



Legislative Fiscal Office
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Bill Title: Relating to community health; declaring an emergency.

Government Unit(s) Affected: Counties, Oregon Health Authority

Summary of Fiscal Impact

Costs related to the measure are indeterminate at this time - see explanatory analysis.

Measure Description

The measure includes the following significant provisions:

- The Oregon Health Authority (OHA) and coordinated care organizations (CCOs) must contract directly with individual traditional health workers, community health registered nurses and community-based organizations to provide services to medical assistance recipients or members of coordinated care organizations.
- CCOs are directed to reimburse traditional health workers, community health registered nurses and community-based organizations using fee-for-service rates or a payment methodology that considers quality and the cost of administrative and infrastructure costs.
- OHA must establish billing codes that include reimbursement for preventative and social support services provided by traditional health workers and community health registered nurses to medical assistance recipients.
- Every even-numbered year, OHA must review and if necessary, revise the rates of reimbursement for traditional health workers and community health registered nurses.
- OHA is prohibited from requiring a medical diagnosis as a condition for reimbursing the cost of service for a traditional health worker or community health registered nurse.
- The measure declares an emergency and takes effect on passage, provisions of the measure are operative January 1, 2026.

Fiscal Analysis

The fiscal impact of the measure is indeterminate due to the unknown number of eligible health care workers and the lack of established billing codes. OHA interprets the measure's requirement to contract directly with these health care workers as enrolling them as providers eligible for Medicaid reimbursement. Part of the issue in determining the number of eligible health care workers is identifying "community health registered nurses." The Oregon State Board of Nursing does not provide a separate designation for nurses working in this field. Additionally, community health partners may have different titles for their nurses despite providing similar services. OHA does not have a resource to readily identify nurses that qualify as community health registered nurses. Of note, currently, traditional health workers and community health workers can be listed as providers and receive Medicaid reimbursement, though few have participated, due to an unclear billing process.

To project the potential number of claims, OHA will first need to establish the new billing codes to determine the prevalence of qualifying health conditions in a population. Additionally, the measure does not offer new services but creates new access points for services, it is assumed that medical assistance recipients will shift

their care to one of these new provider types, but it is not clear how many will shift or if overall utilization will increase. To research and establish billing codes and develop rules for provider payments, OHA will require one permanent full-time quality assurance analyst (0.75 FTE). The cost for this position including personal services and position-related services and supplies costs is \$208,576 total funds. Once OHA can project caseload, following the development of the billing codes, OHA may need one full-time permanent enrollment specialist (0.25 FTE) to enroll, train and support new providers. The cost for this position, including personal services and position-related services and supplies costs is \$52,384 total funds.

Relevant Dates

The measure takes effect on the 91st day after sine die.

The measure is operative January 1, 2026.