

Senate Bill 1508

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SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act forbids the HERC from using quality of life to measure the weight to give to a service that may be covered by the state Medicaid program. (Flesch Readability Score: 63.6).

In determining the ranking of a condition-treatment pair on the prioritized list of health services covered by the medical assistance program, prohibits the Health Evidence Review Commission from relying upon a quality of life in general measure or from relying on any research or analyses that rely upon or refer to a quality of life measure, unless specified conditions are met.

A BILL FOR AN ACT

1 Relating to health care; amending ORS 414.025, 414.065, 414.689, 414.690 and 414.701.

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

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

4 414.065. (1)(a) [*With respect to health care and services to be provided in medical assistance during*
5 *any period, the Oregon Health Authority shall determine,*] **Consistent with ORS 414.690, 414.710,**
6 **414.712 and 414.766 and other statutes governing the provision of and payments for health**
7 **services in medical assistance, the Oregon Health Authority shall determine,** subject to such
8 revisions as it may make from time to time and [*subject*] to legislative funding [*and paragraph (b)*
9 *of this subsection*]:

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

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

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

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

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

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

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

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

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

1 **a quality of life in general measure.**

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

7 [(3)] (4) Except for payments under a cost-sharing plan, payments made by the authority for
8 medical assistance shall constitute payment in full for all health [*care and*] services for which such
9 payments of medical assistance were made.

10 [(4)] (5) Notwithstanding [*subsections (1) and (2)*] **subsection (1)** of this section, the Department
11 of Human Services shall be responsible for determining the payment for Medicaid-funded long term
12 care services and for contracting with the providers of long term care services.

13 [(5)] (6) In determining a global budget for a coordinated care organization:

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

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

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

21 [(6)] (7) Under the supervision of the Governor, the authority may work with the Centers for
22 Medicare and Medicaid Services to develop, in addition to global budgets, payment streams:

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

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

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

28 414.689. (1) The Health Evidence Review Commission shall select one of its members as chair-
29 person and another as vice chairperson, for terms and with duties and powers the commission de-
30 termines necessary for the performance of the functions of the offices.

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

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

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

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

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

2 414.690. (1) The Health Evidence Review Commission shall regularly solicit testimony and in-
3 formation from stakeholders representing consumers, advocates, providers, carriers and employers
4 in conducting the work of the commission.

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

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

9 **(b) Inviting public comment on any research or analysis tool or health economic meas-**
10 **ures to be relied upon by the commission in the commission's decision-making.**

11 (3)(a) The commission shall develop and maintain a list of health services ranked by priority,
12 from the most important to the least important, representing the comparative benefits of each ser-
13 vice to the population to be served.

14 **(b) Except as provided in ORS 414.701, the commission may not rely upon any quality of**
15 **life in general measures, either directly or by considering research or analysis that relies on**
16 **a quality of life in general measure, in determining:**

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

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

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

20 (c) The list must be submitted by the commission pursuant to subsection (5) of this section and
21 is not subject to alteration by any other state agency.

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

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

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

30 (c) Shall consider both the clinical effectiveness and cost-effectiveness of health services, in-
31 cluding drug therapies, in determining their relative importance using peer-reviewed medical litera-
32 ture [*as defined in ORS 743A.060*].

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

35 (6) The commission shall make its report during each regular session of the Legislative Assem-
36 bly and shall submit a copy of its report to the Governor, the Speaker of the House of Represen-
37 tatives and the President of the Senate **and post to the Oregon Health Authority's website,**
38 **along with a solicitation of public comment, an assessment of the impact on access to med-**
39 **ically necessary treatment and services by persons with disabilities or chronic illnesses re-**
40 **sulting from the commission's prior use of any quality of life in general measures or any**
41 **research or analysis that referred to or relied upon a quality of life in general measure.**

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

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

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

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

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

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

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

9 **(10)(a) As used in this section, “peer-reviewed medical literature” means scientific
10 studies printed in journals or other publications that publish original manuscripts only after
11 the manuscripts have been critically reviewed by unbiased independent experts for scientific
12 accuracy, validity and reliability.**

13 **(b) “Peer-reviewed medical literature” does not include internal publications of pharma-
14 ceutical manufacturers.**

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

16 **414.701. (1) As used in this section, “peer-reviewed medical literature” has the meaning
17 given that term in ORS 414.690.**

18 **(2) The Health Evidence Review Commission, in ranking health services or developing guide-
19 lines under ORS 414.690 or in assessing medical technologies under ORS 414.698, and the Pharmacy
20 and Therapeutics Committee, in considering a recommendation for a drug to be included on any
21 preferred drug list or on the Practitioner-Managed Prescription Drug Plan[,]:**

22 **(a) May not rely solely on the results of comparative effectiveness research but must evaluate
23 a range of research and analysis, including peer-reviewed medical literature that:**

