HB 2122-9
(LC 287)
4/10/17 (LHF/ps)

Requested by Representative BUEHLER

PROPOSED AMENDMENTS TO HOUSE BILL 2122

1 On page 1 of the printed bill, line 2, delete "and" and delete "414.625,"
2 and insert "414.025 and 414.625 and sections 14, 15 and 16, chapter 418,
3 Oregon Laws 2011; and repealing section 19, chapter 418, Oregon Laws
4 2011.".
5 Delete line 3.
6 Delete lines 5 through 26 and delete pages 2 through 8 and insert:
7 "**SECTION 1. (1) In addition to the Central Oregon Health Council**
8 **described in section 13, chapter 418, Oregon Laws 2011, the Oregon**
9 **Health Authority shall establish a health council for each of the fol-**
10 **lowing regions:**
11 **"(a) A region consisting of Wallowa, Union, Baker, Malheur,**
12 **Umatilla, Grant, Harney, Morrow, Gilliam, Wheeler and Lake Coun-**
13 **ties;**
14 **"(b) A region consisting of Hood River, Wasco and Sherman Coun-**
15 **ties;**
16 **"(c) Klamath County;**
17 **"(d) A region consisting of Jackson and Josephine Counties;**
18 **"(e) A region consisting of Curry and Coos Counties;**
19 **"(f) Douglas County;**
20 **"(g) Lane County;**
21 **"(h) A region consisting of Linn, Benton and Lincoln Counties;**

1 **“(i) A region consisting of Marion and Polk Counties;**

2 **“(j) Yamhill County;**

3 **“(k) A region consisting of Tillamook, Clatsop and Columbia Coun-**
4 **ties; and**

5 **“(L) A region consisting of Washington, Clackamas and Multnomah**
6 **Counties.**

7 **“(2) Each health council is subject to the requirements of sections**
8 **14, 15 and 16, chapter 418, Oregon Laws 2011.**

9 **“SECTION 2.** Section 14, chapter 418, Oregon Laws 2011, as amended by
10 section 2, chapter 359, Oregon Laws 2015, is amended to read:

11 “**Sec. 14.** (1) The [*Central Oregon Health Council*] **health councils es-**
12 **tablished under section 13, chapter 418, Oregon Laws 2011, and section**
13 **1 of this 2017 Act** shall consist of [*no more than 15*] **the following**
14 members[*, including*]:

15 “(a) One member each from the governing bodies of [*Crook, Deschutes and*
16 *Jefferson Counties*] **the counties in the region**, appointed by each body;

17 “(b) The chief executive officer, or a designee of the chief executive offi-
18 cer, of the health care system serving the region;

19 “(c) [*The chief executive officer, or a designee of the chief executive*
20 *officer,*] **Four representatives** of each coordinated care organization serving
21 [*any of the counties in*] the region [*that join the council*]; [*and*]

22 “(d) At least three members appointed by the council who represent:

23 “(A) Consumers of physical and behavioral health services;

24 “(B) Health care professionals;

25 “(C) School districts or educational service districts;

26 “(D) The business community; or

27 “(E) The governing body of [*any county that joins the council under section*
28 *13 (2), chapter 418, Oregon Laws 2011*] **each county in a region; and**

29 **“(e) One member who is a member of a coordinated care organiza-**
30 **tion and who resides in the region**.

1 "(2) The term of office of the members of [*the*] **a** council is four years.
2 Members may be reappointed.

3 "(3) A majority of the members of [*the*] **a** council constitutes a quorum
4 for the transaction of business.

5 "(4) [*The*] **A** council shall elect a member of the council to serve as the
6 chairperson.

7 "(5) If there is a vacancy for any cause, the appointing authority shall
8 make an appointment to the vacated position to become effective imme-
9 diately.

10 "(6) [*The*] **A** council may incorporate under ORS chapter 65 as an Oregon
11 nonprofit corporation and may adopt rules necessary for the operation of the
12 council, enter into necessary contracts, apply for and receive grants, hold
13 and dispose of property and take other actions necessary to carry out the
14 activities, services and responsibilities assumed by the council.

15 "(7) [*The*] **A** council may convene a single community advisory council
16 required by ORS 414.627 for all of the coordinated care organizations serving
17 any of the counties [*that join*] **represented on** the council.

