

# Senate Bill 492

Sponsored by Senators PATTERSON, GELSER BLOUIN (Presession filed.)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Imposes new requirements on the determination of health services to be provided in state medical assistance program.

## A BILL FOR AN ACT

1  
2 Relating to health services provided in the medical assistance program; amending ORS 414.025,  
3 414.065, 414.689, 414.690 and 414.701.

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

5 **SECTION 1.** ORS 414.065 is amended to read:

6 414.065. (1)(a) [*With respect to health care and services to be provided in medical assistance during*  
7 *any period, the Oregon Health Authority shall determine,*] **Consistent with ORS 414.690, 414.710,**  
8 **414.712 and 414.766 and other statutes governing the provision of and payments for health**  
9 **services in medical assistance, the Oregon Health Authority shall determine,** subject to such  
10 revisions as it may make from time to time and [*subject*] to legislative funding [*and paragraph (b)*  
11 *of this subsection*]:

12 (A) The types and extent of health [*care and*] services to be provided to each eligible group of  
13 recipients of medical assistance.

14 (B) Standards, including outcome and quality measures, to be observed in the provision of health  
15 [*care and*] services.

16 (C) The number of days of health [*care and*] services toward the cost of which medical assistance  
17 funds will be expended in the care of any person.

18 (D) Reasonable fees, charges, daily rates and global payments for meeting the costs of providing  
19 health services to an applicant or recipient.

20 (E) Reasonable fees for professional medical and dental services which may be based on usual  
21 and customary fees in the locality for similar services.

22 (F) The amount and application of any copayment or other similar cost-sharing payment that the  
23 authority may require a recipient to pay toward the cost of health [*care or*] services.

24 (b) The authority shall adopt rules establishing timelines for payment of health services under  
25 paragraph (a) of this subsection.

26 **(2) In making the determinations under subsection (1) of this section and in the imposi-**  
27 **tion of any utilization controls on access to health services, the authority may not consider**  
28 **a measure of the quality of life in general, either directly or by relying on a source that takes**  
29 **into account a measure of the quality of life in general.**

30 **(3) The authority shall establish a process for a treating health care provider to request**  
31 **approval for a service excluded under subsection (1) of this section, as medically necessary**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.  
New sections are in **boldfaced** type.

1 **based on the unique situation or characteristics of a recipient of medical assistance. Any**  
 2 **request that is denied may be appealed in accordance with ORS 183.413 to 183.470.**

3 [(2)] (4) The types and extent of health [*care and*] services and the amounts to be paid in meeting  
 4 the costs thereof, as determined and fixed by the authority and within the limits of funds available  
 5 therefor, shall be the total available for medical assistance, and payments for such medical assist-  
 6 ance shall be the total amounts from medical assistance funds available to providers of health [*care*  
 7 *and*] services in meeting the costs thereof.

8 [(3)] (5) Except for payments under a cost-sharing plan, payments made by the authority for  
 9 medical assistance shall constitute payment in full for all health [*care and*] services for which such  
 10 payments of medical assistance were made.

11 [(4)] (6) Notwithstanding [*subsections (1) and (2)*] **subsection (1)** of this section, the Department  
 12 of Human Services shall be responsible for determining the payment for Medicaid-funded long term  
 13 care services and for contracting with the providers of long term care services.

14 [(5)] (7) In determining a global budget for a coordinated care organization:

15 (a) The allocation of the payment, the risk and any cost savings shall be determined by the  
 16 governing body of the organization;

17 (b) The authority shall consider the community health assessment conducted by the organization  
 18 in accordance with ORS 414.577 and reviewed annually, and the organization's health care costs;  
 19 and

20 (c) The authority shall take into account the organization's provision of innovative, nontradi-  
 21 tional health services.

