

Senate Bill 966

Sponsored by COMMITTEE ON HEALTH CARE

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**.

Requires Oregon Health Authority to adopt standards for types of data collected for all payer, all claims database that are consistent with standards adopted for collection of data on race, ethnicity, language, disability status, sexual orientation and gender identity.

Allows authority to charge fee for releasing information from database.

Removes obsolete provisions related to individual shared responsibility provisions of Patient Protection and Affordable Care Act.

Modifies membership of Health Insurance Exchange Advisory Committee and sunsets requirement for authority to report to interim committees of Legislative Assembly on integration into authority of duties, functions and powers transferred from Department of Consumer and Business Services.

Repeals COFA Premium Assistance Program.

A BILL FOR AN ACT

1
2 Relating to health; creating new provisions; amending ORS 413.032, 414.025, 442.373, 741.002, 741.004,
3 741.222 and 741.500 and section 40, chapter 569, Oregon Laws 2021, section 4, chapter 29,
4 Oregon Laws 2022, and section 1, chapter 87, Oregon Laws 2022; and repealing ORS 413.610,
5 413.611, 413.612 and 413.613.

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

DATA COLLECTED BY OREGON HEALTH AUTHORITY

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9
10 **SECTION 1.** ORS 442.373 is amended to read:

11 442.373. (1) The Oregon Health Authority shall establish and maintain a program that requires
12 reporting entities to report health care data for the following purposes:

13 (a) Determining the maximum capacity and distribution of existing resources allocated to health
14 care.

15 (b) Identifying the demands for health care.

16 (c) Allowing health care policymakers to make informed choices.

17 (d) Evaluating the effectiveness of intervention programs in improving health outcomes.

18 (e) Comparing the costs and effectiveness of various treatment settings and approaches.

19 (f) Providing information to consumers and purchasers of health care.

20 (g) Improving the quality and affordability of health care and health care coverage.

21 (h) Assisting the authority in furthering the health policies expressed by the Legislative As-
22 sembly in ORS 442.310.

23 (i) Evaluating health disparities, including but not limited to disparities related to race and
24 ethnicity.

25 (2) The authority shall prescribe by rule standards [*that are consistent with standards adopted*
26 *by the Accredited Standards Committee X12 of the American National Standards Institute, the Centers*

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 *for Medicare and Medicaid Services and the National Council for Prescription Drug Programs]* that:

2 (a) Establish the time, place, form and manner of reporting data under this section, including
3 but not limited to:

4 (A) Requiring the use of unique patient and provider identifiers;

5 (B) Specifying a uniform coding system that reflects all health care utilization and costs for
6 health care services provided to Oregon residents in other states; and

7 (C) Establishing enrollment thresholds below which reporting will not be required.

8 (b) Establish the types of data to be reported under this section, including but not limited to:

9 (A) Health care claims and enrollment data used by reporting entities and paid health care
10 claims data;

11 (B) Reports, schedules, statistics or other data relating to health care costs, prices, quality,
12 utilization or resources determined by the authority to be necessary to carry out the purposes of
13 this section; and

14 (C) Data related to race, ethnicity, **sexual orientation, gender identity** and primary language
15 collected in a manner consistent with established national standards **and ORS 413.161**.

16 (3) Any third party administrator that is not required to obtain a license under ORS 744.702 and
17 that is legally responsible for payment of a claim for a health care item or service provided to an
18 Oregon resident may report to the authority the health care data described in subsection (2) of this
19 section.

20 (4) The authority shall adopt rules establishing requirements for reporting entities to train pro-
21 viders on protocols for collecting race, ethnicity, **sexual orientation, gender identity** and primary
22 language data in a culturally competent manner.

23 (5)(a) The authority shall use data collected under this section to provide information to con-
24 sumers of health care to empower the consumers to make economically sound and medically appro-
25 priate decisions. The information must include, but not be limited to, the prices and quality of health
26 care services.

27 (b) The authority shall, using only data collected under this section from reporting entities de-
28 scribed in ORS 442.372 (1) to (3), post to its website health care price information including the
29 median prices paid by the reporting entities to hospitals and hospital outpatient clinics for, at a
30 minimum, the 50 most common inpatient procedures and the 100 most common outpatient proce-
31 dures.

32 (c) The health care price information posted to the website must be:

33 (A) Displayed in a consumer friendly format;

34 (B) Easily accessible by consumers; and

35 (C) Updated at least annually to reflect the most recent data available.

36 (d) The authority shall apply for and receive donations, gifts and grants from any public or
37 private source to pay the cost of posting health care price information to its website in accordance
38 with this subsection. Moneys received shall be deposited to the Oregon Health Authority Fund.

39 (e) The obligation of the authority to post health care price information to its website as re-
40 quired by this subsection is limited to the extent of any moneys specifically appropriated for that
41 purpose or available from donations, gifts and grants from private or public sources.

42 (6) The authority may contract with a third party to collect and process the health care data
43 reported under this section. The contract must prohibit the collection of Social Security numbers
44 and must prohibit the disclosure or use of the data for any purpose other than those specifically
45 authorized by the contract. The contract must require the third party to transmit all data collected

1 and processed under the contract to the authority.

2 (7) The authority shall facilitate a collaboration between the Department of Human Services, the
3 authority, the Department of Consumer and Business Services and interested stakeholders to de-
4 velop a comprehensive health care information system using the data reported under this section
5 and collected by the authority under ORS 442.370 and 442.400 to 442.463. The authority, in consul-
6 tation with interested stakeholders, shall:

7 (a) Formulate the data sets that will be included in the system;

8 (b) Establish the criteria and procedures for the development of limited use data sets;

9 (c) Establish the criteria and procedures to ensure that limited use data sets are accessible and
10 compliant with federal and state privacy laws; and

11 (d) Establish a time frame for the creation of the comprehensive health care information system.

