

Enrolled
House Bill 2304

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

CHAPTER

AN ACT

Relating to traditional health workers; creating new provisions; and amending ORS 413.600, 414.025, 414.635, 414.665, 414.736, 414.740 and 443.004.

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

SECTION 1. ORS 413.600 is amended to read:

413.600. (1) There is established within the Oregon Health Authority the Traditional Health Workers Commission.

(2) The Director of the Oregon Health Authority shall appoint the following 19 members to serve on the commission:

(a) Ten members, at least six of whom must be appointed from nominees provided by the Oregon Community Health Workers Association, who represent traditional health workers, including at least one member to represent each of the following:

(A) Community health workers, **as defined in ORS 414.025;**

(B) Personal health navigators, **as defined in ORS 414.025;**

(C) Peer wellness specialists, **including family support specialists and youth support specialists, all as defined in ORS 414.025; [and]**

(D) Peer support specialists, including family support specialists and youth support specialists, all as defined in ORS 414.025; and

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(b) One member who represents the Office of Community Colleges and Workforce Development;

(c) One member who is a community health nurse who represents the Oregon Nurses Association;

(d) One member who is a physician who represents the Oregon Medical Association;

(e) One member selected from nominees provided by the Home Care Commission;

(f) One member who represents coordinated care organizations;

(g) One member who represents a labor organization;

(h) One member who supervises traditional health workers at a community-based organization, local health department, as defined in ORS 433.235, or agency, as defined in ORS 183.310;

(i) One member who represents community-based organizations or agencies, as defined in ORS 183.310, that provide for the training of traditional health workers; and

(j) One member who represents a consumer of services provided by health workers who are not licensed by this state.

(3) In appointing members under subsection (2) of this section, the director shall consider whether the composition of the Traditional Health Workers Commission represents the geographic,

ethnic, gender, racial, disability status, gender identity, sexual orientation and economic diversity of traditional health workers.

(4) The term of office of each member of the commission is three years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins on January 1 next following. A member is eligible for re-appointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(5) A majority of the members of the commission constitutes a quorum for the transaction of business.

(6) Official action by the commission requires the approval of a majority of the members of the commission.

(7) The commission shall elect one of its members to serve as chairperson.

(8) The commission shall meet at times and places specified by the call of the chairperson or of a majority of the members of the commission.

(9) The commission may adopt rules necessary for the operation of the commission.

(10) A member of the commission is entitled to compensation and expenses as provided in ORS 292.495.

SECTION 2. 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 clinician” means:

- (a) A licensed psychiatrist;
- (b) A licensed psychologist;
- (c) A certified 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.

(3) “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.

(4) “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.

(5) “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 where 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.

(6) “Coordinated care organization” means an organization meeting criteria adopted by the Oregon Health Authority under ORS 414.625.

(7) “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.

(8)(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.

[(8)] **(9)** “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.

[(9)] **(10)** “Health insurance exchange” or “exchange” means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

[(10)] **(11)** “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 certified under ORS 678.375 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.

[(11)] **(12)** “Income” has the meaning given that term in ORS 411.704.

[(12)(a)] **(13)(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.

[(13)] (14) “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.

[(14)] (15) “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 and 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.

[(15)] (16) “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.

[(16)] (17) “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.

[(17)] (18) “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.[: or]

[(c) A family member of a current or former consumer of mental health or addiction treatment.]

[(18)] (19) “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 organiza-

tion 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.

[(19)] **(20)** “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.

[(20)] **(21)** “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.

[(21)] **(22)** “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.

[(22)] **(23)** “Quality measure” means the measures and benchmarks identified by the authority in accordance with ORS 414.638.

[(23)] **(24)** “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.

(25)(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 3. ORS 414.025, as amended by section 9, chapter 389, Oregon Laws 2015, 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 clinician” means:

(a) A licensed psychiatrist;

(b) A licensed psychologist;

(c) A certified 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.

(3) “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.

(4) “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.

(5) “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 where 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.

(6) “Coordinated care organization” means an organization meeting criteria adopted by the Oregon Health Authority under ORS 414.625.