22 [(6)] (8) Under the supervision of the Governor, the authority may work with the Centers for  
 23 Medicare and Medicaid Services to develop, in addition to global budgets, payment streams:

24 (a) To support improved delivery of health care to recipients of medical assistance; and

25 (b) That are funded by coordinated care organizations, counties or other entities other than the  
 26 state whose contributions qualify for federal matching funds under Title XIX or XXI of the Social  
 27 Security Act.

28 **SECTION 2.** ORS 414.689 is amended to read:

29 414.689. (1) The Health Evidence Review Commission shall select one of its members as chair-  
 30 person and another as vice chairperson, for terms and with duties and powers the commission de-  
 31 termines necessary for the performance of the functions of the offices.

32 (2) A majority of the members of the commission constitutes a quorum for the transaction of  
 33 business.

34 (3) The commission shall meet at least four times per year at a place, day and hour determined  
 35 by the chairperson. The commission also shall meet at other times and places specified by the call  
 36 of the chairperson or of a majority of the members of the commission. **All meetings and deliber-**  
 37 **ations of the commission shall be in accordance with ORS 192.610 to 192.690. The commission**  
 38 **may not meet in executive session to hear evidence from an advisory committee or sub-**  
 39 **committee or a panel of experts or to deliberate on matters presented by an advisory com-**  
 40 **mittee or subcommittee or a panel of experts.**

41 (4) The commission may use advisory committees or subcommittees whose members are ap-  
 42 pointed by the chairperson of the commission subject to approval by a majority of the members of  
 43 the commission. The advisory committees or subcommittees may contain experts appointed by the  
 44 chairperson and a majority of the members of the commission. The conditions of service of the ex-  
 45 perts will be determined by the chairperson and a majority of the members of the commission.

1 (5) The Oregon Health Authority shall provide staff and support services to the commission.

2 **SECTION 3.** ORS 414.690 is amended to read:

3 414.690. (1) The Health Evidence Review Commission shall regularly solicit testimony and in-  
4 formation from stakeholders representing consumers, advocates, providers, carriers and employers  
5 in conducting the work of the commission.

6 (2) The commission shall actively solicit public involvement through a public meeting process  
7 to guide health resource allocation decisions **that includes, but is not limited to:**

8 **(a) Providing members of the public the opportunity to provide input on the selection of**  
9 **any vendor that provides research and analysis to the commission;**

10 **(b) Publishing a notice of and inviting public comment, in accordance with ORS 183.335,**  
11 **on any research or analysis to be relied upon by the commission in the commission's**  
12 **decision-making; and**

13 **(c) Presenting in public meetings, where public testimony is taken, any research or**  
14 **analysis to be relied upon by the commission in the commission's decision-making.**

15 (3)(a) The commission shall develop and maintain a list of health services ranked by priority,  
16 from the most important to the least important, representing the comparative benefits of each ser-  
17 vice to the population to be served. **The commission may not rely upon any quality of life**  
18 **measures, either directly or by considering research or analysis that takes into account a**  
19 **measure of an individual's quality of life, in determining:**

20 **(A) Whether a service is cost-effective;**

21 **(B) Whether a service is recommended; or**

22 **(C) The value of a service.**

23 **(b)** The list must be submitted by the commission pursuant to subsection (5) of this section and  
24 is not subject to alteration by any other state agency.

25 (4) In order to encourage effective and efficient medical evaluation and treatment, the commis-  
26 sion:

27 (a) May include clinical practice guidelines in its prioritized list of services. The commission  
28 shall actively solicit testimony and information from the medical community and the public to build  
29 a consensus on clinical practice guidelines developed by the commission.

30 (b) May include statements of intent in its prioritized list of services. Statements of intent should  
31 give direction on coverage decisions where medical codes and clinical practice guidelines cannot  
32 convey the intent of the commission.

33 (c)(A) Shall consider both the clinical effectiveness and cost-effectiveness of health services,  
34 including drug therapies, in determining their relative importance using peer-reviewed medical lit-  
35 erature [*as defined in ORS 743A.060*].