12 (8) Information disclosed through the comprehensive health care information system described
13 in subsection (7) of this section:

14 (a) Shall be available, when disclosed in a form and manner that ensures the privacy and secu-
15 rity of personal health information as required by state and federal laws, as a resource to **re-**
16 **searchers**, insurers, employers, providers, purchasers of health care and state agencies to allow for
17 continuous review of health care utilization, expenditures and performance in this state;

18 (b) Shall be available to Oregon programs for quality in health care for use in improving health
19 care in Oregon, subject to rules prescribed by the authority conforming to state and federal privacy
20 laws or limiting access to limited use data sets;

21 (c) Shall be presented to allow for comparisons of geographic, demographic and economic factors
22 and institutional size; and

23 (d) May not disclose trade secrets of reporting entities.

24 (9) The collection, storage and release of health care data and other information under this
25 section is subject to the requirements of the federal Health Insurance Portability and Accountability
26 Act.

27 (10)(a) Notwithstanding subsection (9) of this section, in addition to the comprehensive health
28 care information system described in subsection (7) of this section, the Department of Consumer and
29 Business Services shall be allowed to access, use and disclose data collected under this section by
30 certifying in writing that the data will be used only to carry out the department's duties.

31 (b) Personally identifiable information disclosed to the department under paragraph (a) of this
32 subsection, including a consumer's name, address, telephone number or electronic mail address, is
33 confidential and not subject to further disclosure under ORS 192.311 to 192.478.

34 **(11) The authority may impose a charge for information disclosed to researchers, insur-**
35 **ers, employers, providers and purchasers of health care under subsection (8) of this section**
36 **in an amount necessary to cover the authority's actual costs for collecting and releasing the**
37 **information that is requested.**

38 HEALTH INSURANCE EXCHANGE

41 **SECTION 2.** ORS 741.002 is amended to read:

42 741.002. (1) The duties of the Oregon Health Authority include:

43 (a) Administering a health insurance exchange in accordance with federal law to make qualified
44 health plans available to individuals and groups throughout this state.

45 (b) Providing information in writing, through an Internet-based clearinghouse and through a

1 toll-free telephone line, that will assist individuals and small businesses in making informed health
2 insurance decisions and that may include:

3 (A) The rating assigned to each health plan and the rating criteria that were used;

4 (B) Quality and enrollee satisfaction survey results; and

5 (C) The comparative costs, benefits, provider networks of health plans and other useful infor-
6 mation.

7 (c) Establishing and maintaining an electronic calculator that allows individuals and employers
8 to determine the cost of coverage after deducting any applicable tax credits or cost-sharing re-
9 duction.

10 (d) Operating a call center dedicated to answering questions from individuals seeking enrollment
11 in a qualified health plan.

12 (2) The authority shall:

13 (a) Screen, certify and recertify health plans as qualified health plans according to the require-
14 ments, standards and criteria adopted by the authority under ORS 741.310 and ensure that qualified
15 health plans provide choices of coverage.

16 (b) Decertify or suspend, in accordance with ORS chapter 183, the certification of a health plan
17 that fails to meet federal and state standards in order to exclude the health plan from participation
18 in the exchange.

19 (c) Promote fair competition of carriers participating in the exchange by certifying multiple
20 health plans as qualified under ORS 741.310.

21 (d) Assign ratings to health plans in accordance with criteria established by the United States
22 Secretary of Health and Human Services and by the authority.

23 (e) Establish open and special enrollment periods for all enrollees, and monthly enrollment pe-
24 riods for Native Americans that are consistent with federal law.

25 (f) Assist individuals and groups to enroll in qualified health plans, including defined contribu-
26 tion plans as defined in section 414 of the Internal Revenue Code and, if appropriate, collect and
27 remit premiums for such individuals or groups.

28 (g) Facilitate community-based assistance with enrollment in qualified health plans by awarding
29 grants to entities that are certified as navigators as described in 42 U.S.C. 18031(i).

30 (h) Provide employers with the names of employees who end coverage under a qualified health
31 plan during a plan year.

32 [(i) *Certify the eligibility of an individual for an exemption from the individual responsibility re-*
33 *quirement of section 5000A of the Internal Revenue Code.*]

34 [(j)] (i) Provide information to the federal government necessary for individuals who are enrolled
35 in qualified health plans through the exchange to receive tax credits and reduced cost-sharing.

36 [(k)] (j) Provide to the federal government any information necessary to comply with federal
37 requirements including:

38 [(A) *Information regarding individuals determined to be exempt from the individual responsibility*
39 *requirement of section 5000A of the Internal Revenue Code;*]

40 [(B)] (A) Information regarding employees who have reported a change in employer; and

41 [(C)] (B) Information regarding individuals who have ended coverage during a plan year.

42 [(L)] (k) Take any other actions necessary and appropriate to comply with the federal require-
43 ments for a health insurance exchange.

44 [(m)] (L) Work in coordination with the Oregon Health Policy Board in carrying out its duties.

45 (3) The authority may adopt rules necessary to carry out its duties and functions under ORS

1 741.001 to 741.540.

2 (4) The authority may contract or enter into an intergovernmental agreement with the federal
3 government to perform any of the duties and functions described in ORS 741.001 to 741.540.

