage and family  
12 therapist;

13 (f) A certified clinical social work associate;

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

16 (h) Any other clinician whose authorized scope of practice includes men-  
17 tal health diagnosis and treatment.

18 (4) “Behavioral health crisis” means a disruption in an individual’s men-  
19 tal or emotional stability or functioning resulting in an urgent need for im-  
20 mediate outpatient treatment in an emergency department or admission to  
21 a hospital to prevent a serious deterioration in the individual’s mental or  
22 physical health.

23 (5) “Behavioral health home” means a mental health disorder or substance  
24 use disorder treatment organization, as defined by the Oregon Health Au-  
25 thority by rule, that provides integrated health care to individuals whose  
26 primary diagnoses are mental health disorders or substance use disorders.

27 (6) “Category of aid” means assistance provided by the Oregon Supple-  
28 mental Income Program, aid granted under ORS 411.877 to 411.896 and  
29 412.001 to 412.069 or federal Supplemental Security Income payments.

30 (7) “Community health worker” means an individual who meets quali-  
31 fication criteria adopted by the authority under ORS 414.665 and who:

- 1 (a) Has expertise or experience in public health;
- 2 (b) Works in an urban or rural community, either for pay or as a volun-
- 3 teer in association with a local health care system;
- 4 (c) To the extent practicable, shares ethnicity, language, socioeconomic
- 5 status and life experiences with the residents of the community the worker
- 6 serves;
- 7 (d) Assists members of the community to improve their health and in-
- 8 creases the capacity of the community to meet the health care needs of its
- 9 residents and achieve wellness;
- 10 (e) Provides health education and information that is culturally appro-
- 11 priate to the individuals being served;
- 12 (f) Assists community residents in receiving the care they need;
- 13 (g) May give peer counseling and guidance on health behaviors; and
- 14 (h) May provide direct services such as first aid or blood pressure
- 15 screening.

16 (8) “Coordinated care organization” means an organization meeting cri-

17 teria adopted by the Oregon Health Authority under ORS 414.572.

18 **(9) “Dental subcontractor” means a prepaid managed care health**

19 **services organization that enters into a noncomprehensive risk con-**

20 **tract with a coordinated care organization or the Oregon Health Au-**

21 **thority to provide dental services to medical assistance recipients.**

22 [(9)] (10) “Dually eligible for Medicare and Medicaid” means, with respect

23 to eligibility for enrollment in a coordinated care organization, that an in-

24 dividual is eligible for health services funded by Title XIX of the Social Se-

25 curity Act and is:

26 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security

27 Act; or

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

29 [(10)(a)] (11)(a) “Family support specialist” means an individual who

30 meets qualification criteria adopted by the authority under ORS 414.665 and

31 who provides supportive services to and has experience parenting a child

1 who:

2 (A) Is a current or former consumer of mental health or addiction treat-  
3 ment; or

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

6 (b) A “family support specialist” may be a peer wellness specialist or a  
7 peer support specialist.

8 [(11)] (12) “Global budget” means a total amount established prospectively  
9 by the Oregon Health Authority to be paid to a coordinated care organiza-  
10 tion for the delivery of, management of, access to and quality of the health  
11 care delivered to members of the coordinated care organization.

12 [(12)] (13) “Health insurance exchange” or “exchange” means an American  
13 Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and  
14 18041.

15 [(13)] (14) “Health services” means at least so much of each of the fol-  
16 lowing as are funded by the Legislative Assembly based upon the prioritized  
17 list of health services compiled by the Health Evidence Review Commission  
18 under ORS 414.690:

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

21 (b) Services provided by a physician as defined in ORS 677.010, a nurse  
22 practitioner licensed under ORS 678.375, a behavioral health clinician or  
23 other licensed practitioner within the scope of the practitioner’s practice as  
24 defined by state law, and ambulance services;

25 (c) Prescription drugs;

26 (d) Laboratory and X-ray services;

27 (e) Medical equipment and supplies;

28 (f) Mental health services;

29 (g) Chemical dependency services;

30 (h) Emergency dental services;

31 (i) Nonemergency dental services;

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

4 (k) Emergency hospital services;

5 (L) Outpatient hospital services; and

6 (m) Inpatient hospital services.