36 **(B)(i) As used in this paragraph, "peer-reviewed medical literature" means scientific**  
37 **studies printed in journals or other publications that publish original manuscripts only after**  
38 **the manuscripts have been critically reviewed by unbiased independent experts for scientific**  
39 **accuracy, validity and reliability.**

40 **(ii) "Peer-reviewed medical literature" does not include internal publications of pharma-**  
41 **ceutical manufacturers.**

42 (5) The commission shall report the prioritized list of services to the Oregon Health Authority  
43 for budget determinations by July 1 of each even-numbered year.

44 (6) [*The commission shall make its report during each regular session of the Legislative Assembly*  
45 *and shall submit a copy of its*] **No later than February 1 of each year, the commission shall re-**

1 port to the Governor, the Speaker of the House of Representatives and the President of the Senate  
 2 **and post to the Oregon Health Authority's website, along with a solicitation of public com-**  
 3 **ment:**

4 (a) **The report of the prioritized list of services described in subsection (5) of this section;**

5 (b) **An assessment of the impact using the prioritized list of services has on access to**  
 6 **medically necessary treatment and services by recipients of medical assistance, including**  
 7 **members of coordinated care organizations; and**

8 (c) **An assessment of the impact of any prior approval or other utilization management**  
 9 **procedures on access to medically necessary treatment and services by persons with disa-**  
 10 **bilities or chronic illnesses.**

11 (7) The commission may alter the list during the interim only as follows:

12 (a) To make technical changes to correct errors and omissions;

13 (b) To accommodate changes due to advancements in medical technology or new data regarding  
 14 health outcomes;

15 (c) To accommodate changes to clinical practice guidelines; and

16 (d) To add statements of intent that clarify the prioritized list.

17 (8) If a service is deleted or added during an interim and no new funding is required, the com-  
 18 mission shall report to the Speaker of the House of Representatives and the President of the Senate.  
 19 However, if a service to be added requires increased funding to avoid discontinuing another service,  
 20 the commission shall report to the Emergency Board to request the funding.

21 (9) The prioritized list of services remains in effect for a two-year period beginning no earlier  
 22 than October 1 of each odd-numbered year.

23 **SECTION 4.** ORS 414.701 is amended to read:

24 414.701. (1) The Health Evidence Review Commission, in ranking health services or developing  
 25 guidelines under ORS 414.690 or in assessing medical technologies under ORS 414.698, and the  
 26 Pharmacy and Therapeutics Committee, in considering a recommendation for a drug to be included  
 27 on any preferred drug list or on the Practitioner-Managed Prescription Drug Plan, may not rely  
 28 solely on the results of comparative effectiveness research **but must evaluate a range of research**  
 29 **and analysis, including research that:**

30 (a) **Studies health outcomes that are priorities for persons with disabilities who experi-**  
 31 **ence specific diseases or illnesses, through surveys and other methods of identifying priority**  
 32 **outcomes for individuals who experience the diseases or illnesses;**

33 (b) **Studies subgroups of patients who experience specific diseases or illnesses, to ensure**  
 34 **consideration of any important differences and clinical characteristics applicable to the sub-**  
 35 **groups; and**

36 (c) **Considers the full range of relevant, peer-reviewed evidence and avoids harm to pa-**  
 37 **tients caused by undue emphasis on evidence that is deemed inconclusive of clinical differ-**  
 38 **ences without further investigation.**

39 (2) **The commission may not contract with a single vendor to provide or compile research**  
 40 **and analysis that is considered by the commission, and the commission shall publicly dis-**  
 41 **close, regarding vendors providing or compiling research or analysis to the commission:**

42 (a) **The vendors' funding sources; and**

43 (b) **Any conflicts of interest that a vendor may have with respect to the research and**  
 44 **analysis provided.**

45 **SECTION 5.** ORS 414.025 is amended to read:

1 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially  
2 applicable statutory definition requires otherwise:

3 (1)(a) “Alternative payment methodology” means a payment other than a fee-for-services pay-  
4 ment, used by coordinated care organizations as compensation for the provision of integrated and  
5 coordinated health care and services.