(7) “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.

(8)(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.

[(8)] **(9)** “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.

[(9)] **(10)** “Health insurance exchange” or “exchange” means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

[(10)] **(11)** “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 certified under ORS 678.375 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.

[(11)] (12) "Income" has the meaning given that term in ORS 411.704.

[(12)(a)] (13)(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.

[(13)] (14) "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.

[(14)] (15) "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 and 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.

[(15)] (16) "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.

[(16)] (17) “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.

[(17)] (18) “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.[: or]

[(c) A family member of a current or former consumer of mental health or addiction treatment.]

[(18)] (19) “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.

[(19)] (20) “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.

[(20)] (21) “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.

[(21)] (22) “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.

[(22)] (23) “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.

[(23)] (24) “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.

(25)(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 4. ORS 414.635 is amended to read:

414.635. (1) The Oregon Health Authority shall adopt by rule safeguards for members enrolled in coordinated care organizations that protect against underutilization of services and inappropriate denials of services. In addition to any other consumer rights and responsibilities established by law, each member:

(a) Must be encouraged to be an active partner in directing the member’s health care and services and not a passive recipient of care.

(b) Must be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system.

(c) Must have access to advocates, including qualified peer wellness specialists, [*where appropriate*] **peer support specialists**, personal health navigators, and qualified community health workers who are part of the member’s care team to provide assistance that is culturally and linguistically appropriate to the member’s need to access appropriate services and participate in processes affecting the member’s care and services.

(d) Shall be encouraged within all aspects of the integrated and coordinated health care delivery system to use wellness and prevention resources and to make healthy lifestyle choices.

(e) Shall be encouraged to work with the member’s care team, including providers and community resources appropriate to the member’s needs as a whole person.

(2) The authority shall establish and maintain an enrollment process for individuals who are dually eligible for Medicare and Medicaid that promotes continuity of care and that allows the member to disenroll from a coordinated care organization that fails to promptly provide adequate services and:

(a) To enroll in another coordinated care organization of the member’s choice; or

(b) If another organization is not available, to receive Medicare-covered services on a fee-for-service basis.

(3) Members and their providers and coordinated care organizations have the right to appeal decisions about care and services through the authority in an expedited manner and in accordance with the contested case procedures in ORS chapter 183.

(4) A health care entity may not unreasonably refuse to contract with an organization seeking to form a coordinated care organization if the participation of the entity is necessary for the organization to qualify as a coordinated care organization.

(5) A health care entity may refuse to contract with a coordinated care organization if the reimbursement established for a service provided by the entity under the contract is below the reasonable cost to the entity for providing the service.

(6) A health care entity that unreasonably refuses to contract with a coordinated care organization may not receive fee-for-service reimbursement from the authority for services that are available through a coordinated care organization either directly or by contract.

(7)(a) The authority shall adopt by rule a process for resolving disputes involving:

(A) A health care entity’s refusal to contract with a coordinated care organization under subsections (4) and (5) of this section.

(B) The termination, extension or renewal of a health care entity’s contract with a coordinated care organization.

(b) The processes adopted under this subsection must include the use of an independent third party arbitrator.

(8) A coordinated care organization may not unreasonably refuse to contract with a licensed health care provider.

(9) The authority shall:

(a) Monitor and enforce consumer rights and protections within the Oregon Integrated and Coordinated Health Care Delivery System and ensure a consistent response to complaints of violations of consumer rights or protections.

(b) Monitor and report on the statewide health care expenditures and recommend actions appropriate and necessary to contain the growth in health care costs incurred by all sectors of the system.

SECTION 5. ORS 414.665 is amended to read:

414.665. (1) As used in this section, “**traditional health worker**” includes any of the following:

- (a) A community health worker.
- (b) A personal health navigator.
- (c) A peer wellness specialist.
- (d) A peer support specialist.
- (e) A doula.

