

Requested by Senator BONHAM

**PROPOSED AMENDMENTS TO
B-ENGROSSED HOUSE BILL 4130**

1 On page 1 of the printed B-engrossed bill, line 3, delete “and 63.074” and
2 insert “, 63.074, 414.025 and 414.611”.

3 On page 21, after line 45, insert:

4 **“SECTION 19.** ORS 414.611 is amended to read:

5 “414.611. (1) The Oregon Health Authority may approve the transfer of
6 500 or more members from one coordinated care organization **or dental care**
7 **organization** to another coordinated care organization **or dental care or-**
8 **ganization** if:

9 “(a) The members’ provider has contracted with the receiving organiza-
10 tion and has stopped accepting patients from or has terminated providing
11 services to members of the transferring organization; and

12 “(b) Members are offered the choice of remaining members of the trans-
13 ferring organization. **The members’ provider shall be permitted to com-**
14 **municate directly or indirectly with the members to inform the**
15 **members about the members’ options for continuing under the care**
16 **of the provider.**

17 “(2) Members may not be transferred under this section until the author-
18 ity has evaluated the receiving organization and determined that the organ-
19 ization meets criteria established by the authority by rule, including but not
20 limited to criteria that ensure that the organization meets the requirements
21 of ORS 414.609 (1).

1 “(3) The authority shall provide notice of a transfer under this section to
2 members that will be affected by the transfer at least 90 days before the
3 scheduled date of the transfer.

4 “(4)(a) The authority may not approve the transfer of members under this
5 section if:

6 “(A) The transfer results from the termination of a provider’s contract
7 with a coordinated care organization for just cause; and

8 “(B) The coordinated care organization has notified the authority that the
9 provider’s contract was terminated for just cause.

10 “(b) A provider is entitled to a contested case hearing in accordance with
11 ORS chapter 183, on an expedited basis, to dispute the denial of a transfer
12 of members under this subsection.

13 “(c) As used in this subsection, ‘just cause’ means that the contract was
14 terminated for reasons related to quality of care, competency, fraud or other
15 similar reasons prescribed by the authority by rule.

16 “(5) The provider and the organization shall be the parties to any con-
17 tested case proceeding to determine whether the provider’s contract was
18 terminated for just cause. The authority may award attorney fees and costs
19 to the party prevailing in the proceeding, applying the factors in ORS 20.075.

20 **“SECTION 20.** ORS 414.025 is amended to read:

21 “414.025. As used in this chapter and ORS chapters 411 and 413, unless
22 the context or a specially applicable statutory definition requires otherwise:

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

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

28 “(A) Shared savings arrangements;

29 “(B) Bundled payments; and

30 “(C) Payments based on episodes.

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

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

5 “(a) A licensed psychiatrist;

6 “(b) A licensed psychologist;

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

9 “(d) A licensed clinical social worker;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 “(9) **‘Dental care organization’ means a prepaid managed care**
19 **health services organization that provides dental care to members of**
20 **a coordinated care organization.**

21 “[9] (10) ‘Dually eligible for Medicare and Medicaid’ means, with respect
22 to eligibility for enrollment in a coordinated care organization, that an in-
23 dividual is eligible for health services funded by Title XIX of the Social Se-
24 curity Act and is:

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

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

28 “[10](a) (11)(a) ‘Family support specialist’ means an individual who
29 meets qualification criteria adopted by the authority under ORS 414.665 and
30 who provides supportive services to and has experience parenting a child

1 who:

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

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

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

8 “[~~(11)~~] **(12)** ‘Global budget’ means a total amount established prospectively
9 by the Oregon Health Authority to be paid to a coordinated care organiza-
10 tion for the delivery of, management of, access to and quality of the health
11 care delivered to members of the coordinated care organization.

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

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

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

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

24 “(c) Prescription drugs;

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

26 “(e) Medical equipment and supplies;

27 “(f) Mental health services;

28 “(g) Chemical dependency services;

29 “(h) Emergency dental services;

30 “(i) Nonemergency dental services;

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

4 “(k) Emergency hospital services;

5 “(L) Outpatient hospital services; and

6 “(m) Inpatient hospital services.