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

7 (A) Shared savings arrangements;

8 (B) Bundled payments; and

9 (C) Payments based on episodes.

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

12 (3) “Behavioral health clinician” means:

13 (a) A licensed psychiatrist;

14 (b) A licensed psychologist;

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

16 (d) A licensed clinical social worker;

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

18 (f) A certified clinical social work associate;

19 (g) An intern or resident who is working under a board-approved supervisory contract in a  
20 clinical mental health field; or

21 (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and  
22 treatment.

23 (4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability  
24 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-  
25 partment or admission to a hospital to prevent a serious deterioration in the individual’s mental or  
26 physical health.

27 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-  
28 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated  
29 health care to individuals whose primary diagnoses are mental health disorders or substance use  
30 disorders.

31 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,  
32 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security  
33 Income payments.

34 (7) “Community health worker” means an individual who meets qualification criteria adopted  
35 by the authority under ORS 414.665 and who:

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

37 (b) Works in an urban or rural community, either for pay or as a volunteer in association with  
38 a local health care system;

39 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-  
40 ences with the residents of the community the worker serves;

41 (d) Assists members of the community to improve their health and increases the capacity of the  
42 community to meet the health care needs of its residents and achieve wellness;

43 (e) Provides health education and information that is culturally appropriate to the individuals  
44 being served;

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

- 1 (g) May give peer counseling and guidance on health behaviors; and
- 2 (h) May provide direct services such as first aid or blood pressure screening.
- 3 (8) “Coordinated care organization” means an organization meeting criteria adopted by the
- 4 Oregon Health Authority under ORS 414.572.
- 5 (9) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment
- 6 in a coordinated care organization, that an individual is eligible for health services funded by Title
- 7 XIX of the Social Security Act and is:
  - 8 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or
  - 9 (b) Enrolled in Part B of Title XVIII of the Social Security Act.
- 10 (10)(a) “Family support specialist” means an individual who meets qualification criteria adopted
- 11 by the authority under ORS 414.665 and who provides supportive services to and has experience
- 12 parenting a child who:
  - 13 (A) Is a current or former consumer of mental health or addiction treatment; or
  - 14 (B) Is facing or has faced difficulties in accessing education, health and wellness services due
  - 15 to a mental health or behavioral health barrier.
- 16 (b) A “family support specialist” may be a peer wellness specialist or a peer support specialist.
- 17 (11) “Global budget” means a total amount established prospectively by the Oregon Health Au-
- 18 thority to be paid to a coordinated care organization for the delivery of, management of, access to
- 19 and quality of the health care delivered to members of the coordinated care organization.
- 20 (12) “Health insurance exchange” or “exchange” means an American Health Benefit Exchange
- 21 described in 42 U.S.C. 18031, 18032, 18033 and 18041.
- 22 (13) “Health services” means at least so much of each of the following as *[are funded by the*
- 23 *Legislative Assembly based upon the prioritized list of health services compiled by the Health Evidence*
- 24 *Review Commission under ORS 414.690]* **is determined by the Oregon Health Authority under**
- 25 **ORS 414.065:**
  - 26 (a) Services required by federal law to be included in the state’s medical assistance program in
  - 27 order for the program to qualify for federal funds;
  - 28 (b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner licensed
  - 29 under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of
  - 30 the practitioner’s practice as defined by state law, and ambulance services;
  - 31 (c) Prescription drugs;
  - 32 (d) Laboratory and X-ray services;
  - 33 (e) Medical equipment and supplies;
  - 34 (f) Mental health services;
  - 35 (g) Chemical dependency services;
  - 36 (h) Emergency dental services;
  - 37 (i) Nonemergency dental services;
  - 38 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
  - 39 this subsection, defined by federal law that may be included in the state’s medical assistance pro-
  - 40 gram;
  - 41 (k) Emergency hospital services;
  - 42 (L) Outpatient hospital services; and
  - 43 (m) Inpatient hospital services.
- 44 (14) “Income” has the meaning given that term in ORS 411.704.
- 45 (15)(a) “Integrated health care” means care provided to individuals and their families in a pa-