7 [(14)] **(15)** “Income” has the meaning given that term in ORS 411.704.

8 [(15)(a)] **(16)(a)** “Integrated health care” means care provided to individ-  
9 uals and their families in a patient centered primary care home or behavioral  
10 health home by licensed primary care clinicians, behavioral health clinicians  
11 and other care team members, working together to address one or more of  
12 the following:

13 (A) Mental illness.

14 (B) Substance use disorders.

15 (C) Health behaviors that contribute to chronic illness.

16 (D) Life stressors and crises.

17 (E) Developmental risks and conditions.

18 (F) Stress-related physical symptoms.

19 (G) Preventive care.

20 (H) Ineffective patterns of health care utilization.

21 (b) As used in this subsection, “other care team members” includes but  
22 is not limited to:

23 (A) Qualified mental health professionals or qualified mental health as-  
24 sociates meeting requirements adopted by the Oregon Health Authority by  
25 rule;

26 (B) Peer wellness specialists;

27 (C) Peer support specialists;

28 (D) Community health workers who have completed a state-certified  
29 training program;

30 (E) Personal health navigators; or

31 (F) Other qualified individuals approved by the Oregon Health Authority.

1 [(16)] (17) “Investments and savings” means cash, securities as defined in  
2 ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such sim-  
3 ilar investments or savings as the department or the authority may establish  
4 by rule that are available to the applicant or recipient to contribute toward  
5 meeting the needs of the applicant or recipient.

6 [(17)] (18) “Medical assistance” means so much of the medical, mental  
7 health, preventive, supportive, palliative and remedial care and services as  
8 may be prescribed by the authority according to the standards established  
9 pursuant to ORS 414.065, including premium assistance under ORS 414.115  
10 and 414.117, payments made for services provided under an insurance or  
11 other contractual arrangement and money paid directly to the recipient for  
12 the purchase of health services and for services described in ORS 414.710.

13 [(18)] (19) “Medical assistance” includes any care or services for any in-  
14 dividual who is a patient in a medical institution or any care or services for  
15 any individual who has attained 65 years of age or is under 22 years of age,  
16 and who is a patient in a private or public institution for mental diseases.  
17 Except as provided in ORS 411.439 and 411.447, “medical assistance” does not  
18 include care or services for a resident of a nonmedical public institution.

19 [(19)] (20) “Mental health drug” means a type of legend drug, as defined  
20 in ORS 414.325, specified by the Oregon Health Authority by rule, including  
21 but not limited to:

- 22 (a) Therapeutic class 7 ataractics-tranquilizers; and
- 23 (b) Therapeutic class 11 psychostimulants-antidepressants.

24 [(20)] (21) “Patient centered primary care home” means a health care team  
25 or clinic that is organized in accordance with the standards established by  
26 the Oregon Health Authority under ORS 414.655 and that incorporates the  
27 following core attributes:

- 28 (a) Access to care;
- 29 (b) Accountability to consumers and to the community;
- 30 (c) Comprehensive whole person care;
- 31 (d) Continuity of care;

1 (e) Coordination and integration of care; and

2 (f) Person and family centered care.

3 [(21)] **(22)** “Peer support specialist” means any of the following individ-  
4 uals who meet qualification criteria adopted by the authority under ORS  
5 414.665 and who provide supportive services to a current or former consumer  
6 of mental health or addiction treatment:

7 (a) An individual who is a current or former consumer of mental health  
8 treatment; or

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

11 [(22)] **(23)** “Peer wellness specialist” means an individual who meets  
12 qualification criteria adopted by the authority under ORS 414.665 and who  
13 is responsible for assessing mental health and substance use disorder service  
14 and support needs of a member of a coordinated care organization through  
15 community outreach, assisting members with access to available services and  
16 resources, addressing barriers to services and providing education and in-  
17 formation about available resources for individuals with mental health or  
18 substance use disorders in order to reduce stigma and discrimination toward  
19 consumers of mental health and substance use disorder services and to assist  
20 the member in creating and maintaining recovery, health and wellness.