4 **SECTION 3.** ORS 741.004 is amended to read:

5 741.004. (1) The Health Insurance Exchange Advisory Committee is created to advise the Oregon
6 Health Policy Board in the development and implementation of the policies and operational proce-
7 dures governing the administration of a health insurance exchange in this state including, but not
8 limited to, all of the following:

9 (a) The amount of the assessment imposed on insurers under ORS 741.105.

10 (b) The *[implementation]* **operation** of a Small Business Health Options Program in accordance
11 with 42 U.S.C. 18031.

12 (c) The processes and procedures to enable each insurance producer to be authorized to act for
13 all of the insurers offering qualified health plans through the health insurance exchange.

14 (d) The affordability of qualified health plans offered by employers under section 5000A(e)(1) of
15 the Internal Revenue Code.

16 (e) Outreach strategies for reaching minority and low-income communities.

17 (f) Solicitation of customer feedback.

18 (g) The affordability of health plans offered through the exchange.

19 (2) The committee consists of 15 members. *[Fourteen]* **Thirteen** members shall be appointed by
20 the Governor and are subject to confirmation by the Senate in the manner prescribed in ORS 171.562
21 and 171.565. The appointed members serve at the pleasure of the Governor. The Director of the
22 Oregon Health Authority or the director's designee **and the Director of the Department of Con-**
23 **sumer and Business Services or the director's designee** shall serve as *[an]* ex officio *[member]*
24 **members** of the committee.

25 (3) The *[14]* **(13)** members appointed by the Governor must represent the interests of:

26 (a) Insurers;

27 (b) Insurance producers;

28 (c) Navigators, in-person assisters, application counselors and other individuals with experience
29 in facilitating enrollment in qualified health plans;

30 (d) Health care providers;

31 (e) The business community, including small businesses and self-employed individuals;

32 (f) Consumer advocacy groups, including advocates for enrolling hard-to-reach populations;

33 (g) Enrollees in qualified health plans; and

34 (h) State agencies that administer the medical assistance program under ORS chapter 414.

35 (4) The Oregon Health Policy Board or the Director of the Oregon Health Authority may solicit
36 recommendations from the committee and the committee may initiate recommendations on its own.

37 (5) The committee may provide annual reports to the Legislative Assembly, in the manner pro-
38 vided in ORS 192.245, of the findings and recommendations the committee considers appropriate,
39 including but not limited to a report on the:

40 (a) Adequacy of assessments for reserve programs and administrative costs;

41 (b) *[Implementation]* **Operation** of the Small Business Health Options Program;

42 (c) Number of qualified health plans offered through the exchange;

43 (d) Number and demographics of individuals enrolled in qualified health plans;

44 (e) Advance premium tax credits provided to enrollees in qualified health plans; and

45 (f) Feedback from the community about satisfaction with the operation of the exchange and

1 qualified health plans offered through the exchange.

2 (6) The members of the committee shall be appointed for a term fixed by the Governor, not to
3 exceed two years, and shall serve without compensation, but shall be entitled to travel expenses in
4 accordance with ORS 292.495. The committee may hire, subject to the approval of the director, such
5 experts as the committee may require to discharge its duties. All expenses of the committee shall
6 be paid out of the Health Insurance Exchange Fund established in ORS 741.102.

7 (7) The employees of the Oregon Health Authority responsible for administering the health in-
8 surance exchange are directed to assist the committee in the performance of its duties under sub-
9 section (1) of this section and, to the extent permitted by laws relating to confidentiality, to furnish
10 such information and advice as the members of the committee consider necessary to perform their
11 duties under subsection (1) of this section.

12 **SECTION 4.** ORS 741.500 is amended to read:

13 741.500. (1)(a) The Oregon Health Authority shall adopt by rule the information that must be
14 documented in order for a person to qualify for:

15 (A) Qualified health plan coverage through the health insurance exchange;

16 (B) Premium tax credits; and

17 (C) Cost-sharing reductions.

18 (b) The documentation specified by the authority under this subsection shall include but is not
19 limited to documentation of:

20 (A) The identity of the person;

21 (B) The status of the person as a United States citizen, or lawfully admitted noncitizen, and a
22 resident of this state;

23 (C) Information concerning the income and resources of the person as necessary to establish the
24 person's financial eligibility for coverage, for premium tax credits and for cost-sharing reductions,
25 which may include income tax return information and a Social Security number; and

26 (D) Employer identification information and employer-sponsored health insurance coverage in-
27 formation applicable to the person.

28 *[(2) The authority shall adopt by rule the information that must be documented in order to deter-
29 mine whether the person is exempt from a requirement to purchase or be enrolled in a health plan
30 under section 5000A of the Internal Revenue Code or other federal law.]*

31 *[(3)]* (2) The authority shall implement systems that provide electronic access to, and use, dis-
32 closure and validation of data needed to administer the exchange, to comply with federal data access
33 and data exchange requirements and to streamline and simplify exchange processes.

34 *[(4)]* (3) Information and data that the authority obtains under this section may be exchanged
35 with other state or federal health insurance exchanges, with state or federal agencies and, subject
36 to ORS 741.510, for the purpose of carrying out exchange responsibilities, including but not limited
37 to:

38 (a) Establishing and verifying eligibility for:

39 (A) A state medical assistance program;

40 (B) The purchase of qualified health plans through the exchange; and

41 (C) Any other programs that are offered through the exchange;

42 (b) Establishing and verifying the amount of a person's federal tax credit, cost-sharing reduction
43 or premium assistance;

44 *[(c) Establishing and verifying eligibility for exemption from the requirement to purchase or be
45 enrolled in a health plan under section 5000A of the Internal Revenue Code or other federal law;]*

1 [(d)] (c) Complying with other federal requirements; or

2 [(e)] (d) Improving the operations of the exchange and for program analysis.