7 “[~~(14)~~] **(15)** ‘Income’ has the meaning given that term in ORS 411.704.

8 “[~~(15)(a)~~] **(16)(a)** ‘Integrated health care’ means care provided to individ-
9 uals and their families in a patient centered primary care home or behavioral
10 health home by licensed primary care clinicians, behavioral health clinicians
11 and other care team members, working together to address one or more of
12 the following:

13 “(A) Mental illness.

14 “(B) Substance use disorders.

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

16 “(D) Life stressors and crises.

17 “(E) Developmental risks and conditions.

18 “(F) Stress-related physical symptoms.

19 “(G) Preventive care.

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

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

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

26 “(B) Peer wellness specialists;

27 “(C) Peer support specialists;

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

30 “(E) Personal health navigators; or

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

3 “[~~(16)~~] **(17)** ‘Investments and savings’ means cash, securities as defined in
4 ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such sim-
5 ilar investments or savings as the department or the authority may establish
6 by rule that are available to the applicant or recipient to contribute toward
7 meeting the needs of the applicant or recipient.

8 “[~~(17)~~] **(18)** ‘Medical assistance’ means so much of the medical, mental
9 health, preventive, supportive, palliative and remedial care and services as
10 may be prescribed by the authority according to the standards established
11 pursuant to ORS 414.065, including premium assistance under ORS 414.115
12 and 414.117, payments made for services provided under an insurance or
13 other contractual arrangement and money paid directly to the recipient for
14 the purchase of health services and for services described in ORS 414.710.

15 “[~~(18)~~] **(19)** ‘Medical assistance’ includes any care or services for any in-
16 dividual who is a patient in a medical institution or any care or services for
17 any individual who has attained 65 years of age or is under 22 years of age,
18 and who is a patient in a private or public institution for mental diseases.
19 Except as provided in ORS 411.439 and 411.447, ‘medical assistance’ does not
20 include care or services for a resident of a nonmedical public institution.

21 “[~~(19)~~] **(20)** ‘Patient centered primary care home’ means a health care
22 team or clinic that is organized in accordance with the standards established
23 by the Oregon Health Authority under ORS 414.655 and that incorporates the
24 following core attributes:

25 “(a) Access to care;

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

27 “(c) Comprehensive whole person care;

28 “(d) Continuity of care;

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

30 “(f) Person and family centered care.

1 “[~~(20)~~] **(21)** ‘Peer support specialist’ means any of the following individ-
2 uals who meet qualification criteria adopted by the authority under ORS
3 414.665 and who provide supportive services to a current or former consumer
4 of mental health or addiction treatment:

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

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

9 “[~~(21)~~] **(22)** ‘Peer wellness specialist’ means an individual who meets
10 qualification criteria adopted by the authority under ORS 414.665 and who
11 is responsible for assessing mental health and substance use disorder service
12 and support needs of a member of a coordinated care organization through
13 community outreach, assisting members with access to available services and
14 resources, addressing barriers to services and providing education and in-
15 formation about available resources for individuals with mental health or
16 substance use disorders in order to reduce stigma and discrimination toward
17 consumers of mental health and substance use disorder services and to assist
18 the member in creating and maintaining recovery, health and wellness.

19 “[~~(22)~~] **(23)** ‘Person centered care’ means care that:

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

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

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

25 “[~~(23)~~] **(24)** ‘Personal health navigator’ means an individual who meets
26 qualification criteria adopted by the authority under ORS 414.665 and who
27 provides information, assistance, tools and support to enable a patient to
28 make the best health care decisions in the patient’s particular circumstances
29 and in light of the patient’s needs, lifestyle, combination of conditions and
30 desired outcomes.

1 “[~~24~~] **(25)** ‘Prepaid managed care health services organization’ means a
2 managed dental care, mental health or chemical dependency organization
3 that contracts with the authority under ORS 414.654 or with a coordinated
4 care organization on a prepaid capitated basis to provide health services to
5 medical assistance recipients.