21 [(23)] **(24)** “Person centered care” means care that:

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

23 (b) Reflects the clinical needs of the patient as identified through an in-  
24 dividualized assessment; and

25 (c) Is based upon the patient’s goals and will assist the patient in  
26 achieving the goals.

27 [(24)] **(25)** “Personal health navigator” means an individual who meets  
28 qualification criteria adopted by the authority under ORS 414.665 and who  
29 provides information, assistance, tools and support to enable a patient to  
30 make the best health care decisions in the patient’s particular circumstances  
31 and in light of the patient’s needs, lifestyle, combination of conditions and

1 desired outcomes.

2 [(25)] **(26)** “Prepaid managed care health services organization” means a  
3 managed dental care, mental health or chemical dependency organization  
4 that contracts with the authority under ORS 414.654 or with a coordinated  
5 care organization on a prepaid capitated basis to provide health services to  
6 medical assistance recipients.

7 [(26)] **(27)** “Quality measure” means the health outcome and quality  
8 measures and benchmarks identified by the Health Plan Quality Metrics  
9 Committee and the metrics and scoring subcommittee in accordance with  
10 ORS 413.017 (4) and 413.022 and the quality metrics developed by the Be-  
11 havioral Health Committee in accordance with ORS 413.017 (5).

12 [(27)(a)] **(28)(a)** “Quality of life in general measure” means an assessment  
13 of the value, effectiveness or cost-effectiveness of a treatment that gives  
14 greater value to a year of life lived in perfect health than the value given  
15 to a year of life lived in less than perfect health.

16 (b) “Quality of life in general measure” does not mean an assessment of  
17 the value, effectiveness or cost-effectiveness of a treatment during a clinical  
18 trial in which a study participant is asked to rate the participant’s physical  
19 function, pain, general health, vitality, social functions or other similar do-  
20 mains.

21 [(28)] **(29)** “Resources” has the meaning given that term in ORS 411.704.  
22 For eligibility purposes, “resources” does not include charitable contribu-  
23 tions raised by a community to assist with medical expenses.

24 [(29)] **(30)** “Social determinants of health” means:

25 (a) Nonmedical factors that influence health outcomes;

26 (b) The conditions in which individuals are born, grow, work, live and  
27 age; and

28 (c) The forces and systems that shape the conditions of daily life, such  
29 as economic policies and systems, development agendas, social norms, social  
30 policies, racism, climate change and political systems.

31 [(30)] **(31)** “Tribal traditional health worker” means an individual who



1 meets qualification criteria adopted by the authority under ORS 414.665 and  
2 who:

- 3 (a) Has expertise or experience in public health;
- 4 (b) Works in a tribal community or an urban Indian community, either  
5 for pay or as a volunteer in association with a local health care system;
- 6 (c) To the extent practicable, shares ethnicity, language, socioeconomic  
7 status and life experiences with the residents of the community the worker  
8 serves;
- 9 (d) Assists members of the community to improve their health, including  
10 physical, behavioral and oral health, and increases the capacity of the com-  
11 munity to meet the health care needs of its residents and achieve wellness;
- 12 (e) Provides health education and information that is culturally appro-  
13 priate to the individuals being served;
- 14 (f) Assists community residents in receiving the care they need;
- 15 (g) May give peer counseling and guidance on health behaviors; and
- 16 (h) May provide direct services, such as tribal-based practices.

