SB 966-A6
(LC 468)
5/12/23 (LHF/ps)

Requested by Senator STEINER

PROPOSED AMENDMENTS TO
A-ENGROSSED SENATE BILL 966

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

In line 3, delete "417.721" and after the second "and" delete the rest of the line.

In line 4, delete "tion 2, chapter 575, Oregon Laws 2015,".

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

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

On page 17, delete lines 1 through 38.

In line 39, delete "10" and insert "8".

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

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

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

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

"**SECTION 11.** ORS 414.025 is amended to read:

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

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

"(b) 'Alternative payment methodology' includes, but is not limited to:

"(A) Shared savings arrangements;

"(B) Bundled payments; and

"(C) Payments based on episodes.

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

"(3) 'Behavioral health clinician' means:

"(a) A licensed psychiatrist;

"(b) A licensed psychologist;

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

"(d) A licensed clinical social worker;

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

"(f) A certified clinical social work associate;

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

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

"(4) 'Behavioral health crisis' means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual's mental or physical health.

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

"(6) 'Category of aid' means assistance provided by the Oregon Supple-

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

"(7) 'Community health worker' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

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

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

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

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

"(10)(a) 'Family support specialist' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who pro-

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

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

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

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

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

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

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

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

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

"(c) Prescription drugs;

"(d) Laboratory and X-ray services;

"(e) Medical equipment and supplies;

"(f) Mental health services;

"(g) Chemical dependency services;

"(h) Emergency dental services;

"(i) Nonemergency dental services;

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

"(k) Emergency hospital services;

"(L) Outpatient hospital services; and

"(m) Inpatient hospital services.

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

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

"(A) Mental illness.

"(B) Substance use disorders.

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

"(D) Life stressors and crises.

"(E) Developmental risks and conditions.

"(F) Stress-related physical symptoms.

"(G) Preventive care.

"(H) Ineffective patterns of health care utilization.

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

"(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

"(B) Peer wellness specialists;

"(C) Peer support specialists;

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

"(E) Personal health navigators; or

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

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

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

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

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

"(a) Access to care;

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

"(c) Comprehensive whole person care;

"(d) Continuity of care;

"(e) Coordination and integration of care; and

"(f) Person and family centered care.

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

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

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

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

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

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

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

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

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

sired outcomes.

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

"(25) 'Quality measure' means the health outcome and quality measures and benchmarks identified by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in accordance with ORS 413.017 (4) and 414.638 and the quality metrics developed by the Behavioral Health Committee in accordance with ORS 413.017 (5).

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

"**(27) 'Social determinants of health' means:**

"(a) Nonmedical factors that influence health outcomes;

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

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

"[*(27)*] **(28)** 'Tribal traditional health worker' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

"[*(28)(a)*] **(29)(a)** 'Youth support specialist' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

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

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

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

"(b) A 'youth support specialist' may be a peer wellness specialist or a peer support specialist.

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

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

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

"(b) 'Alternative payment methodology' includes, but is not limited to:

"(A) Shared savings arrangements;

"(B) Bundled payments; and

"(C) Payments based on episodes.

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

"(3) 'Behavioral health clinician' means:

"(a) A licensed psychiatrist;

"(b) A licensed psychologist;

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

"(d) A licensed clinical social worker;

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

"(f) A certified clinical social work associate;

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

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

"(4) 'Behavioral health crisis' means a disruption in an individual's mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual's mental or physical health.

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

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

"(7) 'Community health worker' means an individual who meets quali-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"(c) Prescription drugs;

"(d) Laboratory and X-ray services;

"(e) Medical equipment and supplies;

"(f) Mental health services;

"(g) Chemical dependency services;

"(h) Emergency dental services;

"(i) Nonemergency dental services;

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

"(k) Emergency hospital services;

"(L) Outpatient hospital services; and

"(m) Inpatient hospital services.

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

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

"(A) Mental illness.

"(B) Substance use disorders.

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

"(D) Life stressors and crises.

"(E) Developmental risks and conditions.

"(F) Stress-related physical symptoms.

"(G) Preventive care.

"(H) Ineffective patterns of health care utilization.