3 **SECTION 5.** ORS 741.222 is amended to read:

4 741.222. (1) The Director of the Oregon Health Authority shall report to the Legislative As-
5 sembly each year on:

6 (a) The financial condition of the health insurance exchange, including actual and projected re-
7 venues and expenses of the administrative operations of the exchange and commissions paid to in-
8 surance producers out of fees collected under ORS 741.105 (6);

9 (b) The [implementation] **operation** of the Small Business Health Options Program;

10 (c) The development of the information technology system for the exchange; and

11 (d) Any other information requested by the leadership of the Legislative Assembly.

12 (2) The director shall provide to the Legislative Assembly, the Governor and the Oregon Health
13 Policy Board, not later than April 15 of each year:

14 (a) A report covering the activities and operations of the authority in administering the health
15 insurance exchange during the previous year of operations;

16 (b) A statement of the financial condition, as of December 31 of the previous year, of the Health
17 Insurance Exchange Fund; and

18 (c) Recommendations, if any, for additional groups to be eligible to purchase qualified health
19 plans through the exchange under ORS 741.310.

20 **SECTION 6.** Section 40, chapter 569, Oregon Laws 2021, is amended to read:

21 **Sec. 40.** Section 8, [of this 2021 Act] **chapter 569, Oregon Laws 2021**, is repealed on [January
22 2, 2026] **the effective date of this 2023 Act.**

23
24 **REPEAL OF COFA PREMIUM ASSISTANCE PROGRAM**

25
26 **SECTION 7.** ORS 413.032, as amended by section 3, chapter 87, Oregon Laws 2022, is amended
27 to read:

28 413.032. (1) The Oregon Health Authority is established. The authority shall:

29 (a) Carry out policies adopted by the Oregon Health Policy Board;

30 (b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established
31 in ORS 414.570[*the COFA Premium Assistance Program established in ORS 413.610*] and the COFA
32 Dental Program established in section 1, chapter 87, Oregon Laws 2022;

33 (c) Administer the Oregon Prescription Drug Program;

34 (d) Develop the policies for and the provision of publicly funded medical care and medical as-
35 sistance in this state;

36 (e) Develop the policies for and the provision of mental health treatment and treatment of ad-
37 dictions;

38 (f) Assess, promote and protect the health of the public as specified by state and federal law;

39 (g) Provide regular reports to the board with respect to the performance of health services
40 contractors serving recipients of medical assistance, including reports of trends in health services
41 and enrollee satisfaction;

42 (h) Guide and support, with the authorization of the board, community-centered health initiatives
43 designed to address critical risk factors, especially those that contribute to chronic disease;

44 (i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the
45 Social Security Act and administer medical assistance under ORS chapter 414;

1 (j) In consultation with the Director of the Department of Consumer and Business Services, pe-
2 riodically review and recommend standards and methodologies to the Legislative Assembly for:

3 (A) Review of administrative expenses of health insurers;

4 (B) Approval of rates; and

5 (C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

6 (k) Structure reimbursement rates for providers that serve recipients of medical assistance to
7 reward comprehensive management of diseases, quality outcomes and the efficient use of resources
8 and to promote cost-effective procedures, services and programs including, without limitation, pre-
9 ventive health, dental and primary care services, web-based office visits, telephone consultations and
10 telemedicine consultations;

11 (L) Guide and support community three-share agreements in which an employer, state or local
12 government and an individual all contribute a portion of a premium for a community-centered health
13 initiative or for insurance coverage;

14 (m) Develop, in consultation with the Department of Consumer and Business Services, one or
15 more products designed to provide more affordable options for the small group market;

16 (n) Implement policies and programs to expand the skilled, diverse workforce as described in
17 ORS 414.018 (4); and

18 (o) Implement a process for collecting the health outcome and quality measure data identified
19 by the Health Plan Quality Metrics Committee and the Behavioral Health Committee and report the
20 data to the Oregon Health Policy Board.

21 (2) The Oregon Health Authority is authorized to:

22 (a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate
23 health care reform in Oregon and to provide comparative cost and quality information to consumers,
24 providers and purchasers of health care about Oregon's health care systems and health plan net-
25 works in order to provide comparative information to consumers.

26 (b) Develop uniform contracting standards for the purchase of health care, including the fol-
27 lowing:

28 (A) Uniform quality standards and performance measures;

29 (B) Evidence-based guidelines for major chronic disease management and health care services
30 with unexplained variations in frequency or cost;

31 (C) Evidence-based effectiveness guidelines for select new technologies and medical equipment;

32 (D) A statewide drug formulary that may be used by publicly funded health benefit plans; and

33 (E) Standards that accept and consider tribal-based practices for mental health and substance
34 abuse prevention, counseling and treatment for persons who are Native American or Alaska Native
35 as equivalent to evidence-based practices.

36 (3) The enumeration of duties, functions and powers in this section is not intended to be exclu-
37 sive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Au-
38 thority by ORS 413.006 to 413.042, [413.610 to 413.613,] 415.012 to 415.430, 415.501, 741.001 to 741.540,
39 741.802 and 741.900 or by other statutes.