1   tient centered primary care home or behavioral health home by licensed primary care clinicians,  
 2   behavioral health clinicians and other care team members, working together to address one or more  
 3   of the following:

- 4       (A) Mental illness.
- 5       (B) Substance use disorders.
- 6       (C) Health behaviors that contribute to chronic illness.
- 7       (D) Life stressors and crises.
- 8       (E) Developmental risks and conditions.
- 9       (F) Stress-related physical symptoms.
- 10      (G) Preventive care.
- 11      (H) Ineffective patterns of health care utilization.

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

- 13      (A) Qualified mental health professionals or qualified mental health associates meeting require-  
 14      ments adopted by the Oregon Health Authority by rule;
- 15      (B) Peer wellness specialists;
- 16      (C) Peer support specialists;
- 17      (D) Community health workers who have completed a state-certified training program;
- 18      (E) Personal health navigators; or
- 19      (F) Other qualified individuals approved by the Oregon Health Authority.

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

24      (17) “Medical assistance” means so much of the medical, mental health, preventive, supportive,  
 25      palliative and remedial care and services as may be prescribed by the authority according to the  
 26      standards established pursuant to ORS 414.065, including premium assistance under ORS 413.610 to  
 27      413.613, 414.115 and 414.117, payments made for services provided under an insurance or other  
 28      contractual arrangement and money paid directly to the recipient for the purchase of health services  
 29      and for services described in ORS 414.710.

30      (18) “Medical assistance” includes any care or services for any individual who is a patient in  
 31      a medical institution or any care or services for any individual who has attained 65 years of age  
 32      or is under 22 years of age, and who is a patient in a private or public institution for mental dis-  
 33      eases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care  
 34      or services for a resident of a nonmedical public institution.

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

- 38      (a) Access to care;
- 39      (b) Accountability to consumers and to the community;
- 40      (c) Comprehensive whole person care;
- 41      (d) Continuity of care;
- 42      (e) Coordination and integration of care; and
- 43      (f) Person and family centered care.

44      (20) “Peer support specialist” means any of the following individuals who meet qualification  
 45      criteria adopted by the authority under ORS 414.665 and who provide supportive services to a cur-

1 rent or former consumer of mental health or addiction treatment:

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

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

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

13 (22) "Person centered care" means care that:

14 (a) Reflects the individual patient's strengths and preferences;

15 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;  
16 and

17 (c) Is based upon the patient's goals and will assist the patient in achieving the goals.

18 (23) "Personal health navigator" means an individual who meets qualification criteria adopted  
19 by the authority under ORS 414.665 and who provides information, assistance, tools and support to  
20 enable a patient to make the best health care decisions in the patient's particular circumstances and  
21 in light of the patient's needs, lifestyle, combination of conditions and desired outcomes.

22 (24) "Prepaid managed care health services organization" means a managed dental care, mental  
23 health or chemical dependency organization that contracts with the authority under ORS 414.654  
24 or with a coordinated care organization on a prepaid capitated basis to provide health services to  
25 medical assistance recipients.

26 (25) "Quality measure" means the health outcome and quality measures and benchmarks identi-  
27 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in  
28 accordance with ORS 413.017 (4) and 414.638 and the quality metrics developed by the Behavioral  
29 Health Committee in accordance with ORS 413.017 (5).

30 (26) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes, "re-  
31 sources" does not include charitable contributions raised by a community to assist with medical  
32 expenses.

