

Requested by Senator STEINER

**PROPOSED AMENDMENTS TO  
A-ENGROSSED SENATE BILL 966**

1 On page 1 of the printed A-engrossed bill, line 2, delete “243.135,  
2 243.866.”.

3 In line 3, delete “417.721” and after the second “and” delete the rest of  
4 the line.

5 In line 4, delete “tion 2, chapter 575, Oregon Laws 2015.”.

6 On page 8, line 32, restore the bracketed material and delete the boldfaced  
7 material.

8 On page 9, delete lines 8 through 45 and delete pages 10 through 16.

9 On page 17, delete lines 1 through 38.

10 In line 39, delete “10” and insert “8”.

11 On page 18, line 36, delete “11” and insert “9”.

12 On page 21, line 18, delete “12” and insert “10”.

13 Delete lines 22 through 45 and delete pages 22 through 29.

14 On page 30, delete lines 1 through 18 and insert:

15 **“SECTION 11.** ORS 414.025 is amended to read:

16 “414.025. As used in this chapter and ORS chapters 411 and 413, unless  
17 the context or a specially applicable statutory definition requires otherwise:

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

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

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

9 “(a) A licensed psychiatrist;

10 “(b) A licensed psychologist;

11 “(c) A licensed nurse practitioner with a specialty in psychiatric mental  
12 health;

13 “(d) A licensed clinical social worker;

14 “(e) A licensed professional counselor or licensed marriage and family  
15 therapist;

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

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

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

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

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

30 “(6) ‘Category of aid’ means assistance provided by the Oregon Supple-

1 mental Income Program, aid granted under ORS 411.877 to 411.896 and  
2 412.001 to 412.069 or federal Supplemental Security Income payments.

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

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

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

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

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

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

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

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

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

20 “(8) ‘Coordinated care organization’ means an organization meeting cri-  
21 teria adopted by the Oregon Health Authority under ORS 414.572.

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

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

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

29 “(10)(a) ‘Family support specialist’ means an individual who meets quali-  
30 fication criteria adopted by the authority under ORS 414.665 and who pro-

1 vides supportive services to and has experience parenting a child who:

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

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

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

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

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

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

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

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

24 “(c) Prescription drugs;

25 “(d) Laboratory and X-ray services;

26 “(e) Medical equipment and supplies;

27 “(f) Mental health services;

28 “(g) Chemical dependency services;

29 “(h) Emergency dental services;

30 “(i) Nonemergency dental services;

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

4 “(k) Emergency hospital services;

5 “(L) Outpatient hospital services; and

6 “(m) Inpatient hospital services.

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

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

13 “(A) Mental illness.

14 “(B) Substance use disorders.

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

16 “(D) Life stressors and crises.

17 “(E) Developmental risks and conditions.

18 “(F) Stress-related physical symptoms.

19 “(G) Preventive care.

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

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

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

26 “(B) Peer wellness specialists;

27 “(C) Peer support specialists;

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

30 “(E) Personal health navigators; or

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

3 “(16) ‘Investments and savings’ means cash, securities as defined in ORS  
4 59.015, negotiable instruments as defined in ORS 73.0104 and such similar  
5 investments or savings as the department or the authority may establish by  
6 rule that are available to the applicant or recipient to contribute toward  
7 meeting the needs of the applicant or recipient.

8 “(17) ‘Medical assistance’ means so much of the medical, mental health,  
9 preventive, supportive, palliative and remedial care and services as may be  
10 prescribed by the authority according to the standards established pursuant  
11 to ORS 414.065, including premium assistance under ORS [413.610 to  
12 413.613,] 414.115 and 414.117, payments made for services provided under an  
13 insurance or other contractual arrangement and money paid directly to the  
14 recipient for the purchase of health services and for services described in  
15 ORS 414.710.