18 "**(8) Meetings of a council are subject to ORS 192.610 to 192.690.**

19 **"SECTION 3.** Section 15, chapter 418, Oregon Laws 2011, as amended by
20 section 3, chapter 359, Oregon Laws 2015, is amended to read:

21 "**Sec. 15.** [*The Central Oregon Health Council*] **A health council** may
22 appoint an advisory committee to advise the council in the performance of
23 the duties of the council. The members of the advisory committee may in-
24 clude representatives of:

25 "(1) Public health agencies serving the region;

26 "(2) Behavioral health agencies for mental health authorities serving the
27 region represented on the council;

28 "(3) Hospital or integrated delivery systems serving the region repres-
29 ented on the council;

30 "(4) Medicaid contractors in each region served by the council;

"(5) Safety net clinics;

"(6) Health collaboratives;

"(7) The dental profession;

"(8) School and educational service districts;

"(9) The business community;

"(10) Primary care clinics; and

"(11) Independent physician associations.

"**SECTION 4.** Section 16, chapter 418, Oregon Laws 2011, as amended by section 64, chapter 37, Oregon Laws 2012, section 4, chapter 359, Oregon Laws 2015, and section 111, chapter 736, Oregon Laws 2015, is amended to read:

"**Sec. 16.** (1) As used in this section, 'regional health improvement plan' means a four-year comprehensive, coordinated regional plan incorporating and replacing all health and human service plans prescribed by the Oregon Health Authority, including but not limited to:

"(a) Plans required under ORS 430.630, 430.640 and 624.510; and

"(b) The community health assessment and community health improvement plan described in ORS 414.627.

"(2)(a) [*The Central Oregon*] **A** health council shall conduct a regional health assessment and adopt a regional health improvement plan to serve as a strategic population health and health care system service plan for the region served by the council. The plan must define the scope of the activities, services and responsibilities that the council proposes to assume upon implementation of the plan.

"(b) The activities, services and responsibilities that the council proposes to assume under the plan may include, but are not limited to:

"(A) Analysis and development of public and private resources, capacities and metrics based on ongoing regional health assessment activities and population health priorities;

"(B) Health policy;

"(C) System design;

"(D) Outcome and quality improvement;

"(E) Integration of service delivery; and

"(F) Workforce development.

"(3) [*The*] **A** council shall submit the plan adopted under subsection (2) of this section to the authority for approval. The authority may approve the plan or return it to the council for modification prior to approval.

"(4) The regional health improvement plan adopted under this section shall serve as a guide for entities serving medical assistance recipients, public health authorities, mental health authorities, health care systems, payer groups, provider groups and health coalitions in the counties served by [*the*] **a** council.

"SECTION 5. Each coordinated care organization shall pay to the Oregon Health Authority a fixed per member per month fee set by the authority. The fees shall be paid into the Oregon Health Authority Fund established in ORS 413.101 and may be used only for:

"(1) Operating expenses of the health councils established under section 13, chapter 418, Oregon Laws 2011, and section 1 of this 2017 Act;

"(2) Investments in accordance with a regional health improvement plan; and

"(3) Programs designed to improve the social determinants of health of communities in a health council region.

"SECTION 6. Sections 7 to 11 of this 2017 Act are added to and made a part of ORS chapter 414.

"SECTION 7. Coordinated care organizations shall report annually to the Oregon Health Authority financial information prescribed by the authority that discloses each coordinated care organization's profit margin, medical and nonmedical costs and investments and payments made to partner organizations.

"SECTION 8. The Oregon Health Authority shall work with all coordinated care organizations to develop a plan for the full implementation of alternative payment methodologies. The plan must:

"(1) Describe how the authority, coordinated care organizations and contracted providers will provide at least 85 percent of the reimbursements for services using alternative payment methodologies, in accordance with ORS 414.653, by December 31, 2023;

"(2) Provide a broad definition of alternative payment methodologies;

"(3) Allow for a phased-in implementation over the term of a coordinated care organization's contract; and

"(4) Align with the methodology and calculations for alternative payment models developed by the Center for Medicare and Medicaid Innovation.

"SECTION 9. The Oregon Health Authority may not contract with an entity to which a coordinated care organization or its parent organization transfers, subcontracts, reassigns or sells more than 50 percent of its contractual or ownership interests unless the authority has approved the transfer, subcontract, reassignment or sale no less than 120 days prior to the transfer, subcontract, reassignment or sale. If the authority does not approve the transfer, subcontract, reassignment or sale at least 120 days prior to the transfer, subcontract, reassignment or sale, the authority shall immediately terminate global payments to the recipient of the contractual or ownership interests.