17 [(31)(a)] **(32)(a)** “Youth support specialist” means an individual who meets  
18 qualification criteria adopted by the authority under ORS 414.665 and who,  
19 based on a similar life experience, provides supportive services to an indi-  
20 vidual who:

- 21 (A) Is not older than 30 years of age; and
- 22 (B)(i) Is a current or former consumer of mental health or addiction  
23 treatment; or
- 24 (ii) Is facing or has faced difficulties in accessing education, health and  
25 wellness services due to a mental health or behavioral health barrier.

26 (b) A “youth support specialist” may be a peer wellness specialist or a  
27 peer support specialist.

28 **SECTION 3.** ORS 414.572 is amended to read:

29 414.572. (1) The Oregon Health Authority shall adopt by rule the quali-  
30 fication criteria and requirements for a coordinated care organization and  
31 shall integrate the criteria and requirements into each contract with a co-

1 ordained care organization. Coordinated care organizations may be local,  
2 community-based organizations or statewide organizations with community-  
3 based participation in governance or any combination of the two. Coordi-  
4 nated care organizations may contract with counties or with other public or  
5 private entities to provide services to members. The authority may not  
6 contract with only one statewide organization. A coordinated care organiza-  
7 tion may be a single corporate structure or a network of providers organized  
8 through contractual relationships. The criteria and requirements adopted by  
9 the authority under this section must include, but are not limited to, a re-  
10 quirement that the coordinated care organization:

11 (a) Have demonstrated experience and a capacity for managing financial  
12 risk and establishing financial reserves.

13 (b) Meet the following minimum financial requirements:

14 (A) Maintain restricted reserves of \$250,000 plus an amount equal to 50  
15 percent of the coordinated care organization's total actual or projected li-  
16 abilities above \$250,000.

17 (B) Maintain capital or surplus of not less than \$2,500,000 and any addi-  
18 tional amounts necessary to ensure the solvency of the coordinated care or-  
19 ganization, as specified by the authority by rules that are consistent with  
20 ORS 731.554 (6), 732.225, 732.230 and 750.045.

21 (C) Expend a portion of the annual net income or reserves of the coordi-  
22 nated care organization that exceed the financial requirements specified in  
23 this paragraph on services designed to address health disparities and the  
24 social determinants of health consistent with the coordinated care  
25 organization's community health improvement plan and transformation plan  
26 and the terms and conditions of the Medicaid demonstration project under  
27 section 1115 of the Social Security Act (42 U.S.C. 1315).

28 (c) Operate within a fixed global budget and other payment mechanisms  
29 described in subsection (6) of this section and spend on primary care, as de-  
30 fined by the authority by rule, at least 12 percent of the coordinated care  
31 organization's total expenditures for physical and mental health care pro-

1 vided to members, except for expenditures on prescription drugs, vision care  
2 and dental care.

3 (d) Develop and implement alternative payment methodologies that are  
4 based on health care quality and improved health outcomes.

5 (e) Coordinate the delivery of physical health care, behavioral health  
6 care, oral health care and covered long-term care services.

7 (f) Engage community members and health care providers in improving  
8 the health of the community and addressing regional, cultural, socioeconomic  
9 and racial disparities in health care that exist among the coordinated care  
10 organization's members and in the coordinated care organization's commu-  
11 nity.

12 (2) In addition to the criteria and requirements specified in subsection (1)  
13 of this section, the authority must adopt by rule requirements for coordi-  
14 nated care organizations contracting with the authority so that:

15 (a) Each member of the coordinated care organization receives integrated  
16 person centered care and services designed to provide choice, independence  
17 and dignity.

18 (b) Each member has a consistent and stable relationship with a care  
19 team that is responsible for comprehensive care management and service  
20 delivery.

21 (c) The supportive and therapeutic needs of each member are addressed  
22 in a holistic fashion, using patient centered primary care homes, behavioral  
23 health homes or other models that support patient centered primary care and  
24 behavioral health care and individualized care plans to the extent feasible.

25 (d) Members receive comprehensive transitional care, including appropri-  
26 ate follow-up, when entering and leaving an acute care facility or a long  
27 term care setting.