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

22 “(19) ‘Patient centered primary care home’ means a health care team or  
23 clinic that is organized in accordance with the standards established by the  
24 Oregon Health Authority under ORS 414.655 and that incorporates the fol-  
25 lowing core attributes:

26 “(a) Access to care;

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

28 “(c) Comprehensive whole person care;

29 “(d) Continuity of care;

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

1 “(f) Person and family centered care.

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

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

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

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

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

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

22 “(b) Reflects the clinical needs of the patient as identified through an  
23 individualized assessment; and

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

26 “(23) ‘Personal health navigator’ means an individual who meets quali-  
27 fication criteria adopted by the authority under ORS 414.665 and who pro-  
28 vides information, assistance, tools and support to enable a patient to make  
29 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 de-

1 sired outcomes.

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

7 “(25) ‘Quality measure’ means the health outcome and quality measures  
8 and benchmarks identified by the Health Plan Quality Metrics Committee  
9 and the metrics and scoring subcommittee in accordance with ORS 413.017  
10 (4) and 414.638 and the quality metrics developed by the Behavioral Health  
11 Committee in accordance with ORS 413.017 (5).

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

15 “(27) ‘Social determinants of health’ means:

16 “(a) Nonmedical factors that influence health outcomes;

17 “(b) The conditions in which individuals are born, grow, work, live  
18 and age; and

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

22 “[27] (28) ‘Tribal traditional health worker’ means an individual who  
23 meets qualification criteria adopted by the authority under ORS 414.665 and  
24 who:

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

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

28 “(c) To the extent practicable, shares ethnicity, language, socioeconomic  
29 status and life experiences with the residents of the community the worker  
30 serves;



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

4 “(e) Provides health education and information that is culturally appro-  
5 priate to the individuals 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 tribal-based practices.

9 “[~~(28)(a)~~] **(29)(a)** ‘Youth support specialist’ means an individual who meets  
10 qualification criteria adopted by the authority under ORS 414.665 and who,  
11 based on a similar life experience, provides supportive services to an indi-  
12 vidual who:

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

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

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

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

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

22 “414.025. As used in this chapter and ORS chapters 411 and 413, unless  
23 the context or a specially applicable statutory definition requires otherwise:

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

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

29 “(A) Shared savings arrangements;

30 “(B) Bundled payments; and

1 “(C) Payments based on episodes.

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

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

6 “(a) A licensed psychiatrist;

7 “(b) A licensed psychologist;

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

10 “(d) A licensed clinical social worker;

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

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

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

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

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

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

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

30 “(7) ‘Community health worker’ means an individual who meets quali-

1 fication criteria adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

17 “(8) ‘Coordinated care organization’ means an organization meeting cri-  
18 teria adopted by the Oregon Health Authority under ORS 414.572.

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

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

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

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

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

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

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

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

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

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

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

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

21 “(c) Prescription drugs;

22 “(d) Laboratory and X-ray services;

23 “(e) Medical equipment and supplies;

24 “(f) Mental health services;

25 “(g) Chemical dependency services;

26 “(h) Emergency dental services;

27 “(i) Nonemergency dental services;

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

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  
6 their families in a patient centered primary care home or behavioral health  
7 home by licensed primary care clinicians, behavioral health clinicians and  
8 other care team members, working together to address one or more of the  
9 following:

10 “(A) Mental illness.

11 “(B) Substance use disorders.

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

13 “(D) Life stressors and crises.

14 “(E) Developmental risks and conditions.

15 “(F) Stress-related physical symptoms.

16 “(G) Preventive care.

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

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

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

23 “(B) Peer wellness specialists;

24 “(C) Peer support specialists;

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

27 “(E) Personal health navigators; or

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

30 “(16) ‘Investments and savings’ means cash, securities as defined in ORS

1 59.015, negotiable instruments as defined in ORS 73.0104 and such similar  
2 investments or savings as the department or the authority may establish by  
3 rule that are available to the applicant or recipient to contribute toward  
4 meeting the needs of the applicant or recipient.