[(1)] (2) In consultation with the Traditional Health Workers Commission established under ORS 413.600, the Oregon Health Authority, for purposes related to the regulation of *[community health workers, personal health navigators, peer wellness specialists and doulas]* **traditional health workers**, shall adopt by rule:

(a) The **qualification criteria** *[and descriptions of such individuals that may be]*, **including education and training requirements, for the traditional health workers** utilized by coordinated care organizations;

[(b)] *Education and training requirements for such individuals;*

[(c)] (b) Appropriate professional designations for supervisors of *[such individuals]* **the traditional health workers**; and

[(d)] (c) Processes by which other occupational classifications may be approved to supervise *[such individuals]* **the traditional health workers**.

[(2)] (3) The criteria and requirements established under subsection [(1)] (2) of this section:

(a) Must be broad enough to encompass the potential unique needs of any coordinated care organization;

(b) Must meet requirements of the Centers for Medicare and Medicaid Services to qualify for federal financial participation; and

(c) May not require certification by the Home Care Commission.

SECTION 6. ORS 443.004 is amended to read:

443.004. (1) The Department of Human Services or the Oregon Health Authority shall complete a criminal records check under ORS 181A.195 on:

(a) An employee of a residential facility or an adult foster home;

(b) Any individual who is paid directly or indirectly with public funds who has or will have contact with a recipient of support services or a resident of an adult foster home or a residential facility; and

(c) A home care worker registering with the Home Care Commission or renewing a registration with the Home Care Commission.

(2)(a) A home health agency shall conduct a criminal background check before hiring or contracting with an individual and before allowing an individual to volunteer to provide services on behalf of the home health agency, if the individual will have direct contact with a patient of the home health agency.

(b) An in-home care agency shall conduct a criminal background check before hiring or contracting with an individual and before allowing an individual to volunteer to provide services on behalf of the in-home care agency, if the individual will have direct contact with a client of the in-home care agency.

(c) The authority shall prescribe by rule the process for conducting a criminal background check.

(3) Public funds may not be used to support, in whole or in part, the employment in any capacity having contact with a recipient of support services or a resident of a residential facility or an adult foster home, of an individual, other than a mental health or substance abuse treatment provider, who has been convicted:

(a) Of a crime described in ORS 163.095, 163.115, 163.118, 163.125, 163.145, 163.149, 163.165, 163.175, 163.185, 163.187, 163.200, 163.205, 163.225, 163.235, 163.263, 163.264, 163.266, 163.275, 163.465, 163.467, 163.535, 163.537, 163.547, 163.689, 163.700, 163.701, 164.055, 164.057, 164.098, 164.125 (5)(c) or (d), 164.215, 164.225, 164.325, 164.377 (2) or (3), 164.405, 164.415, 165.013, 165.022, 165.032, 165.800, 165.803, 167.012, 167.017, 167.057, 167.320 or 167.322;

(b) Notwithstanding paragraph (a) of this subsection, of a crime described in ORS 163.465, 163.467, 163.700, 163.701, 164.055, 164.125 or 164.377, the date of conviction for which was within the five years immediately preceding employment in any capacity of an individual, other than a mental health or substance abuse treatment provider, having contact with a recipient of support services, a resident of a residential facility or a resident of an adult foster home, when the recipient or resident is 65 years of age or older;

(c) Of a crime listed in ORS 163A.005;

(d) In the last 10 years, of a crime involving the delivery or manufacture of a controlled substance;

(e) Of an attempt, conspiracy or solicitation to commit a crime described in paragraphs (a) to (d) of this subsection; or

(f) Of a crime in another jurisdiction that is substantially equivalent, as defined by rule, to a crime described in paragraphs (a) to (e) of this subsection.

(4) If the criminal background check conducted by a home health agency or in-home care agency under subsection (2) of this section reveals that the individual who is subject to the criminal background check has been convicted of any of the crimes described in subsection (3) of this section, the home health agency or in-home care agency may not employ the individual.

(5) Public funds may not be used to support, in whole or in part, the employment, in any capacity having contact with a recipient of support services or a resident of a residential facility or an adult foster home, of a mental health or substance abuse treatment provider who has been convicted of committing, or convicted of an attempt, conspiracy or solicitation to commit, a crime described in ORS 163.095, 163.115, 163.375, 163.405, 163.411 or 163.427.