"SECTION 10. (1) As used in this section, 'social determinants of health' means the conditions into which individuals are born and in which individuals grow, live, work and age, including but not limited to:

"(a) Housing;

"(b) Education;

1 **"(c) Criminal justice;**

2 **"(d) Employment opportunities;**

3 **"(e) Neighborhood environment; and**

4 **"(f) Transportation.**

5 **"(2) The Oregon Health Authority shall collaborate with coordi-**
6 **nated care organizations and health councils to develop specific met-**
7 **rics for a coordinated care organization's annual investments in the**
8 **social determinants of health of its members. The metrics must be**
9 **consistent with the requirements for medical loss ratios contained in**
10 **the terms and conditions of the demonstration project approved by the**
11 **Centers for Medicare and Medicaid Services.**

12 **"(3) Health councils established under section 13, chapter 418,**
13 **Oregon Laws 2011, and section 1 of this 2017 Act shall be responsible**
14 **for allocating investments described in section 5 of this 2017 Act.**

15 **"SECTION 11. The Oregon Health Authority shall establish a**
16 **structure for collaboration between coordinated care organizations and**
17 **community mental health programs in each health council's region in**
18 **the delivery of behavioral health services to ensure that all**
19 **Oregonians' behavioral health needs are aligned, coordinated and di-**
20 **rected by coordinated care organizations. Each collaboration must**
21 **have a model of governance and finance that builds on existing**
22 **structures and is led by the coordinated care organizations.**

23 **"SECTION 12.** ORS 414.625 is amended to read:

24 "414.625. (1) The Oregon Health Authority shall adopt by rule the quali-
25 fication criteria and requirements for a coordinated care organization and
26 shall integrate the criteria and requirements into each contract with a co-
27 ordinated care organization. Coordinated care organizations may be local,
28 community-based organizations or statewide organizations with community-
29 based participation in governance or any combination of the two. Coordi-
30 nated care organizations may contract with counties or with other public or

1 private entities to provide services to members. The authority may not con-
2 tract with only one statewide organization. A coordinated care organization
3 may be a single corporate structure or a network of providers organized
4 through contractual relationships. [*The criteria adopted by the authority un-*
5 *der this section must include, but are not limited to, the coordinated care*
6 *organization's demonstrated experience and capacity for:*]

7 "[*(a) Managing financial risk and establishing financial reserves.*]

8 "[*(b) Meeting the following minimum financial requirements:*]

9 "[*(A) Maintaining restricted reserves of $250,000 plus an amount equal to*
10 *50 percent of the coordinated care organization's total actual or projected li-*
11 *abilities above $250,000.*]

12 "[*(B) Maintaining a net worth in an amount equal to at least five percent*
13 *of the average combined revenue in the prior two quarters of the participating*
14 *health care entities.*]

15 "[*(c) Operating within a fixed global budget.*]

16 "[*(d) Developing and implementing alternative payment methodologies that*
17 *are based on health care quality and improved health outcomes.*]

18 "[*(e) Coordinating the delivery of physical health care, mental health and*
19 *chemical dependency services, oral health care and covered long-term care*
20 *services.*]

21 "[*(f) Engaging community members and health care providers in improving*
22 *the health of the community and addressing regional, cultural, socioeconomic*
23 *and racial disparities in health care that exist among the coordinated care*
24 *organization's members and in the coordinated care organization's*
25 *community.*]

26 "[*(2) In addition to the criteria specified in subsection (1) of this section,*
27 *the authority must adopt by rule requirements for coordinated care organiza-*
28 *tions contracting with the authority so that:*]

29 "[*(a) Each member of the coordinated care organization receives integrated*
30 *person centered care and services designed to provide choice, independence and*

dignity.]