28 (e) Members are provided:

29 (A) Assistance in navigating the health care delivery system;

30 (B) Assistance in accessing community and social support services and  
31 statewide resources;

1 (C) Meaningful language access as required by federal and state law in-  
2 cluding, but not limited to, 42 U.S.C. 18116, Title VI of the Civil Rights Act  
3 of 1964, Title VI Guidance issued by the United States Department of Justice  
4 and the National Standards for Culturally and Linguistically Appropriate  
5 Services in Health and Health Care as issued by the United States Depart-  
6 ment of Health and Human Services; and

7 (D) Qualified health care interpreters or certified health care interpreters  
8 listed on the health care interpreter registry, as those terms are defined in  
9 ORS 413.550.

10 (f) Services and supports are geographically located as close to where  
11 members reside as possible and are, if available, offered in nontraditional  
12 settings that are accessible to families, diverse communities and underserved  
13 populations.

14 (g) Each coordinated care organization uses health information technol-  
15 ogy to link services and care providers across the continuum of care to the  
16 greatest extent practicable and if financially viable.

17 (h) Each coordinated care organization complies with the safeguards for  
18 members described in ORS 414.605.

19 (i) Each coordinated care organization convenes a community advisory  
20 council that meets the criteria specified in ORS 414.575.

21 (j) Each coordinated care organization prioritizes working with members  
22 who have high health care needs, multiple chronic conditions or behavioral  
23 health conditions and involves those members in accessing and managing  
24 appropriate preventive, health, remedial and supportive care and services,  
25 including the services described in ORS 414.766, to reduce the use of avoid-  
26 able emergency room visits and hospital admissions.

27 (k) Members have a choice of providers within the coordinated care  
28 organization's network and that providers participating in a coordinated care  
29 organization:

30 (A) Work together to develop best practices for care and service delivery  
31 to reduce waste and improve the health and well-being of members.

1 (B) Are educated about the integrated approach and how to access and  
2 communicate within the integrated system about a patient's treatment plan  
3 and health history.

4 (C) Emphasize prevention, healthy lifestyle choices, evidence-based prac-  
5 tices, shared decision-making and communication.

6 (D) Are permitted to participate in the networks of multiple coordinated  
7 care organizations.

8 (E) Include providers of specialty care.

9 (F) Are selected by coordinated care organizations using universal appli-  
10 cation and credentialing procedures and objective quality information and  
11 are removed if the providers fail to meet objective quality standards.

12 (G) Work together to develop best practices for culturally and linguis-  
13 tically appropriate care and service delivery to reduce waste, reduce health  
14 disparities and improve the health and well-being of members.

15 (L) Each coordinated care organization reports on outcome and quality  
16 measures adopted under ORS 413.022 and participates in the health care data  
17 reporting system established in ORS 442.372 and 442.373.

18 (m) Each coordinated care organization uses best practices in the man-  
19 agement of finances, contracts, claims processing, payment functions and  
20 provider networks.

21 (n) Each coordinated care organization participates in the learning  
22 collaborative described in ORS 413.259 (3).

23 (o) Each coordinated care organization has a governing body that com-  
24 plies with ORS 414.584 and that includes:

25 (A) At least one member representing persons that share in the financial  
26 risk of the organization;

27 (B) A representative of a dental [*care organization*] **subcontractor** se-  
28 lected by the coordinated care organization;

29 (C) The major components of the health care delivery system;

30 (D) At least two health care providers in active practice, including:

31 (i) A physician licensed under ORS chapter 677 or a nurse practitioner

1 licensed under ORS 678.375, whose area of practice is primary care; and

2 (ii) A behavioral health provider;

3 (E) At least two members from the community at large, to ensure that the  
4 organization's decision-making is consistent with the values of the members  
5 and the community; and

6 (F) At least two members of the community advisory council, one of whom  
7 is or was within the previous six months a recipient of medical assistance  
8 and is at least 16 years of age or a parent, guardian or primary caregiver  
9 of an individual who is or was within the previous six months a recipient  
10 of medical assistance.