24 **(A) Studies health outcomes that are priorities for persons with disabilities who experi-
25 ence specific diseases or illnesses, through surveys or other methods of identifying priority
26 outcomes for individuals who experience the diseases or illnesses;**

27 **(B) Studies subgroups of patients who experience specific diseases or illnesses, to ensure
28 consideration of any important differences and clinical characteristics applicable to the sub-
29 groups; and**

30 **(C) Considers the full range of relevant, peer-reviewed medical literature and avoids
31 harm to patients caused by undue emphasis on evidence that is deemed inconclusive of clin-
32 ical differences without further investigation.**

33 **(b) May consider research or analyses that reference a quality of life in general measure
34 only if:**

35 **(A) The staff of the commission includes an individual who:**

36 **(i) Is trained in identifying bias and discrimination in medical research and analyses;**

37 **(ii) Is not involved in research evaluation and recommendations for a given condition-
38 treatment pair on the prioritized list subject to the commission’s review; and**

39 **(iii) Determines that the researchers’ conclusions and analyses about the value or cost-
40 effectiveness of the treatment studied in the research did not rely upon and were not influ-
41 enced by the quality of life in general measure; and**

42 **(B) All references to the quality of life in general measure are redacted from the re-
43 search or analyses before the research or analyses are presented to the commission or to
44 any advisory committee or subcommittees used or consulted by the commission.**

45 **(3) The commission may not contract with a single vendor to provide or compile research**

1 **and analysis that is considered by the commission, and the commission shall publicly dis-**
 2 **close, regarding vendors providing or compiling research or analysis to the commission:**

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

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

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

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

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

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

13 (A) Shared savings arrangements;

14 (B) Bundled payments; and

15 (C) Payments based on episodes.

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

18 (3) "Behavioral health clinician" means:

19 (a) A licensed psychiatrist;

20 (b) A licensed psychologist;

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

22 (d) A licensed clinical social worker;

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

24 (f) A certified clinical social work associate;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

36 (c) Prescription drugs;

37 (d) Laboratory and X-ray services;

38 (e) Medical equipment and supplies;

39 (f) Mental health services;

40 (g) Chemical dependency services;

41 (h) Emergency dental services;

42 (i) Nonemergency dental services;

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

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

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

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

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

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

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

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

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

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

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

- 43 (a) Access to care;
- 44 (b) Accountability to consumers and to the community;
- 45 (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 (20) "Peer support specialist" means any of the following individuals who meet qualification
 5 criteria adopted by the authority under ORS 414.665 and who provide supportive services to a cur-
 6 rent or former consumer of mental health or addiction treatment:

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

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

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

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

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

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

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

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

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

31 (25) "Quality measure" means the health outcome and quality measures and benchmarks identi-
 32 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in
 33 accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral
 34 Health Committee in accordance with ORS 413.017 (5).

35 **(26)(a) "Quality of life in general measure" means an assessment of the value, effective-**
 36 **ness or cost-effectiveness of a treatment that gives greater value to a year of life lived in**
 37 **perfect health than the value given to a year of life lived in less than perfect health.**

38 **(b) "Quality of life in general measure" does not mean an assessment of the value, ef-**
 39 **fectiveness or cost-effectiveness of a treatment during a clinical trial in which a study par-**
 40 **ticipant is asked to rate the participant's physical function, pain, general health, vitality,**
 41 **social functions or other similar domains.**

42 [(26)] (27) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes,
 43 "resources" does not include charitable contributions raised by a community to assist with medical
 44 expenses.

45 [(27)] (28) "Social determinants of health" means:

1 (a) Nonmedical factors that influence health outcomes;

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

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

6 [(28)] (29) “Tribal traditional health worker” means an individual who meets qualification cri-
7 teria adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

31 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially
32 applicable statutory definition requires otherwise:

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

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

37 (A) Shared savings arrangements;

38 (B) Bundled payments; and

39 (C) Payments based on episodes.

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

42 (3) “Behavioral health clinician” means:

43 (a) A licensed psychiatrist;

44 (b) A licensed psychologist;