(6) Upon the request of a mental health or substance abuse treatment provider, the department or authority shall maintain a record of the results of any fitness determination made under ORS 181A.195 (10). The department or authority may disclose the record only to a person the provider specifically authorizes, by a written release, to receive the information.

(7) If the department or authority has a record of substantiated abuse committed by an employee or potential employee of a home health agency, in-home care agency, adult foster home or residential facility, regardless of whether criminal charges were filed, the department or authority shall notify, in writing, the employer and the employee or potential employee.

(8) As used in this section:

(a) "Adult foster home" has the meaning given that term in ORS 443.705.

(b) "Home care worker" has the meaning given that term in ORS 410.600.

(c) "Home health agency" has the meaning given that term in ORS 443.014.

(d) "In-home care agency" has the meaning given that term in ORS 443.305.

(e) "Mental health or substance abuse treatment provider" means:

(A) A peer support specialist;

(B) An employee of a residential treatment facility or a residential treatment home that is licensed under ORS 443.415 to provide treatment for individuals with alcohol or drug dependence;

(C) An individual who provides treatment or services for persons with substance use disorders;

or

(D) An individual who provides mental health treatment or services.

[f] "Peer support specialist" means a person who:]

[(A) Is providing peer support services as defined by the authority by rule;]

[(B) Is under the supervision of a qualified clinical supervisor;]

[(C) Has completed training required by the authority; and]

[(D) Is currently receiving or has formerly received mental health services, or is in recovery from a substance use disorder and meets the abstinence requirements for staff providing services in alcohol or other drug treatment programs.]

(f) “Peer support specialist” has the meaning given that term in ORS 414.025.

(g) “Residential facility” has the meaning given that term in ORS 443.400.

SECTION 7. ORS 414.736 is amended to read:

414.736. As used in this chapter:

(1) “Designated area” means a geographic area of the state defined by the Oregon Health Authority by rule that is served by a prepaid managed care health services organization.

(2) “Fully capitated health plan” means an organization that contracts with the authority on a prepaid capitated basis under ORS 414.618.

(3) “Physician care organization” means an organization that contracts with the authority on a prepaid capitated basis under ORS 414.618 to provide the health services described in ORS 414.025 [(10)(b)] **(11)(b)**, (c), (d), (e), (f), (g) and (j). A physician care organization may also contract with the authority on a prepaid capitated basis to provide the health services described in ORS 414.025 [(10)(k)] **(11)(k)** and (L).

SECTION 8. ORS 414.740 is amended to read:

414.740. (1) Notwithstanding ORS 414.738 (1), the Oregon Health Authority shall contract under ORS 414.651 with a prepaid group practice health plan that serves at least 200,000 members in this state and that has been issued a certificate of authority by the Department of Consumer and Business Services as a health care service contractor to provide health services as described in ORS 414.025 [(10)(b)] **(11)(b)**, (c), (d), (e), (g) and (j). A health plan may also contract with the authority on a prepaid capitated basis to provide the health services described in ORS 414.025 [(10)(k)] **(11)(k)** and (L). The authority may accept financial contributions from any public or private entity to help implement and administer the contract. The authority shall seek federal matching funds for any financial contributions received under this section.

(2) In a designated area, in addition to the contract described in subsection (1) of this section, the authority shall contract with prepaid managed care health services organizations to provide health services under this chapter.

SECTION 9. (1) The Attorney General and the Director of the Oregon Health Authority, or their designees, shall develop and implement a plan for incorporating advocates for domestic and sexual violence survivors into the workforce of traditional health workers under ORS 414.665 to increase access by medical assistance recipients to services provided by the advocates.

(2) In developing the plan described in subsection (1) of this section, the Attorney General and the director, or their designees, shall consult and collaborate with coordinated care organizations, as defined in ORS 414.025, the Oregon Coalition Against Domestic and Sexual Violence and other groups that advocate for survivors of intimate partner violence.

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Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

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Peter Courtney, President of Senate

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