40 **SECTION 8.** ORS 414.025 is amended to read:

41 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially
42 applicable statutory definition requires otherwise:

43 (1)(a) "Alternative payment methodology" means a payment other than a fee-for-services pay-
44 ment, used by coordinated care organizations as compensation for the provision of integrated and
45 coordinated health care and services.

- 1 (b) “Alternative payment methodology” includes, but is not limited to:
- 2 (A) Shared savings arrangements;
- 3 (B) Bundled payments; and
- 4 (C) Payments based on episodes.
- 5 (2) “Behavioral health assessment” means an evaluation by a behavioral health clinician, in
- 6 person or using telemedicine, to determine a patient’s need for immediate crisis stabilization.
- 7 (3) “Behavioral health clinician” means:
- 8 (a) A licensed psychiatrist;
- 9 (b) A licensed psychologist;
- 10 (c) A licensed nurse practitioner with a specialty in psychiatric mental health;
- 11 (d) A licensed clinical social worker;
- 12 (e) A licensed professional counselor or licensed marriage and family therapist;
- 13 (f) A certified clinical social work associate;
- 14 (g) An intern or resident who is working under a board-approved supervisory contract in a
- 15 clinical mental health field; or
- 16 (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and
- 17 treatment.
- 18 (4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability
- 19 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-
- 20 partment or admission to a hospital to prevent a serious deterioration in the individual’s mental or
- 21 physical health.
- 22 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-
- 23 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated
- 24 health care to individuals whose primary diagnoses are mental health disorders or substance use
- 25 disorders.
- 26 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,
- 27 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security
- 28 Income payments.
- 29 (7) “Community health worker” means an individual who meets qualification criteria adopted
- 30 by the authority under ORS 414.665 and who:
- 31 (a) Has expertise or experience in public health;
- 32 (b) Works in an urban or rural community, either for pay or as a volunteer in association with
- 33 a local health care system;
- 34 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-
- 35 ences with the residents of the community the worker serves;
- 36 (d) Assists members of the community to improve their health and increases the capacity of the
- 37 community to meet the health care needs of its residents and achieve wellness;
- 38 (e) Provides health education and information that is culturally appropriate to the individuals
- 39 being served;
- 40 (f) Assists community residents in receiving the care they need;
- 41 (g) May give peer counseling and guidance on health behaviors; and
- 42 (h) May provide direct services such as first aid or blood pressure screening.
- 43 (8) “Coordinated care organization” means an organization meeting criteria adopted by the
- 44 Oregon Health Authority under ORS 414.572.
- 45 (9) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment

1 in a coordinated care organization, that an individual is eligible for health services funded by Title
2 XIX of the Social Security Act and is:

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

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

5 (10)(a) "Family support specialist" means an individual who meets qualification criteria adopted
6 by the authority under ORS 414.665 and who provides supportive services to and has experience
7 parenting a child who:

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

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

11 (b) A "family support specialist" may be a peer wellness specialist or a peer support specialist.

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

15 (12) "Health insurance exchange" or "exchange" means an American Health Benefit Exchange
16 described in 42 U.S.C. 18031, 18032, 18033 and 18041.

17 (13) "Health services" means at least so much of each of the following as are funded by the
18 Legislative Assembly based upon the prioritized list of health services compiled by the Health Evi-
19 dence Review Commission under ORS 414.690:

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

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

32 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
33 this subsection, defined by federal law that may be included in the state's medical assistance pro-
34 gram;

35 (k) Emergency hospital services;

36 (L) Outpatient hospital services; and

37 (m) Inpatient hospital services.

38 (14) "Income" has the meaning given that term in ORS 411.704.

39 (15)(a) "Integrated health care" means care provided to individuals and their families in a pa-
40 tient centered primary care home or behavioral health home by licensed primary care clinicians,
41 behavioral health clinicians and other care team members, working together to address one or more
42 of the following:

43 (A) Mental illness.

44 (B) Substance use disorders.

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

- 1 (D) Life stressors and crises.
 2 (E) Developmental risks and conditions.
 3 (F) Stress-related physical symptoms.
 4 (G) Preventive care.
 5 (H) Ineffective patterns of health care utilization.
 6 (b) As used in this subsection, “other care team members” includes but is not limited to:
 7 (A) Qualified mental health professionals or qualified mental health associates meeting require-
 8 ments adopted by the Oregon Health Authority by rule;
 9 (B) Peer wellness specialists;
 10 (C) Peer support specialists;
 11 (D) Community health workers who have completed a state-certified training program;
 12 (E) Personal health navigators; or
 13 (F) Other qualified individuals approved by the Oregon Health Authority.
 14 (16) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable in-
 15 struments as defined in ORS 73.0104 and such similar investments or savings as the department or
 16 the authority may establish by rule that are available to the applicant or recipient to contribute
 17 toward meeting the needs of the applicant or recipient.
 18 (17) “Medical assistance” means so much of the medical, mental health, preventive, supportive,
 19 palliative and remedial care and services as may be prescribed by the authority according to the
 20 standards established pursuant to ORS 414.065, including premium assistance under ORS [413.610 to
 21 413.613,] 414.115 and 414.117, payments made for services provided under an insurance or other
 22 contractual arrangement and money paid directly to the recipient for the purchase of health services
 23 and for services described in ORS 414.710.
 24 (18) “Medical assistance” includes any care or services for any individual who is a patient in
 25 a medical institution or any care or services for any individual who has attained 65 years of age
 26 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
 27 eases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care
 28 or services for a resident of a nonmedical public institution.
 29 (19) “Patient centered primary care home” means a health care team or clinic that is organized
 30 in accordance with the standards established by the Oregon Health Authority under ORS 414.655
 31 and that incorporates the following core attributes:
 32 (a) Access to care;
 33 (b) Accountability to consumers and to the community;
 34 (c) Comprehensive whole person care;
 35 (d) Continuity of care;
 36 (e) Coordination and integration of care; and
 37 (f) Person and family centered care.
 38 (20) “Peer support specialist” means any of the following individuals who meet qualification
 39 criteria adopted by the authority under ORS 414.665 and who provide supportive services to a cur-
 40 rent or former consumer of mental health or addiction treatment:
 41 (a) An individual who is a current or former consumer of mental health treatment; or
 42 (b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from
 43 an addiction disorder.
 44 (21) “Peer wellness specialist” means an individual who meets qualification criteria adopted by
 45 the authority under ORS 414.665 and who is responsible for assessing mental health and substance