33 (27) "Tribal traditional health worker" means an individual who meets qualification criteria  
34 adopted by the authority under ORS 414.665 and who:

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

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

38 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-  
39 ences with the residents of the community the worker serves;

40 (d) Assists members of the community to improve their health, including physical, behavioral and  
41 oral health, and increases the capacity of the community to meet the health care needs of its resi-  
42 dents and achieve wellness;

43 (e) Provides health education and information that is culturally appropriate to the individuals  
44 being served;

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



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

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

3 (28)(a) “Youth support specialist” means an individual who meets qualification criteria adopted  
4 by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive  
5 services to an individual who:

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

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

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

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

11 **SECTION 6.** ORS 414.025, as amended by section 2, chapter 628, Oregon Laws 2021, is amended  
12 to read:

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

15 (1)(a) “Alternative payment methodology” means a payment other than a fee-for-services pay-  
16 ment, used by coordinated care organizations as compensation for the provision of integrated and  
17 coordinated health care and services.

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 health clinician, in  
23 person or using telemedicine, to determine a patient’s need for immediate crisis stabilization.

24 (3) “Behavioral health clinician” means:

25 (a) A licensed psychiatrist;

26 (b) A licensed psychologist;

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

28 (d) A licensed clinical social worker;

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

30 (f) A certified clinical social work associate;

31 (g) An intern or resident who is working under a board-approved supervisory contract in a  
32 clinical mental health field; or

33 (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and  
34 treatment.

35 (4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability  
36 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-  
37 partment or admission to a hospital to prevent a serious deterioration in the individual’s mental or  
38 physical health.

39 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-  
40 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated  
41 health care to individuals whose primary diagnoses are mental health disorders or substance use  
42 disorders.

43 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,  
44 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security  
45 Income payments.

1 (7) “Community health worker” means an individual who meets qualification criteria adopted  
2 by the authority under ORS 414.665 and who:

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

4 (b) Works in an urban or rural community, either for pay or as a volunteer in association with  
5 a local health care system;

6 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-  
7 ences with the residents of the community the worker serves;

8 (d) Assists members of the community to improve their health and increases the capacity of the  
9 community to meet the health care needs of its residents and achieve wellness;

10 (e) Provides health education and information that is culturally appropriate to the individuals  
11 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 screening.

15 (8) “Coordinated care organization” means an organization meeting criteria adopted by the  
16 Oregon Health Authority under ORS 414.572.

17 (9) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment  
18 in a coordinated care organization, that an individual is eligible for health services funded by Title  
19 XIX of the Social Security Act and is:

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

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

22 (10)(a) “Family support specialist” means an individual who meets qualification criteria adopted  
23 by the authority under ORS 414.665 and who provides supportive services to and has experience  
24 parenting a child who:

25 (A) Is a current or former consumer of mental health or addiction treatment; or

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

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

29 (11) “Global budget” means a total amount established prospectively by the Oregon Health Au-  
30 thority to be paid to a coordinated care organization for the delivery of, management of, access to  
31 and quality of the health care delivered to members of the coordinated care organization.

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

34 (13) “Health services” means at least so much of each of the following as *[are funded by the*  
35 *Legislative Assembly based upon the prioritized list of health services compiled by the Health Evidence*  
36 *Review Commission under ORS 414.690]* **is determined by the authority under ORS 414.065:**

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

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

42 (c) Prescription drugs;

43 (d) Laboratory and X-ray services;

44 (e) Medical equipment and supplies;

45 (f) Mental health services;