"[*(b) Each member has a consistent and stable relationship with a care team that is responsible for comprehensive care management and service delivery.*]

"[*(c) The supportive and therapeutic needs of each member are addressed in a holistic fashion, using patient centered primary care homes, behavioral health homes or other models that support patient centered primary care and behavioral health care and individualized care plans to the extent feasible.*]

"[*(d) Members receive comprehensive transitional care, including appropriate follow-up, when entering and leaving an acute care facility or a long term care setting.*]

"[*(e) Members receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources, including through the use of certified health care interpreters, as defined in ORS 413.550, community health workers and personal health navigators who meet competency standards established by the authority under ORS 414.665 or who are certified by the Home Care Commission under ORS 410.604.*]

"[*(f) Services and supports are geographically located as close to where members reside as possible and are, if available, offered in nontraditional settings that are accessible to families, diverse communities and underserved populations.*]

"[*(g) Each coordinated care organization uses health information technology to link services and care providers across the continuum of care to the greatest extent practicable and if financially viable.*]

"[*(h) Each coordinated care organization complies with the safeguards for members described in ORS 414.635.*]

"[*(i) Each coordinated care organization convenes a community advisory council that meets the criteria specified in ORS 414.627.*]

"[*(j) Each coordinated care organization prioritizes working with members*

who have high health care needs, multiple chronic conditions, mental illness or chemical dependency and involves those members in accessing and managing appropriate preventive, health, remedial and supportive care and services to reduce the use of avoidable emergency room visits and hospital admissions.]

"[*(k) Members have a choice of providers within the coordinated care organization's network and that providers participating in a coordinated care organization:*]

"[*(A) Work together to develop best practices for care and service delivery to reduce waste and improve the health and well-being of members.*]

"[*(B) Are educated about the integrated approach and how to access and communicate within the integrated system about a patient's treatment plan and health history.*]

"[*(C) Emphasize prevention, healthy lifestyle choices, evidence-based practices, shared decision-making and communication.*]

"[*(D) Are permitted to participate in the networks of multiple coordinated care organizations.*]

"[*(E) Include providers of specialty care.*]

"[*(F) Are selected by coordinated care organizations using universal application and credentialing procedures and objective quality information and are removed if the providers fail to meet objective quality standards.*]

"[*(G) Work together to develop best practices for culturally appropriate care and service delivery to reduce waste, reduce health disparities and improve the health and well-being of members.*]

"[*(L) Each coordinated care organization reports on outcome and quality measures adopted under ORS 414.638 and participates in the health care data reporting system established in ORS 442.464 and 442.466.*]

"[*(m) Each coordinated care organization uses best practices in the management of finances, contracts, claims processing, payment functions and provider networks.*]

“[*(n) Each coordinated care organization participates in the learning collaborative described in ORS 413.259 (3).*]

“[*(o)*] **(2) The criteria adopted by the authority under this section must ensure that:**

“(a) Each coordinated care organization has a governing body that includes:

“(A) Persons that share in the financial risk of the organization who must constitute a majority of the governing body;

“(B) The major components of the health care delivery system;

“(C) At least two health care providers in active practice, including:

“(i) A physician licensed under ORS chapter 677 or a nurse practitioner certified under ORS 678.375, whose area of practice is primary care; and

“(ii) A mental health or chemical dependency treatment provider;

“(D) At least two members from the community at large, to ensure that the organization’s decision-making is consistent with the values of the members and the community; [*and*]

“(E) At least one member of the community advisory council**; and**

“(F) The member of the coordinated care organization who serves on the health council and who resides in the region in accordance with section 14, chapter 418, Oregon Laws 2011.

“[*(p)*] **(b)** Each coordinated care organization’s governing body establishes standards for publicizing the activities of the coordinated care organization and the organization’s community advisory councils, as necessary, to keep the community informed.

“**(c) Each coordinated care organization enters into a joint services agreement with its corresponding health council.**

“(3) The authority shall consider the participation of area agencies and other nonprofit agencies in the configuration of coordinated care organizations.

“(4) In selecting one or more coordinated care organizations to serve a

1 geographic area, the authority shall:

2 “(a) For members and potential members, optimize access to care and
3 choice of providers;

4 “(b) For providers, optimize choice in contracting with coordinated care
5 organizations; and

6 “(c) Allow more than one coordinated care organization to serve the ge-
7 ographic area if necessary to optimize access and choice under this sub-
8 section.

9 “(5) On or before July 1, 2014, each coordinated care organization must
10 have a formal contractual relationship with any dental care organization
11 that serves members of the coordinated care organization in the area where
12 they reside.