1 use disorder service and support needs of a member of a coordinated care organization through
2 community outreach, assisting members with access to available services and resources, addressing
3 barriers to services and providing education and information about available resources for individ-
4 uals with mental health or substance use disorders in order to reduce stigma and discrimination
5 toward consumers of mental health and substance use disorder services and to assist the member
6 in creating and maintaining recovery, health and wellness.

7 (22) “Person centered care” means care that:

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

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

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

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

16 (24) “Prepaid managed care health services organization” means a managed dental care, mental
17 health or chemical dependency organization that contracts with the authority under ORS 414.654
18 or with a coordinated care organization on a prepaid capitated basis to provide health services to
19 medical assistance recipients.

20 (25) “Quality measure” means the health outcome and quality measures and benchmarks identi-
21 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in
22 accordance with ORS 413.017 (4) and 414.638 and the quality metrics developed by the Behavioral
23 Health Committee in accordance with ORS 413.017 (5).

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

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

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

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

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

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

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

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

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

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

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

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

1 (B)(i) Is a current or former consumer of mental health or addiction treatment; or
 2 (ii) Is facing or has faced difficulties in accessing education, health and wellness services due
 3 to a mental health or behavioral health barrier.

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

5 **SECTION 9.** ORS 414.025, as amended by section 2, chapter 628, Oregon Laws 2021, is amended
 6 to read:

7 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially
 8 applicable statutory definition requires otherwise:

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

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

13 (A) Shared savings arrangements;

14 (B) Bundled payments; and

15 (C) Payments based on episodes.

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

18 (3) “Behavioral health clinician” means:

19 (a) A licensed psychiatrist;

20 (b) A licensed psychologist;

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

22 (d) A licensed clinical social worker;

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

24 (f) A certified clinical social work associate;

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

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

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

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

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

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

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

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

45 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-

1 ences with the residents of the community the worker serves;

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

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

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

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

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

9 (8) "Coordinated care organization" means an organization meeting criteria adopted by the
10 Oregon Health Authority under ORS 414.572.

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

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

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

16 (10)(a) "Family support specialist" means an individual who meets qualification criteria adopted
17 by the authority under ORS 414.665 and who provides supportive services to and has experience
18 parenting a child who:

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

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

22 (b) A "family support specialist" may be a peer wellness specialist or a peer support specialist.

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

26 (12) "Health insurance exchange" or "exchange" means an American Health Benefit Exchange
27 described in 42 U.S.C. 18031, 18032, 18033 and 18041.

28 (13) "Health services" means at least so much of each of the following as are funded by the
29 Legislative Assembly based upon the prioritized list of health services compiled by the Health Evi-
30 dence Review Commission under ORS 414.690:

31 (a) Services required by federal law to be included in the state's medical assistance program in
32 order for the program to qualify for federal funds;

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

36 (c) Prescription drugs;

37 (d) Laboratory and X-ray services;

38 (e) Medical equipment and supplies;

39 (f) Mental health services;

40 (g) Chemical dependency services;

41 (h) Emergency dental services;

42 (i) Nonemergency dental services;

43 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
44 this subsection, defined by federal law that may be included in the state's medical assistance pro-
45 gram;

- 1 (k) Emergency hospital services;
2 (L) Outpatient hospital services; and
3 (m) Inpatient hospital services.

4 (14) "Income" has the meaning given that term in ORS 411.704.

5 (15)(a) "Integrated health care" means care provided to individuals and their families in a pa-
6 tient centered primary care home or behavioral health home by licensed primary care clinicians,
7 behavioral health clinicians and other care team members, working together to address one or more
8 of the following:

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

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

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

25 (16) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable in-
26 struments as defined in ORS 73.0104 and such similar investments or savings as the department or
27 the authority may establish by rule that are available to the applicant or recipient to contribute
28 toward meeting the needs of the applicant or recipient.

29 (17) "Medical assistance" means so much of the medical, mental health, preventive, supportive,
30 palliative and remedial care and services as may be prescribed by the authority according to the
31 standards established pursuant to ORS 414.065, including premium assistance under ORS [413.610 to
32 413.613,] 414.115 and 414.117, payments made for services provided under an insurance or other
33 contractual arrangement and money paid directly to the recipient for the purchase of health services
34 and for services described in ORS 414.710.

35 (18) "Medical assistance" includes any care or services for any individual who is a patient in
36 a medical institution or any care or services for any individual who has attained 65 years of age
37 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
38 eases. Except as provided in ORS 411.439 and 411.447, "medical assistance" does not include care
39 or services for a resident of a nonmedical public institution.