11 (p) Each coordinated care organization's governing body establishes  
12 standards for publicizing the activities of the coordinated care organization  
13 and the organization's community advisory councils, as necessary, to keep  
14 the community informed.

15 (q) Each coordinated care organization publishes on a website maintained  
16 by or on behalf of the coordinated care organization, in a manner determined  
17 by the authority, a document designed to educate members about best prac-  
18 tices, care quality expectations, screening practices, treatment options and  
19 other support resources available for members who have mental illnesses or  
20 substance use disorders.

21 (r) Each coordinated care organization works with the Tribal Advisory  
22 Council established in ORS 414.581 and has a dedicated tribal liaison, se-  
23 lected by the council, to:

24 (A) Facilitate a resolution of any issues that arise between the coordi-  
25 nated care organization and a provider of Indian health services within the  
26 area served by the coordinated care organization;

27 (B) Participate in the community health assessment and the development  
28 of the health improvement plan;

29 (C) Communicate regularly with the Tribal Advisory Council; and

30 (D) Be available for training by the office within the authority that is  
31 responsible for tribal affairs, any federally recognized tribe in Oregon and

1 the urban Indian health program that is located within the area served by  
2 the coordinated care organization and operated by an urban Indian organ-  
3 ization pursuant to 25 U.S.C. 1651.

4 (3) The authority shall consider the participation of area agencies and  
5 other nonprofit agencies in the configuration of coordinated care organiza-  
6 tions.

7 (4) In selecting one or more coordinated care organizations to serve a  
8 geographic area, the authority shall:

9 (a) For members and potential members, optimize access to care and  
10 choice of providers;

11 (b) For providers, optimize choice in contracting with coordinated care  
12 organizations; and

13 (c) Allow more than one coordinated care organization to serve the ge-  
14 ographic area if necessary to optimize access and choice under this sub-  
15 section.

16 (5) *[On or before July 1, 2014, each coordinated care organization must have*  
17 *a formal contractual relationship with any dental care organization that serves*  
18 *members of the coordinated care organization in the area where they reside.]*

19 **The authority shall:**

20 (a) **Adopt by rule the requirements for a dental subcontractor that**  
21 **contracts with a coordinated care organization; and**

22 (b) **Incorporate the requirements adopted under this subsection into**  
23 **any contract entered into between the authority and a coordinated**  
24 **care organization under this section.**

25 (6) In addition to global budgets, the authority may employ other payment  
26 mechanisms to reimburse coordinated care organizations for specified health  
27 services during limited periods of time if:

28 (a) Global budgets remain the primary means of reimbursing coordinated  
29 care organizations for care and services provided to the coordinated care  
30 organization's members;

31 (b) The other payment mechanisms are consistent with the legislative in-

1 tent expressed in ORS 414.018 and the system design described in ORS  
2 414.570 (1); and

3 (c) The payment mechanisms are employed only for health-related social  
4 needs services, such as housing supports, nutritional assistance and  
5 climate-related assistance, approved for the demonstration project under 42  
6 U.S.C. 1315 by the Centers for Medicare and Medicaid Services.

7 **SECTION 4.** ORS 413.614 is amended to read:

8 413.614. (1) As used in this section:

9 (a) “COFA citizen” means an individual who is a citizen of:

10 (A) The Republic of the Marshall Islands;

11 (B) The Federated States of Micronesia; or

12 (C) The Republic of Palau.

13 (b) [*“Dental care organization” means a prepaid managed care health ser-*  
14 *VICES organization, as defined in ORS 414.025, that provides dental care to*  
15 *members of a coordinated care organization.*] **“Dental subcontractor” has**  
16 **the meaning given that term in ORS 414.025.**

17 (c) “Income” means the modified adjusted gross income that is attributed  
18 to an individual in determining the individual’s eligibility for the medical  
19 assistance program.