5 “(17) ‘Medical assistance’ means so much of the medical, mental health,  
6 preventive, supportive, palliative and remedial care and services as may be  
7 prescribed by the authority according to the standards established pursuant  
8 to ORS 414.065, including premium assistance under ORS [413.610 to  
9 413.613,] 414.115 and 414.117, payments made for services provided under an  
10 insurance or other contractual arrangement and money paid directly to the  
11 recipient for the purchase of health services and for services described in  
12 ORS 414.710.

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

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

22 “(a) Therapeutic class 7 ataractics-tranquilizers; and

23 “(b) Therapeutic class 11 psychostimulants-antidepressants.

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

28 “(a) Access to care;

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

30 “(c) Comprehensive whole person care;

1 “(d) Continuity of care;

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

3 “(f) Person and family centered care.

4 “(21) ‘Peer support specialist’ means any of the following individuals who  
5 meet qualification criteria adopted by the authority under ORS 414.665 and  
6 who provide supportive services to a current or former consumer of mental  
7 health or addiction treatment:

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

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

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

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

28 “(24) ‘Personal health navigator’ means an individual who meets quali-  
29 fication criteria adopted by the authority under ORS 414.665 and who pro-  
30 vides information, assistance, tools and support to enable a patient to make

1 the best health care decisions in the patient’s particular circumstances and  
2 in light of the patient’s needs, lifestyle, combination of conditions and de-  
3 sired outcomes.

4 “(25) ‘Prepaid managed care health services organization’ means a man-  
5 aged dental care, mental health or chemical dependency organization that  
6 contracts with the authority under ORS 414.654 or with a coordinated care  
7 organization on a prepaid capitated basis to provide health services to med-  
8 ical assistance recipients.

9 “(26) ‘Quality measure’ means the health outcome and quality measures  
10 and benchmarks identified by the Health Plan Quality Metrics Committee  
11 and the metrics and scoring subcommittee in accordance with ORS 413.017  
12 (4) and 414.638 and the quality metrics developed by the Behavioral Health  
13 Committee in accordance with ORS 413.017 (5).

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

17 “(28) **‘Social determinants of health’ means:**

18 **“(a) Nonmedical factors that influence health outcomes;**

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

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

24 “[28] (29) ‘Tribal traditional health worker’ means an individual who  
25 meets qualification criteria adopted by the authority under ORS 414.665 and  
26 who:

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

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

30 “(c) To the extent practicable, shares ethnicity, language, socioeconomic



1 status and life experiences with the residents of the community the worker  
2 serves;

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

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

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

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

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

11 “[~~(29)(a)~~] **(30)** ‘Youth support specialist’ means an individual who meets  
12 qualification criteria adopted by the authority under ORS 414.665 and who,  
13 based on a similar life experience, provides supportive services to an indi-  
14 vidual 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  
17 treatment; or

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

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

22 **“SECTION 13.** ORS 414.638 is amended to read:

23 **“414.638. (1) As used in this section:**

24 **“(a) ‘Downstream health outcome and quality measures’ means:**

25 **“(A) The sets of core quality measures for the Medicaid program**  
26 **that are published by the Centers for Medicare and Medicaid Services**  
27 **in accordance with 42 U.S.C. 1320b-9a and 1320b-9b; and**

28 **“(B) If the sets of core quality measures for adults published by the**  
29 **Centers for Medicare and Medicaid Services do not include quality**  
30 **measures for oral health care for adults, quality measures of oral**

1 **health care for adults adopted by the metrics and scoring subcommit-**  
2 **tee.**

3 **“(b) ‘Upstream health outcome and quality measures’ means qual-**  
4 **ity measures that focus on the social determinants of health.**

5 **“[(1)] (2)** There is created in the Health Plan Quality Metrics Committee  
6 a nine-member metrics and scoring subcommittee appointed by the Director  
7 of the Oregon Health Authority. The members of the subcommittee serve  
8 two-year terms and must include:

9 **“(a)** Three members at large;

10 **“(b)** Three individuals with expertise in health outcomes measures; and

11 **“(c)** Three representatives of coordinated care organizations.