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

- 1 (d) A licensed clinical social worker;
- 2 (e) A licensed professional counselor or licensed marriage and family therapist;
- 3 (f) A certified clinical social work associate;
- 4 (g) An intern or resident who is working under a board-approved supervisory contract in a
5 clinical mental health field; or
- 6 (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and
7 treatment.
- 8 (4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability
9 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-
10 partment or admission to a hospital to prevent a serious deterioration in the individual’s mental or
11 physical health.
- 12 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-
13 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated
14 health care to individuals whose primary diagnoses are mental health disorders or substance use
15 disorders.
- 16 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,
17 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security
18 Income payments.
- 19 (7) “Community health worker” means an individual who meets qualification criteria adopted
20 by the authority under ORS 414.665 and who:
- 21 (a) Has expertise or experience in public health;
- 22 (b) Works in an urban or rural community, either for pay or as a volunteer in association with
23 a local health care system;
- 24 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-
25 ences with the residents of the community the worker serves;
- 26 (d) Assists members of the community to improve their health and increases the capacity of the
27 community to meet the health care needs of its residents and achieve wellness;
- 28 (e) Provides health education and information that is culturally appropriate to the individuals
29 being served;
- 30 (f) Assists community residents in receiving the care they need;
- 31 (g) May give peer counseling and guidance on health behaviors; and
- 32 (h) May provide direct services such as first aid or blood pressure screening.
- 33 (8) “Coordinated care organization” means an organization meeting criteria adopted by the
34 Oregon Health Authority under ORS 414.572.
- 35 (9) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment
36 in a coordinated care organization, that an individual is eligible for health services funded by Title
37 XIX of the Social Security Act and is:
- 38 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or
- 39 (b) Enrolled in Part B of Title XVIII of the Social Security Act.
- 40 (10)(a) “Family support specialist” means an individual who meets qualification criteria adopted
41 by the authority under ORS 414.665 and who provides supportive services to and has experience
42 parenting a child who:
- 43 (A) Is a current or former consumer of mental health or addiction treatment; or
- 44 (B) Is facing or has faced difficulties in accessing education, health and wellness services due
45 to a mental health or behavioral health barrier.

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

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

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

7 (13) “Health services” means at least so much of each of the following as are funded by the
8 Legislative Assembly based upon the prioritized list of health services compiled by the Health Evi-
9 dence Review Commission under ORS 414.690:

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

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

15 (c) Prescription drugs;

16 (d) Laboratory and X-ray services;

17 (e) Medical equipment and supplies;

18 (f) Mental health services;

19 (g) Chemical dependency services;

20 (h) Emergency dental services;

21 (i) Nonemergency dental services;

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

25 (k) Emergency hospital services;

26 (L) Outpatient hospital services; and

27 (m) Inpatient hospital services.

28 (14) “Income” has the meaning given that term in ORS 411.704.

29 (15)(a) “Integrated health care” means care provided to individuals and their families in a pa-
30 tient centered primary care home or behavioral health home by licensed primary care clinicians,
31 behavioral health clinicians and other care team members, working together to address one or more
32 of the following:

33 (A) Mental illness.

34 (B) Substance use disorders.

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

36 (D) Life stressors and crises.

37 (E) Developmental risks and conditions.

38 (F) Stress-related physical symptoms.

39 (G) Preventive care.

40 (H) Ineffective patterns of health care utilization.

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

42 (A) Qualified mental health professionals or qualified mental health associates meeting require-
43 ments adopted by the Oregon Health Authority by rule;

44 (B) Peer wellness specialists;

45 (C) Peer support specialists;

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

2 (E) Personal health navigators; or

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

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

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

14 (18) "Medical assistance" includes any care or services for any individual who is a patient in
15 a medical institution or any care or services for any individual who has attained 65 years of age
16 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
17 eases. Except as provided in ORS 411.439 and 411.447, "medical assistance" does not include care
18 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 414.325, specified by
20 the Oregon Health Authority by rule, including but not limited to:

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

22 (b) Therapeutic class 11 psychostimulants-antidepressants.

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

31 (f) Person and family centered care.

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

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

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

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

1 (23) “Person centered care” means care that:

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

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

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

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

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

14 (26) “Quality measure” means the health outcome and quality measures and benchmarks identi-
15 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in
16 accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral
17 Health Committee in accordance with ORS 413.017 (5).

18 (27)(a) **“Quality of life in general measure” means an assessment of the value, effective-**
19 **ness or cost-effectiveness of a treatment that gives greater value to a year of life lived in**
20 **perfect health than the value given to a year of life lived in less than perfect health.**

21 (b) **“Quality of life in general measure” does not mean an assessment of the value, ef-**
22 **fectiveness or cost-effectiveness of a treatment during a clinical trial in which a study par-**
23 **ticipant is asked to rate the participant’s physical function, pain, general health, vitality,**
24 **social functions or other similar domains.**

25 [(27)] (28) “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes,
26 “resources” does not include charitable contributions raised by a community to assist with medical
27 expenses.

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

29 (a) Nonmedical factors that influence health outcomes;

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

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

34 [(29)] (30) “Tribal traditional health worker” means an individual who meets qualification cri-
35 teria adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

4 [(30)(a)] **(31)(a)** “Youth support specialist” means an individual who meets qualification criteria
5 adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides
6 supportive services to an individual who:

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

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

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

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

12