20 (2) The COFA Dental Program is established in the Oregon Health Au-  
21 thority. The purpose of the program is to provide oral health care to low-  
22 income citizens of the island nations in the Compact of Free Association who  
23 are residing in Oregon.

24 (3) The authority shall contract with dental [*care organizations*] **subcon-**  
25 **tractors** throughout this state, and with individual oral health care provid-  
26 ers in areas of this state that are not served by dental [*care organizations*]  
27 **subcontractors**, to provide oral health care to COFA citizens enrolled in  
28 the COFA Dental Program.

29 (4) Enrollees in the COFA Dental Program shall receive the types and  
30 extent of oral health care services that the authority determines will be  
31 provided to medical assistance recipients in accordance with ORS 414.065,



1 without any corresponding copayments, deductibles or cost sharing required.

2 (5) An individual is eligible for the COFA Dental Program if the indi-  
3 vidual:

4 (a) Is a resident of Oregon;

5 (b) Is a COFA citizen;

6 (c) Has income that is less than 138 percent of the federal poverty  
7 guidelines; and

8 (d) Does not qualify for Medicaid under Title XIX of the Social Security  
9 Act or the Children's Health Insurance Program under Title XXI of the So-  
10 cial Security Act.

11 (6) The authority may use the application process described in ORS  
12 411.400 for the COFA Dental Program. The authority shall provide culturally  
13 and linguistically appropriate assistance, in person and by telephone, to ap-  
14 plicants for and enrollees in the program. The application process, forms and  
15 notices used in the COFA Dental Program must conform to the guidance  
16 adopted by the United States Department of Health and Human Services, in  
17 accordance with Title VI of the Civil Rights Act of 1964, regarding the pro-  
18 hibition against national origin discrimination affecting persons with limited  
19 English proficiency in federally funded programs.

20 (7) The authority shall accept as verification of eligibility the attestation  
21 of an applicant for or enrollee in the COFA Dental Program that the appli-  
22 cant or enrollee meets the requirements of subsection (5) of this section.

23 (8) The authority shall conduct a comprehensive community education  
24 and outreach campaign, working with stakeholder and community organiza-  
25 tions, to facilitate applications for and enrollment in the COFA Dental Pro-  
26 gram.

27 (9) The authority may not disclose personally identifying information  
28 about applicants for or enrollees in the COFA Dental Program except to the  
29 extent necessary to conduct outreach under subsection (8) of this section or  
30 to comply with federal or state laws.

31 **SECTION 5.** ORS 413.650 is amended to read:

1 413.650. (1) As used in this section:

2 [(a) “Dental care organization” means a prepaid managed care health ser-  
3 vices organization, as defined in ORS 414.025, that provides dental care to  
4 members of a coordinated care organization.]

5 [(b)] (a) “**Dental subcontractor**” and “medical assistance” [has] **have**  
6 the meaning given [that term] **those terms** in ORS 414.025.

7 [(c)] (b) “Veteran” means an individual who is a veteran, as defined in  
8 ORS 408.225, except the individual may be discharged or released under  
9 honorable or other than honorable conditions.

10 (2) The Veterans Dental Program is established in the Oregon Health  
11 Authority and shall be administered in collaboration with the Department  
12 of Consumer and Business Services. The purpose of the program is to provide  
13 oral health care to eligible veterans who are residing in Oregon.

14 (3) The authority shall contract with dental [care organizations] **subcon-**  
15 **tractors** throughout this state and with individual oral health care providers  
16 in areas of this state that are not served by dental [care organizations]  
17 **subcontractors** to provide oral health care to veterans enrolled in the Vet-  
18 erans Dental Program.

19 (4) Enrollees in the Veterans Dental Program shall receive the types and  
20 extent of oral health care services that the authority determines will be  
21 provided to medical assistance recipients in accordance with ORS 414.065,  
22 without any corresponding copayments, deductibles or cost sharing required.