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

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

44 (20) "Patient centered primary care home" means a health care team or clinic that is organized
45 in accordance with the standards established by the Oregon Health Authority under ORS 414.655

1 and that incorporates the following core attributes:

- 2 (a) Access to care;
- 3 (b) Accountability to consumers and to the community;
- 4 (c) Comprehensive whole person care;
- 5 (d) Continuity of care;
- 6 (e) Coordination and integration of care; and
- 7 (f) Person and family centered care.

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

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

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

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

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

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

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

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

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

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

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

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

42 (28) "Tribal traditional health worker" means an individual who meets qualification criteria
43 adopted by the authority under ORS 414.665 and who:

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

45 (b) Works in a tribal community or an urban Indian community, either for pay or as a volunteer

1 in association with a local health care system;

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

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

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

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

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

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

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

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

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

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

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

20 **SECTION 10.** Section 1, chapter 87, Oregon Laws 2022, is amended to read:

21 **Sec. 1.** (1) As used in this section:

22 (a) “COFA citizen” [*has the meaning given that term in ORS 413.611*] **means an individual who**
23 **is a citizen of:**

24 **(A) The Republic of the Marshall Islands;**

25 **(B) The Federated States of Micronesia; or**

26 **(C) The Republic of Palau.**

27 (b) “Dental care organization” means a prepaid managed care health services organization, as
28 defined in ORS 414.025, that provides dental care to members of a coordinated care organization.

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

31 (2) The COFA Dental Program is established in the Oregon Health Authority. The purpose of
32 the program is to provide oral health care to low-income citizens of the island nations in the Com-
33 pact of Free Association who are residing in Oregon.

34 (3) The authority shall contract with dental care organizations throughout this state, and with
35 individual oral health care providers in areas of this state that are not served by dental care or-
36 ganizations, to provide oral health care to COFA citizens enrolled in the COFA Dental Program.

37 (4) Enrollees in the COFA Dental Program shall receive the types and extent of oral health care
38 services that the authority determines will be provided to medical assistance recipients in accord-
39 ance with ORS 414.065, without any corresponding copayments, deductibles or cost sharing required.

40 (5) An individual is eligible for the COFA Dental Program if the individual:

41 (a) Is a resident of Oregon;

42 (b) Is a COFA citizen;

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

44 (d) Does not qualify for Medicaid under Title XIX of the Social Security Act or the Children’s
45 Health Insurance Program under Title XXI of the Social Security Act.

1 (6) The authority may use the application process described in ORS 411.400 for the COFA Dental
 2 Program. The authority shall provide culturally and linguistically appropriate assistance, in person
 3 and by telephone, to applicants for and enrollees in the program. The application process, forms and
 4 notices used in the COFA Dental Program must conform to the guidance adopted by the United
 5 States Department of Health and Human Services, in accordance with Title VI of the Civil Rights
 6 Act of 1964, regarding the prohibition against national origin discrimination affecting persons with
 7 limited English proficiency in federally funded programs.

8 (7) The authority shall accept as verification of eligibility the attestation of an applicant for or
 9 enrollee in the COFA Dental Program that the applicant or enrollee meets the requirements of
 10 subsection (5) of this section.

11 (8) The authority shall conduct *[outreach as described in ORS 413.612 (4)(e)]* **a comprehensive**
 12 **community education and outreach campaign, working with stakeholder and community or-**
 13 **ganizations**, to facilitate applications for and enrollment in the COFA Dental Program.

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

17 **SECTION 11.** Section 4, chapter 29, Oregon Laws 2022, is amended to read:

18 **Sec. 4.** (1) A task force to create a bridge program is established.

19 (2) The task force shall consist of the following members:

20 (a) The President of the Senate shall appoint two nonvoting members from among members of
 21 the Senate.

22 (b) The Speaker of the House of Representatives shall appoint two nonvoting members from
 23 among members of the House of Representatives.

24 (c) The Governor shall appoint the following members:

25 (A) One member representing low-income workers who are likely to be eligible for the bridge
 26 program.

27 (B) Two members with expertise in health equity.

28 (C) One member with expertise in providing navigation assistance for health insurance consum-
 29 ers.

30 (D) One member representing organized labor.

31 (E) One member representing an insurer that offers qualified health plans on the health insur-
 32 ance exchange.

33 (F) One member representing a coordinated care organization.

34 (G) In addition to the members described in subparagraphs (H) and (I) of this paragraph, two
 35 members representing health care providers, one of whom represents a hospital or health system.

36 (H) One member with expertise in behavioral health care.

37 (I) One member representing an oral health care provider that contracts with the authority to
 38 provide care to enrollees in the medical assistance program.

39 (J) A representative of the Medicaid Advisory Committee.

40 (K) A representative of the Health Insurance Exchange Advisory Committee.

41 (d) The chairperson of the Oregon Health Policy Board or the chairperson's designee.

42 (e) The Director of the Oregon Health Authority or the director's designee.

43 (f) The Director of Human Services or the director's designee.

44 (g) The Director of the Department of Consumer and Business Services or the director's
 45 designee.

1 (3) The Governor shall select two of the nonvoting members of the task force to serve as
2 cochairpersons.

3 (4) The members of the task force must be appointed and have their first meeting no later than
4 March 31, 2022.

5 (5) The task force shall develop a proposal for a bridge program to provide affordable health
6 insurance coverage and improve the continuity of coverage for individuals who regularly enroll and
7 disenroll in the medical assistance program or other health care coverage due to frequent fluctu-
8 ations in income.