6 “[~~25~~] **(26)** ‘Quality measure’ means the health outcome and quality
7 measures and benchmarks identified by the Health Plan Quality Metrics
8 Committee and the metrics and scoring subcommittee in accordance with
9 ORS 413.017 (4) and 413.022 and the quality metrics developed by the Be-
10 havioral Health Committee in accordance with ORS 413.017 (5).

11 “[~~26~~] **(27)** ‘Resources’ has the meaning given that term in ORS 411.704.
12 For eligibility purposes, ‘resources’ does not include charitable contributions
13 raised by a community to assist with medical expenses.

14 “[~~27~~] **(28)** ‘Social determinants of health’ means:

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

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

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

21 “[~~28~~] **(29)** ‘Tribal traditional health worker’ means an individual who
22 meets qualification criteria adopted by the authority under ORS 414.665 and
23 who:

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

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

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

30 “(d) Assists members of the community to improve their health, including

1 physical, behavioral and oral health, and increases the capacity of the com-
2 munity to meet the health care needs of its residents and achieve wellness;

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

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

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

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

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

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

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

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

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

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

21 “414.025. As used in this chapter and ORS chapters 411 and 413, unless
22 the context or a specially applicable statutory definition requires otherwise:

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

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

28 “(A) Shared savings arrangements;

29 “(B) Bundled payments; and

30 “(C) Payments based on episodes.

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

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

5 “(a) A licensed psychiatrist;

6 “(b) A licensed psychologist;

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

9 “(d) A licensed clinical social worker;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 “(9) **‘Dental care organization’ means a prepaid managed care**
19 **health services organization that provides dental care to members of**
20 **a coordinated care organization.**

21 “[9] (10) ‘Dually eligible for Medicare and Medicaid’ means, with respect
22 to eligibility for enrollment in a coordinated care organization, that an in-
23 dividual is eligible for health services funded by Title XIX of the Social Se-
24 curity Act and is:

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

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

28 “[10](a) (11)(a) ‘Family support specialist’ means an individual who
29 meets qualification criteria adopted by the authority under ORS 414.665 and
30 who provides supportive services to and has experience parenting a child

1 who:

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

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

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

8 “[~~(11)~~] **(12)** ‘Global budget’ means a total amount established prospectively
9 by the Oregon Health Authority to be paid to a coordinated care organiza-
10 tion for the delivery of, management of, access to and quality of the health
11 care delivered to members of the coordinated care organization.

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

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

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

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

24 “(c) Prescription drugs;

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

26 “(e) Medical equipment and supplies;

27 “(f) Mental health services;

28 “(g) Chemical dependency services;

29 “(h) Emergency dental services;

30 “(i) Nonemergency dental services;

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

4 “(k) Emergency hospital services;

5 “(L) Outpatient hospital services; and

6 “(m) Inpatient hospital services.

7 “[~~(14)~~] **(15)** ‘Income’ has the meaning given that term in ORS 411.704.

8 “[~~(15)(a)~~] **(16)(a)** ‘Integrated health care’ means care provided to individ-
9 uals and their families in a patient centered primary care home or behavioral
10 health home by licensed primary care clinicians, behavioral health clinicians
11 and other care team members, working together to address one or more of
12 the following:

13 “(A) Mental illness.

14 “(B) Substance use disorders.

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

16 “(D) Life stressors and crises.

17 “(E) Developmental risks and conditions.

18 “(F) Stress-related physical symptoms.

19 “(G) Preventive care.

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

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

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

26 “(B) Peer wellness specialists;

27 “(C) Peer support specialists;

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

30 “(E) Personal health navigators; or

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

3 “[~~(16)~~] (17) ‘Investments and savings’ means cash, securities as defined in
4 ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such sim-
5 ilar investments or savings as the department or the authority may establish
6 by rule that are available to the applicant or recipient to contribute toward
7 meeting the needs of the applicant or recipient.

8 “[~~(17)~~] (18) ‘Medical assistance’ means so much of the medical, mental
9 health, preventive, supportive, palliative and remedial care and services as
10 may be prescribed by the authority according to the standards established
11 pursuant to ORS 414.065, including premium assistance under ORS 414.115
12 and 414.117, payments made for services provided under an insurance or
13 other contractual arrangement and money paid directly to the recipient for
14 the purchase of health services and for services described in ORS 414.710.