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

"(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

"(B) Peer wellness specialists;

"(C) Peer support specialists;

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

"(E) Personal health navigators; or

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

"(16) 'Investments and savings' means cash, securities as defined in ORS

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

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

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

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

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

"(b) Therapeutic class 11 psychostimulants-antidepressants.

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

"(a) Access to care;

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

"(c) Comprehensive whole person care;

"(d) Continuity of care;

"(e) Coordination and integration of care; and

"(f) Person and family centered care.

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

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

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

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

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

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

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

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

"(24) 'Personal health navigator' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides information, assistance, tools and support to enable a patient to make

the best health care decisions in the patient's particular circumstances and in light of the patient's needs, lifestyle, combination of conditions and desired outcomes.

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

"(26) 'Quality measure' means the health outcome and quality measures and benchmarks identified by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in accordance with ORS 413.017 (4) and 414.638 and the quality metrics developed by the Behavioral Health Committee in accordance with ORS 413.017 (5).

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

"**(28) 'Social determinants of health' means:**

"(a) Nonmedical factors that influence health outcomes;

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

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

"[*(28)*] **(29)** 'Tribal traditional health worker' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

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

"[*(29)(a)*] **(30)** 'Youth support specialist' means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

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

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

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

"(b) A 'youth support specialist' may be a peer wellness specialist or a peer support specialist.

"SECTION 13. ORS 414.638 is amended to read:

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

"(a) 'Downstream health outcome and quality measures' means:

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

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

health care for adults adopted by the metrics and scoring subcommittee.

"(b) 'Upstream health outcome and quality measures' means quality measures that focus on the social determinants of health.

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

"(a) Three members at large;

"(b) Three individuals with expertise in health outcomes measures; and

"(c) Three representatives of coordinated care organizations.

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

"**(4)** The Oregon Health Authority shall incorporate these measures into coordinated care organization contracts to hold the organizations accountable for performance and customer satisfaction requirements. The authority shall notify each coordinated care organization of any changes in the measures at least three months before the beginning of the contract period during which the new measures will be in place.

"[*(3)*] **(5)** The subcommittee shall [*evaluate*] **update** the health outcome and quality measures annually, [*reporting recommendations based on its findings to the Health Plan Quality Metrics Committee, and adjust the measures to reflect:*] **if necessary, to conform to the latest sets of core quality measures published by the Centers for Medicare and Medicaid Services.**

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

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

"[*(c) The organization's costs for implementing outcome and quality measures; and*]

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

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

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

"(b) Written quality strategies approved by the Centers for Medicare and Medicaid Services under 42 C.F.R. 438.340 and 457.1240.

"[*(4)*] **(7)** The authority **and the Oregon Health Policy Board** shall evaluate on a regular and ongoing basis the outcome and quality measures selected by the subcommittee under this section for members in each coordinated care organization and for members statewide.

"**(8) Members of the subcommittee who are not members of the Oregon Health Policy Board may receive compensation and the reimbursement of actual and necessary travel and other expenses incurred by them in the performance of their official duties in accordance with criteria adopted by the authority by rule and shall be reimbursed from funds available to the authority in the manner and amount provided in ORS 292.495.**

"SECTION 14. ORS 414.638 is added to and made a part of ORS chapter 413.

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

Plan Quality Metrics Committee's Aligned Measure Menu Set adopted by the Health Plan Quality Metrics Committee as of the effective date of this 2023 Act.

"(2) Notwithstanding ORS 414.638 (3), until September 30, 2027, the metrics and scoring subcommittee may prioritize the following upstream health outcome and quality measures, at a minimum:

"(a) Health assessments for children in the custody of the Department of Human Services.

"(b) Addressing the social and emotional health of young children to ensure the children are prepared for kindergarten.

"(c) Meaningful language access to culturally responsive health care services.

"(d) Screening for social needs and referrals to address the social determinants of health.

"SECTION 16. ORS 413.017 is amended to read:

"413.017. (1) The Oregon Health Policy Board shall establish the committees described in subsections (2) to (5) of this section.

"(2)(a) The Public Health Benefit Purchasers Committee shall include individuals who purchase health care for the following:

"(A) The Public Employees' Benefit Board.

"(B) The Oregon Educators Benefit Board.

"(C) Trustees of the Public Employees Retirement System.

"(D) A city government.