12 **“[(2)] (3)** The subcommittee shall **use a public process in accordance**  
13 **with ORS 192.610 to 192.690 that includes an opportunity for public**  
14 **comment to** select[, *from the health outcome and quality measures identified*  
15 *by the Health Plan Quality Metrics Committee,*] the **downstream** health  
16 outcome and quality measures **and a minimum of four upstream health**  
17 **outcome and quality measures** applicable to services provided by coordi-  
18 nated care organizations.

19 **“(4)** The Oregon Health Authority shall incorporate these measures into  
20 coordinated care organization contracts to hold the organizations account-  
21 able for performance and customer satisfaction requirements. The authority  
22 shall notify each coordinated care organization of any changes in the meas-  
23 ures at least three months before the beginning of the contract period during  
24 which the new measures will be in place.

25 **“[(3)] (5)** The subcommittee shall [*evaluate*] **update** the health outcome  
26 and quality measures annually, [*reporting recommendations based on its*  
27 *findings to the Health Plan Quality Metrics Committee, and adjust the meas-*  
28 *ures to reflect:*] **if necessary, to conform to the latest sets of core quality**  
29 **measures published by the Centers for Medicare and Medicaid Ser-**  
30 **vices.**

1       “[(a) *The amount of the global budget for a coordinated care*  
2 *organization;*]

3       “[(b) *Changes in membership of the organization;*]

4       “[(c) *The organization’s costs for implementing outcome and quality meas-*  
5 *ures; and*]

6       “[(d) *The community health assessment and the costs of the community*  
7 *health assessment conducted by the organization under ORS 414.575.*]

8       **“(6) All health outcome and quality measures must be consistent**  
9 **with the:**

10       **“(a) Terms and conditions of the demonstration project approved**  
11 **for this state by the Centers for Medicare and Medicaid Services under**  
12 **42 U.S.C. 1315; and**

13       **“(b) Written quality strategies approved by the Centers for Medi-**  
14 **care and Medicaid Services under 42 C.F.R. 438.340 and 457.1240.**

15       “[(4)] **(7) The authority and the Oregon Health Policy Board** shall  
16 evaluate on a regular and ongoing basis the outcome and quality measures  
17 selected by the subcommittee under this section for members in each coor-  
18 dinated care organization and for members statewide.

19       **“(8) Members of the subcommittee who are not members of the**  
20 **Oregon Health Policy Board may receive compensation and the re-**  
21 **imbursement of actual and necessary travel and other expenses in-**  
22 **curred by them in the performance of their official duties in**  
23 **accordance with criteria adopted by the authority by rule and shall be**  
24 **reimbursed from funds available to the authority in the manner and**  
25 **amount provided in ORS 292.495.**

26       **“SECTION 14. ORS 414.638 is added to and made a part of ORS**  
27 **chapter 413.**

28       **“SECTION 15. (1) Notwithstanding ORS 414.638 (3), the downstream**  
29 **health outcome and quality measures for reporting year 2024 shall be**  
30 **selected by the metrics and scoring subcommittee from the Health**

1 **Plan Quality Metrics Committee’s Aligned Measure Menu Set adopted**  
2 **by the Health Plan Quality Metrics Committee as of the effective date**  
3 **of this 2023 Act.**

4 **“(2) Notwithstanding ORS 414.638 (3), until September 30, 2027, the**  
5 **metrics and scoring subcommittee may prioritize the following up-**  
6 **stream health outcome and quality measures, at a minimum:**

7 **“(a) Health assessments for children in the custody of the Depart-**  
8 **ment of Human Services.**

9 **“(b) Addressing the social and emotional health of young children**  
10 **to ensure the children are prepared for kindergarten.**

11 **“(c) Meaningful language access to culturally responsive health**  
12 **care services.**

13 **“(d) Screening for social needs and referrals to address the social**  
14 **determinants of health.**

15 **“SECTION 16. ORS 413.017 is amended to read:**

16 **“413.017. (1) The Oregon Health Policy Board shall establish the commit-**  
17 **tees described in subsections (2) to (5) of this section.**