15 “[~~(18)~~] (19) ‘Medical assistance’ includes any care or services for any in-
16 dividual who is a patient in a medical institution or any care or services for
17 any individual who has attained 65 years of age or is under 22 years of age,
18 and who is a patient in a private or public institution for mental diseases.
19 Except as provided in ORS 411.439 and 411.447, ‘medical assistance’ does not
20 include care or services for a resident of a nonmedical public institution.

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

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

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

26 “[~~(20)~~] (21) ‘Patient centered primary care home’ means a health care
27 team or clinic that is organized in accordance with the standards established
28 by the Oregon Health Authority under ORS 414.655 and that incorporates the
29 following core attributes:

30 “(a) Access to care;

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

2 “(c) Comprehensive whole person care;

3 “(d) Continuity of care;

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

5 “(f) Person and family centered care.

6 “[~~(21)~~] **(22)** ‘Peer support specialist’ means any of the following individ-
7 uals who meet qualification criteria adopted by the authority under ORS
8 414.665 and who provide supportive services to a current or former consumer
9 of mental health or addiction treatment:

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

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

14 “[~~(22)~~] **(23)** ‘Peer wellness specialist’ means an individual who meets
15 qualification criteria adopted by the authority under ORS 414.665 and who
16 is responsible for assessing mental health and substance use disorder service
17 and support needs of a member of a coordinated care organization through
18 community outreach, assisting members with access to available services and
19 resources, addressing barriers to services and providing education and in-
20 formation about available resources for individuals with mental health or
21 substance use disorders in order to reduce stigma and discrimination toward
22 consumers of mental health and substance use disorder services and to assist
23 the member in creating and maintaining recovery, health and wellness.

24 “[~~(23)~~] **(24)** ‘Person centered care’ means care that:

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

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

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

30 “[~~(24)~~] **(25)** ‘Personal health navigator’ means an individual who meets

1 qualification criteria adopted by the authority under ORS 414.665 and who
2 provides information, assistance, tools and support to enable a patient to
3 make the best health care decisions in the patient’s particular circumstances
4 and in light of the patient’s needs, lifestyle, combination of conditions and
5 desired outcomes.

6 “[25] **(26)** ‘Prepaid managed care health services organization’ means a
7 managed dental care, mental health or chemical dependency organization
8 that contracts with the authority under ORS 414.654 or with a coordinated
9 care organization on a prepaid capitated basis to provide health services to
10 medical assistance recipients.

11 “[26] **(27)** ‘Quality measure’ means the health outcome and quality
12 measures and benchmarks identified by the Health Plan Quality Metrics
13 Committee and the metrics and scoring subcommittee in accordance with
14 ORS 413.017 (4) and 413.022 and the quality metrics developed by the Be-
15 havioral Health Committee in accordance with ORS 413.017 (5).

16 “[27] **(28)** ‘Resources’ has the meaning given that term in ORS 411.704.
17 For eligibility purposes, ‘resources’ does not include charitable contributions
18 raised by a community to assist with medical expenses.

19 “[28] **(29)** ‘Social determinants of health’ means:

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

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

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

26 “[29] **(30)** ‘Tribal traditional health worker’ means an individual who
27 meets qualification criteria adopted by the authority under ORS 414.665 and
28 who:

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

30 “(b) Works in a tribal community or an urban Indian community, either

1 for pay or as a volunteer in association with a local health care system;

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

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

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

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

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

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

13 “[~~(30)(a)~~] **(31)(a)** ‘Youth support specialist’ means an individual who meets
14 qualification criteria adopted by the authority under ORS 414.665 and who,
15 based on a similar life experience, provides supportive services to an indi-
16 vidual who:

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

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

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

22 “(b) A ‘youth support specialist’ may be a peer wellness specialist or a
23 peer support specialist.”.

24 On page 22, line 1, delete “19” and insert “22”.

25