13 **“SECTION 13.** ORS 414.025, as amended by section 9, chapter 389, Oregon
14 Laws 2015, is amended to read:

15 “414.025. As used in this chapter and ORS chapters 411 and 413, unless
16 the context or a specially applicable statutory definition requires otherwise:

17 “[*(1)(a)*] **(1)** ‘Alternative payment methodology’ means a [*payment other*
18 *than a fee-for-services payment, used by coordinated care organizations as*
19 *compensation for the provision of integrated and coordinated health care and*
20 *services.*] **method for paying for health services as described in ORS**
21 **414.653.**

22 “[*(b) ‘Alternative payment methodology’ includes, but is not limited to:*]

23 “[*(A) Shared savings arrangements;*]

24 “[*(B) Bundled payments; and*]

25 “[*(C) Payments based on episodes.*]

26 “(2) ‘Behavioral health clinician’ means:

27 “(a) A licensed psychiatrist;

28 “(b) A licensed psychologist;

29 “(c) A certified nurse practitioner with a specialty in psychiatric mental
30 health;

1 “(d) A licensed clinical social worker;
2 “(e) A licensed professional counselor or licensed marriage and family
3 therapist;
4 “(f) A certified clinical social work associate;
5 “(g) An intern or resident who is working under a board-approved super-
6 visory contract in a clinical mental health field; or
7 “(h) Any other clinician whose authorized scope of practice includes
8 mental health diagnosis and treatment.
9 “(3) ‘Behavioral health home’ means a mental health disorder or sub-
10 stance use disorder treatment organization, as defined by the Oregon Health
11 Authority by rule, that provides integrated health care to individuals whose
12 primary diagnoses are mental health disorders or substance use disorders.
13 “(4) ‘Category of aid’ means assistance provided by the Oregon Supple-
14 mental Income Program, aid granted under ORS 411.877 to 411.896 and
15 412.001 to 412.069 or federal Supplemental Security Income payments.
16 “(5) ‘Community health worker’ means an individual who:
17 “(a) Has expertise or experience in public health;
18 “(b) Works in an urban or rural community, either for pay or as a vol-
19 unteer in association with a local health care system;
20 “(c) To the extent practicable, shares ethnicity, language, socioeconomic
21 status and life experiences with the residents of the community where the
22 worker serves;
23 “(d) Assists members of the community to improve their health and in-
24 creases the capacity of the community to meet the health care needs of its
25 residents and achieve wellness;
26 “(e) Provides health education and information that is culturally appro-
27 priate to the individuals being served;
28 “(f) Assists community residents in receiving the care they need;
29 “(g) May give peer counseling and guidance on health behaviors; and
30 “(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) '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) 'Health insurance exchange' or 'exchange' means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

"(10) '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;

1 “(g) Chemical dependency services;
2 “(h) Emergency dental services;
3 “(i) Nonemergency dental services;
4 “(j) Provider services, other than services described in paragraphs (a) to
5 (i), (k), (L) and (m) of this subsection, defined by federal law that may be
6 included in the state’s medical assistance program;
7 “(k) Emergency hospital services;
8 “(L) Outpatient hospital services; and
9 “(m) Inpatient hospital services.
10 “(11) ‘Income’ has the meaning given that term in ORS 411.704.
11 “(12)(a) ‘Integrated health care’ means care provided to individuals and
12 their families in a patient centered primary care home or behavioral health
13 home by licensed primary care clinicians, behavioral health clinicians and
14 other care team members, working together to address one or more of the
15 following:
16 “(A) Mental illness.
17 “(B) Substance use disorders.
18 “(C) Health behaviors that contribute to chronic illness.
19 “(D) Life stressors and crises.
20 “(E) Developmental risks and conditions.
21 “(F) Stress-related physical symptoms.
22 “(G) Preventive care.
23 “(H) Ineffective patterns of health care utilization.
24 “(b) As used in this subsection, ‘other care team members’ includes but
25 is not limited to:
26 “(A) Qualified mental health professionals or qualified mental health as-
27 sociates meeting requirements adopted by the Oregon Health Authority by
28 rule;
29 “(B) Peer wellness specialists;
30 “(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) '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) '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) '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) '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) 'Peer support specialist' means any of the following individuals 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;

"(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) 'Peer wellness specialist' means an individual 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) '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) 'Personal health navigator' means an individual 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) '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) '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) '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.

"SECTION 14. Section 19, chapter 418, Oregon Laws 2011, as amended by section 6, chapter 359, Oregon Laws 2015, is repealed.".