"(E) A county government.

"(F) A special district.

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

"(b) The Public Health Benefit Purchasers Committee shall:

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

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

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

"(C) Continuously review and report to the Oregon Health Policy Board on the committee's progress in aligning benefits while minimizing the cost shift to individual purchasers of insurance without shifting costs to the private sector or the health insurance exchange.

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

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

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

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

"(4)(a) The Health Plan Quality Metrics Committee shall include the following members appointed by the Oregon Health Policy Board:

"(A) An individual representing the Oregon Health Authority;

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

"(C) An individual representing the Public Employees' Benefit Board;

"(D) An individual representing the Department of Consumer and Business Services;

"(E) Two health care providers;

"(F) One individual representing hospitals;

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

"(H) Two individuals representing health care consumers;

"(I) Two individuals representing coordinated care organizations;

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

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

"(L) One individual with expertise in mental health and addiction services.

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

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

may be applied to services provided by coordinated care organizations or paid for by health benefit plans sold through the health insurance exchange or offered by the Oregon Educators Benefit Board or the Public Employees' Benefit Board. The authority, the department, the Oregon Educators Benefit Board and the Public Employees' Benefit Board are not required to adopt all of the health outcome and quality measures identified by the committee but may not adopt any health outcome and quality measures that are different from the measures identified by the committee. The measures must take into account the [*recommendations of*] **health outcome and quality measures selected by** the metrics and scoring subcommittee created in ORS 414.638 and the differences in the populations served by coordinated care organizations and by commercial insurers.

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

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

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

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

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

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

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

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

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

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

"[*(g)*] **(h)** This subsection does not prevent the authority, the Department of Consumer and Business Services, commercial insurers, the Public Employees' Benefit Board or the Oregon Educators Benefit Board from establishing programs that provide financial incentives to providers for meeting specific health outcome and quality measures adopted by the committee.

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

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

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

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

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

"(E) An individual with expertise in data analysis;

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

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

"(H) A member of the Oversight and Accountability Council, described in ORS 430.389, who represents adults with addictions or co-occurring conditions;

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

"(J) One consumer representative;

"(K) One representative of a tribal government;

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

"(M) One representative of providers of behavioral health services;

"(N) The director of the division of the authority responsible for behavioral health services, as a nonvoting member;

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

"(P) The authority's Medicaid director, as a nonvoting member;

"(Q) A representative of the Department of Human Services, as a nonvoting member; and

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

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

"(c) The division of the authority responsible for behavioral health services and the director of the division shall staff the committee.

"(d) The committee, in collaboration with the Health Plan Quality Metrics Committee, as needed, shall:

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

"(B) Establish incentives to improve the quality of behavioral health services.

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

"(A) Improve timely access to behavioral health care;

"(B) Reduce hospitalizations;

"(C) Reduce overdoses;

"(D) Improve the integration of physical and behavioral health care; and

"(E) Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

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

"SECTION 17. ORS 414.686 is amended to read:

"414.686. (1) A coordinated care organization shall provide an initial health assessment on any child enrolled in the coordinated care organization who is in the custody of the Department of Human Services no later than 60 days after the date that the Oregon Health Authority notifies the coordinated care organization that the child has been taken into the department's custody. [*The assessment must be performed in accordance with metrics established by the metrics and scoring subcommittee created in ORS 414.638.*]

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

In line 22, delete "23" and insert "18".

In line 24, delete "Metrics and Scoring Committee" and insert "metrics and scoring subcommittee".

In line 25, delete "committee" and insert "subcommittee".

In line 36, delete "24" and insert "19" and delete "23" and insert "18".

In line 41, delete "25" and insert "20".

In line 45, delete the boldfaced material and insert "primarily".

On page 31, line 22, delete "26" and insert "21".

On page 34, line 39, delete "predominant" and insert "primary".

In line 43, delete "support the health care services" and insert "are employed only for health-related social needs services, such as housing supports, nutritional assistance and climate-related assistance,".

In line 44, delete "or" and delete line 45 and insert:

"**REPEAL**

"SECTION 22. Section 15 of this 2023 Act is repealed on January 2, 2028.".

On page 35, line 3, delete "27" and insert "23".

In line 9, delete "28" and insert "24".