9 (6) The authority and the Department of Consumer and Business Services shall consult with
10 Oregon Indian tribes during the deliberations of the task force and incorporate tribal recommen-
11 dations into the task force report and requests for federal approvals under subsections (7) and (9)
12 of this section.

13 (7)(a) Except as provided in paragraph (b) of this subsection, the task force must complete the
14 proposal for a bridge program and submit a report, no later than July 31, 2022, containing recom-
15 mendations and a request for additional funding, if necessary, to the interim committees of the
16 Legislative Assembly related to health, the subcommittee of the Joint Interim Committee on Ways
17 and Means related to human services, the President of the Senate, the Speaker of the House of
18 Representatives and the Legislative Fiscal Officer. The report must include recommendations on:

19 (A) The potential development of additional federal waivers; and

20 (B) Suggested timelines for phasing in the bridge program.

21 (b) If the federal public health emergency related to COVID-19 is extended beyond April 16,
22 2022, the task force has until September 1, 2022, to complete the proposal and submit a report.

23 (8) The recommendations and proposal for a bridge program must, within available federal re-
24 sources and the authority's legislatively approved budget:

25 (a) Prioritize health equity, reduction in the rate of uninsurance in this state and the promotion
26 of continuous health care coverage for communities that have faced health inequities.

27 (b) Be consistent with the Oregon Integrated and Coordinated Health Care Delivery System es-
28 tablished in ORS 414.570 and enhance the coordinated care organization delivery system.

29 (c) Ensure that the bridge program is available to all individuals residing in this state with in-
30 comes at or below 200 percent of the federal poverty guidelines who do not qualify for the medical
31 assistance program but who do qualify for advance premium [*tax*] **assistance** credits[, *as defined in*
32 **ORS 413.611**] **under section 36B of the Internal Revenue Code**.

33 (d) Maximize leveraging of federal funds and minimize costs to enrollees in the program and to
34 the state budget.

35 (e) Provide, at a minimum, all essential health benefits, as defined in ORS 731.097 and, to the
36 extent practicable, an option or options for dental coverage.

37 (f) To the extent practicable, include an option that has no cost-sharing, deductibles or other
38 out-of-pocket costs and an option that provides lesser cost-sharing, deductibles or other out-of-pocket
39 costs than qualified health plans on the health insurance exchange.

40 (g) Establish a capitation rate to be paid to providers that is sufficient to provide coverage,
41 within the authority's legislatively approved budget and available federal resources, but with re-
42 imbursement rates that are higher than the current medical assistance program reimbursement
43 rates, to the extent practicable.

44 (h) Offer health care coverage through coordinated care organizations and align procurements
45 for service providers on the same cycle as the procurements cycle for coordinated care organiza-

1 tions.

2 (i) Provide a transition period for eligible individuals to enroll in the bridge program.

3 (j) Take into account the health insurance exchange as an option for potential bridge program
4 participants if the participants choose to opt out of the bridge program.

5 (k) In addition to using coordinated care organizations to deliver the services in the bridge
6 program, include an option for offering the bridge program on the health insurance exchange if the
7 plans meet criteria established by the Oregon Health Authority and the Department of Consumer
8 and Business Services, to the extent practicable within the authority's legislatively approved budget
9 and available federal resources.

10 (L) To the extent practicable, require coordinated care organizations to accept enrollees in the
11 bridge program or require the authority to contract with a new entity to accept bridge program
12 enrollees.

13 (9)(a) The task force shall identify potential disruptions to the individual and small group mar-
14 kets by the bridge program and develop mitigation strategies to ensure market stability including
15 utilizing the Oregon Reinsurance Program or other mechanisms to limit disruptions in coverage.

16 (b) No later than December 31, 2022, the task force shall submit to the Legislative Assembly, in
17 the manner provided in ORS 192.245, recommendations to alleviate disruptions to health care cov-
18 erage for individuals and small employers in this state.

19 (10) A majority of the voting members of the task force constitutes a quorum for the transaction
20 of business.

21 (11) Official action by the task force requires the approval of a majority of the voting members
22 of the task force.

23 (12) If there is a vacancy for any cause, the appointing authority shall make an appointment to
24 become immediately effective.

25 (13) The task force shall meet at times and places specified by the call of the cochairpersons
26 or of a majority of the voting members of the task force.

27 (14) The task force may adopt rules necessary for the operation of the task force.

28 (15) The Director of the Legislative Policy and Research Office shall provide staff support to the
29 task force.

30 (16) Members of the Legislative Assembly appointed to the task force are nonvoting members
31 of the task force and may act in an advisory capacity only.

32 (17)(a) Members of the task force who are not members of the Legislative Assembly and who
33 have incomes at or below 400 percent of the federal poverty guidelines are entitled to compensation
34 for actual and necessary expenses incurred by the members in the performance of their official du-
35 ties, as provided in ORS 292.495.

36 (b) Members of the task force who are members of the Legislative Assembly are entitled to a
37 per diem as provided in ORS 171.072 (4).

38 (c) Members not described in paragraph (a) or (b) of this subsection are not entitled to com-
39 pensation or reimbursement for expenses and serve as volunteers on the task force.

40 (18) The authority and the department are directed to assist the task force in the performance
41 of the duties of the task force and, to the extent permitted by laws relating to confidentiality, to
42 furnish information and advice the members of the task force consider necessary to perform their
43 duties.

44 **SECTION 12. ORS 413.610, 413.611, 413.612 and 413.613 are repealed.**

45

CAPTIONS

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SECTION 13. The unit captions used in this 2023 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2023 Act.