18 **“(2)(a) The Public Health Benefit Purchasers Committee shall include in-**  
19 **dividuals who purchase health care for the following:**

20 **“(A) The Public Employees’ Benefit Board.**

21 **“(B) The Oregon Educators Benefit Board.**

22 **“(C) Trustees of the Public Employees Retirement System.**

23 **“(D) A city government.**

24 **“(E) A county government.**

25 **“(F) A special district.**

26 **“(G) Any private nonprofit organization that receives the majority of its**  
27 **funding from the state and requests to participate on the committee.**

28 **“(b) The Public Health Benefit Purchasers Committee shall:**

29 **“(A) Identify and make specific recommendations to achieve uniformity**  
30 **across all public health benefit plan designs based on the best available**

1 clinical evidence, recognized best practices for health promotion and disease  
2 management, demonstrated cost-effectiveness and shared demographics  
3 among the enrollees within the pools covered by the benefit plans.

4 “(B) Develop an action plan for ongoing collaboration to implement the  
5 benefit design alignment described in subparagraph (A) of this paragraph and  
6 shall leverage purchasing to achieve benefit uniformity if practicable.

7 “(C) Continuously review and report to the Oregon Health Policy Board  
8 on the committee’s progress in aligning benefits while minimizing the cost  
9 shift to individual purchasers of insurance without shifting costs to the pri-  
10 vate sector or the health insurance exchange.

11 “(c) The Oregon Health Policy Board shall work with the Public Health  
12 Benefit Purchasers Committee to identify uniform provisions for state and  
13 local public contracts for health benefit plans that achieve maximum quality  
14 and cost outcomes. The board shall collaborate with the committee to de-  
15 velop steps to implement joint contract provisions. The committee shall  
16 identify a schedule for the implementation of contract changes. The process  
17 for implementation of joint contract provisions must include a review process  
18 to protect against unintended cost shifts to enrollees or agencies.

19 “(3)(a) The Health Care Workforce Committee shall include individuals  
20 who have the collective expertise, knowledge and experience in a broad  
21 range of health professions, health care education and health care workforce  
22 development initiatives.

23 “(b) The Health Care Workforce Committee shall coordinate efforts to  
24 recruit and educate health care professionals and retain a quality workforce  
25 to meet the demand that will be created by the expansion in health care  
26 coverage, system transformations and an increasingly diverse population.

27 “(c) The Health Care Workforce Committee shall conduct an inventory  
28 of all grants and other state resources available for addressing the need to  
29 expand the health care workforce to meet the needs of Oregonians for health  
30 care.

1 “(4)(a) The Health Plan Quality Metrics Committee shall include the fol-  
2 lowing members appointed by the Oregon Health Policy Board:

3 “(A) An individual representing the Oregon Health Authority;

4 “(B) An individual representing the Oregon Educators Benefit Board;

5 “(C) An individual representing the Public Employees’ Benefit Board;

6 “(D) An individual representing the Department of Consumer and Busi-  
7 ness Services;

8 “(E) Two health care providers;

9 “(F) One individual representing hospitals;

10 “(G) One individual representing insurers, large employers or multiple  
11 employer welfare arrangements;

12 “(H) Two individuals representing health care consumers;

13 “(I) Two individuals representing coordinated care organizations;

14 “(J) One individual with expertise in health care research;

15 “(K) One individual with expertise in health care quality measures; and

16 “(L) One individual with expertise in mental health and addiction ser-  
17 vices.

18 “(b) The committee shall work collaboratively with the Oregon Educators  
19 Benefit Board, the Public Employees’ Benefit Board, the authority and the  
20 department to adopt health outcome and quality measures that are focused  
21 on specific goals and provide value to the state, employers, insurers, health  
22 care providers and consumers. The committee shall be the single body to  
23 align health outcome and quality measures used in this state with the re-  
24 quirements of health care data reporting to ensure that the measures and  
25 requirements are coordinated, evidence-based and focused on a long term  
26 statewide vision.