- 1 (g) Chemical dependency services;
- 2 (h) Emergency dental services;
- 3 (i) Nonemergency dental services;
- 4 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of  
5 this subsection, defined by federal law that may be included in the state's medical assistance pro-  
6 gram;
- 7 (k) Emergency hospital services;
- 8 (L) Outpatient hospital services; and
- 9 (m) Inpatient hospital services.
- 10 (14) "Income" has the meaning given that term in ORS 411.704.
- 11 (15)(a) "Integrated health care" means care provided to individuals and their families in a pa-  
12 tient centered primary care home or behavioral health home by licensed primary care clinicians,  
13 behavioral health clinicians and other care team members, working together to address one or more  
14 of the following:
- 15 (A) Mental illness.
- 16 (B) Substance use disorders.
- 17 (C) Health behaviors that contribute to chronic illness.
- 18 (D) Life stressors and crises.
- 19 (E) Developmental risks and conditions.
- 20 (F) Stress-related physical symptoms.
- 21 (G) Preventive care.
- 22 (H) Ineffective patterns of health care utilization.
- 23 (b) As used in this subsection, "other care team members" includes but is not limited to:
- 24 (A) Qualified mental health professionals or qualified mental health associates meeting require-  
25 ments adopted by the Oregon Health Authority by rule;
- 26 (B) Peer wellness specialists;
- 27 (C) Peer support specialists;
- 28 (D) Community health workers who have completed a state-certified training program;
- 29 (E) Personal health navigators; or
- 30 (F) Other qualified individuals approved by the Oregon Health Authority.
- 31 (16) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable in-  
32 struments as defined in ORS 73.0104 and such similar investments or savings as the department or  
33 the authority may establish by rule that are available to the applicant or recipient to contribute  
34 toward meeting the needs of the applicant or recipient.
- 35 (17) "Medical assistance" means so much of the medical, mental health, preventive, supportive,  
36 palliative and remedial care and services as may be prescribed by the authority according to the  
37 standards established pursuant to ORS 414.065, including premium assistance under ORS 413.610 to  
38 413.613, 414.115 and 414.117, payments made for services provided under an insurance or other  
39 contractual arrangement and money paid directly to the recipient for the purchase of health services  
40 and for services described in ORS 414.710.
- 41 (18) "Medical assistance" includes any care or services for any individual who is a patient in  
42 a medical institution or any care or services for any individual who has attained 65 years of age  
43 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-  
44 eases. Except as provided in ORS 411.439 and 411.447, "medical assistance" does not include care  
45 or services for a resident of a nonmedical public institution.

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

3 (a) Therapeutic class 7 ataractics-tranquilizers; and

4 (b) Therapeutic class 11 psychostimulants-antidepressants.

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

8 (a) Access to care;

9 (b) Accountability to consumers and to the community;

10 (c) Comprehensive whole person care;

11 (d) Continuity of care;

12 (e) Coordination and integration of care; and

13 (f) Person and family centered care.

14 (21) “Peer support specialist” means any of the following individuals who meet qualification  
15 criteria adopted by the authority under ORS 414.665 and who provide supportive services to a cur-  
16 rent or former consumer of mental health or addiction treatment:

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

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

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

28 (23) “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 individualized assessment;  
31 and

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

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

37 (25) “Prepaid managed care health services organization” means a managed dental care, mental  
38 health or chemical dependency organization that contracts with the authority under ORS 414.654  
39 or with a coordinated care organization on a prepaid capitated basis to provide health services to  
40 medical assistance recipients.

41 (26) “Quality measure” means the health outcome and quality measures and benchmarks identi-  
42 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in  
43 accordance with ORS 413.017 (4) and 414.638 and the quality metrics developed by the Behavioral  
44 Health Committee in accordance with ORS 413.017 (5).

45 (27) “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes, “re-

1 sources” does not include charitable contributions raised by a community to assist with medical  
2 expenses.

3 (28) “Tribal traditional health worker” means an individual who meets qualification criteria  
4 adopted by the authority under ORS 414.665 and who:

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

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

8 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-  
9 ences with the residents of the community the worker serves;

10 (d) Assists members of the community to improve their health, including physical, behavioral and  
11 oral health, and increases the capacity of the community to meet the health care needs of its resi-  
12 dents and achieve wellness;

13 (e) Provides health education and information that is culturally appropriate to the individuals  
14 being served;

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

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

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

18 (29)(a) “Youth support specialist” means an individual who meets qualification criteria adopted  
19 by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive  
20 services to an individual 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 treatment; or

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

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

---