23 (5) An individual is eligible for the Veterans Dental Program if the indi-  
24 vidual:

25 (a) Is a resident of Oregon;

26 (b) Is ineligible for medical assistance;

27 (c) Has income that is at or below 400 percent of the federal poverty  
28 guidelines; and

29 (d) Is a veteran.

30 (6) The authority shall:

31 (a) Prescribe by rule a simple application process for the Veterans Dental

1 Program.

2 (b) Provide assistance, in person or by telephone, to applicants for and  
3 enrollees in the program.

4 (c) Require and accept as verification of eligibility:

5 (A) Documentation demonstrating that an applicant's income is at or be-  
6 low 400 percent of the federal poverty guidelines.

7 (B) An applicant's federal DD Form 214 or 215.

8 **SECTION 6.** ORS 414.430 is amended to read:

9 414.430. (1) The Oregon Health Authority shall prescribe by rule appro-  
10 priate time frames within which a pregnant medical assistance recipient  
11 whose medical assistance is reimbursed on a fee-for-service basis and who  
12 needs general or specialty dental care must have the opportunity to be seen,  
13 or referred for, and provided:

14 (a) Emergency dental services;

15 (b) Urgent dental services;

16 (c) Routine dental services; and

17 (d) An initial dental screening or examination.

18 (2) The time frames prescribed by the authority for recipients whose  
19 medical assistance is reimbursed on a fee-for-service basis shall be the same  
20 as or shorter than the time frames for pregnant recipients enrolled in coor-  
21 dinated care organizations [*and dental care organizations*] **who receive**  
22 **dental services from dental subcontractors.**

23 **SECTION 7.** ORS 679.540 is amended to read:

24 679.540. (1) As used in this section:

25 (a) "Dental provider" means a licensed dentist, dental hygienist or other  
26 dental practitioner or a dental care team or clinic that provides the follow-  
27 ing core services:

28 (A) Comprehensive dental care;

29 (B) Basic preventive dental services;

30 (C) Referral to dental specialists; and

31 (D) Family centered dental care.

1 (b) “Health worker” means “traditional health worker” as defined by the  
2 Oregon Health Authority by rule.

3 (2) The Oregon Health Authority, in consultation with coordinated care  
4 organizations and dental [*care organizations*] **subcontractors** in this state,  
5 shall adopt rules and procedures for the training and certification of health  
6 workers to provide oral disease prevention services and for the reimburse-  
7 ment of oral disease prevention services provided by certified health workers.

8 (3) The rules adopted under subsection (2) of this section must prescribe  
9 the training required for certification, including instruction on:

10 (a) The performance of dental risk assessments; and

11 (b) The provision of oral disease prevention services.

12 (4) The authority shall adopt rules requiring that a certified health  
13 worker:

14 (a) Refer patients to dental providers; and

15 (b) Recommend to patients, or to the parent or legal guardian of a patient,  
16 that the patient visit a dental provider at least once annually.

17 **SECTION 8. The amendments to ORS 414.572 by section 3 of this**  
18 **2025 Act apply to contracts between a coordinated care organization**  
19 **and the Oregon Health Authority entered into, amended or renewed**  
20 **on or after the operative date specified in section 8 of this 2025 Act.**

21 **SECTION 9. (1) The amendments to ORS 414.572 by section 3 of this**  
22 **2025 Act become operative on January 1, 2026.**

23 **(2) The Oregon Health Authority may take any action before the**  
24 **operative date specified in subsection (1) of this section that is neces-**  
25 **sary to enable the authority to exercise, on and after the operative**  
26 **date specified in subsection (1) of this section, all of the duties, func-**  
27 **tions and powers conferred on the authority by the amendments to**  
28 **ORS 414.572 by section 3 of this 2025 Act.**

29 **SECTION 10. This 2025 Act takes effect on the 91st day after the**  
30 **date on which the 2025 regular session of the Eighty-third Legislative**  
31 **Assembly adjourns sine die.**