27 “(c) The committee shall use a public process that includes an opportunity  
28 for public comment to identify health outcome and quality measures *[that]*.  
29 **The health outcome and quality measures identified by the committee,**  
30 **as updated by the authority under paragraph (g) of this subsection,**

1 may be applied to services provided by coordinated care organizations or  
2 paid for by health benefit plans sold through the health insurance exchange  
3 or offered by the Oregon Educators Benefit Board or the Public Employees'  
4 Benefit Board. The authority, the department, the Oregon Educators Benefit  
5 Board and the Public Employees' Benefit Board are not required to adopt  
6 all of the health outcome and quality measures identified by the committee  
7 but may not adopt any health outcome and quality measures that are differ-  
8 ent from the measures identified by the committee. The measures must take  
9 into account the [*recommendations of*] **health outcome and quality meas-**  
10 **ures selected by** the metrics and scoring subcommittee created in ORS  
11 414.638 and the differences in the populations served by coordinated care  
12 organizations and by commercial insurers.

13 “(d) In identifying health outcome and quality measures, the committee  
14 shall prioritize measures that:

15 “(A) Utilize existing state and national health outcome and quality  
16 measures, including measures adopted by the Centers for Medicare and  
17 Medicaid Services, that have been adopted or endorsed by other state or  
18 national organizations and have a relevant state or national benchmark;

19 “(B) Given the context in which each measure is applied, are not prone  
20 to random variations based on the size of the denominator;

21 “(C) Utilize existing data systems, to the extent practicable, for reporting  
22 the measures to minimize redundant reporting and undue burden on the  
23 state, health benefit plans and health care providers;

24 “(D) Can be meaningfully adopted for a minimum of three years;

25 “(E) Use a common format in the collection of the data and facilitate the  
26 public reporting of the data; and

27 “(F) Can be reported in a timely manner and without significant delay so  
28 that the most current and actionable data is available.

29 “(e) The committee shall evaluate on a regular and ongoing basis the  
30 health outcome and quality measures [*adopted*] **identified** under this section.

1 “(f) The committee may convene subcommittees to focus on gaining ex-  
2 pertise in particular areas such as data collection, health care research and  
3 mental health and substance use disorders in order to aid the committee in  
4 the development of health outcome and quality measures. A subcommittee  
5 may include stakeholders and staff from the authority, the Department of  
6 Human Services, the Department of Consumer and Business Services, the  
7 Early Learning Council or any other agency staff with the appropriate ex-  
8 pertise in the issues addressed by the subcommittee.

9 **(g) The authority shall update annually, if necessary, the health**  
10 **outcome and quality measures identified by the committee to utilize**  
11 **the latest sets of core quality measures published by the Centers for**  
12 **Medicare and Medicaid Services in accordance with 42 U.S.C. 1320b-9a**  
13 **and 1320b-9b.**

14 “[~~(g)~~] **(h)** This subsection does not prevent the authority, the Department  
15 of Consumer and Business Services, commercial insurers, the Public  
16 Employees’ Benefit Board or the Oregon Educators Benefit Board from es-  
17 tablishing programs that provide financial incentives to providers for meet-  
18 ing specific health outcome and quality measures adopted by the committee.

19 “(5)(a) The Behavioral Health Committee shall include the following  
20 members appointed by the Director of the Oregon Health Authority:

21 “(A) The chairperson of the Health Plan Quality Metrics Committee;

22 “(B) The chairperson of the committee appointed by the board to address  
23 health equity, if any;

24 “(C) A behavioral health director for a coordinated care organization;

25 “(D) A representative of a community mental health program;

26 “(E) An individual with expertise in data analysis;

27 “(F) A member of the Consumer Advisory Council, established under ORS  
28 430.073, that represents adults with mental illness;

29 “(G) A representative of the System of Care Advisory Council established  
30 in ORS 418.978;



1 “(H) A member of the Oversight and Accountability Council, described in  
2 ORS 430.389, who represents adults with addictions or co-occurring condi-  
3 tions;

4 “(I) One member representing a system of care, as defined in ORS 418.976;

5 “(J) One consumer representative;

6 “(K) One representative of a tribal government;

7 “(L) One representative of an organization that advocates on behalf of  
8 individuals with intellectual or developmental disabilities;

9 “(M) One representative of providers of behavioral health services;

10 “(N) The director of the division of the authority responsible for behav-  
11 ioral health services, as a nonvoting member;

12 “(O) The Director of the Alcohol and Drug Policy Commission appointed  
13 under ORS 430.220, as a nonvoting member;

14 “(P) The authority’s Medicaid director, as a nonvoting member;

15 “(Q) A representative of the Department of Human Services, as a non-  
16 voting member; and

17 “(R) Any other member that the director deems appropriate.

18 “(b) The board may modify the membership of the committee as needed.

19 “(c) The division of the authority responsible for behavioral health ser-  
20 vices and the director of the division shall staff the committee.

21 “(d) The committee, in collaboration with the Health Plan Quality Met-  
22 rics Committee, as needed, shall:

23 “(A) Establish quality metrics for behavioral health services provided by  
24 coordinated care organizations, health care providers, counties and other  
25 government entities; and

26 “(B) Establish incentives to improve the quality of behavioral health  
27 services.

28 “(e) The quality metrics and incentives shall be designed to:

29 “(A) Improve timely access to behavioral health care;

30 “(B) Reduce hospitalizations;

1 “(C) Reduce overdoses;  
2 “(D) Improve the integration of physical and behavioral health care; and  
3 “(E) Ensure individuals are supported in the least restrictive environment  
4 that meets their behavioral health needs.

5 “(6) Members of the committees described in subsections (2) to (5) of this  
6 section who are not members of the Oregon Health Policy Board [*are not*  
7 *entitled to*] **may receive** compensation [*but*] **in accordance with criteria**  
8 **prescribed by the authority by rule and** shall be reimbursed from funds  
9 available to the board for actual and necessary travel and other expenses  
10 incurred by them by their attendance at committee meetings, in the manner  
11 and amount provided in ORS 292.495.

12 **“SECTION 17.** ORS 414.686 is amended to read:

13 “414.686. (1) A coordinated care organization shall provide an initial  
14 health assessment on any child enrolled in the coordinated care organization  
15 who is in the custody of the Department of Human Services no later than  
16 60 days after the date that the Oregon Health Authority notifies the coordi-  
17 nated care organization that the child has been taken into the department’s  
18 custody. [*The assessment must be performed in accordance with metrics es-*  
19 *tablished by the metrics and scoring subcommittee created in ORS 414.638.*]

20 “(2) If a child has not received an initial health assessment by the date  
21 specified in subsection (1) of this section, the coordinated care organization  
22 shall act affirmatively to locate the child and make arrangements for an in-  
23 itial health assessment.”.

24 In line 22, delete “23” and insert “18”.

25 In line 24, delete “Metrics and Scoring Committee” and insert “metrics  
26 and scoring subcommittee”.

27 In line 25, delete “committee” and insert “subcommittee”.

28 In line 36, delete “24” and insert “19” and delete “23” and insert “18”.

29 In line 41, delete “25” and insert “20”.

30 In line 45, delete the boldfaced material and insert “primarily”.

1 On page 31, line 22, delete “26” and insert “21”.

2 On page 34, line 39, delete “predominant” and insert “primary”.

3 In line 43, delete “support the health care services” and insert “are em-  
4 ployed only for health-related social needs services, such as housing sup-  
5 ports, nutritional assistance and climate-related assistance.”.

6 In line 44, delete “or” and delete line 45 and insert:

7

8 **“REPEAL**

9

10 **“SECTION 22. Section 15 of this 2023 Act is repealed on January 2,**  
11 **2028.”.**

12 On page 35, line 3, delete “27” and insert “23”.

13 In line 9, delete “28” and insert “24”.

14

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