

# House Bill 3773

Sponsored by Representative BOICE, Senator MANNING JR; Senators MEEK, WOODS

## SUMMARY

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

Digest: Adds persons who work with veterans as a new type of traditional health workers. (Flesch Readability Score: 65.7).

Requires the Oregon Health Authority to adopt by rule qualification criteria for veteran-specific personal health navigators as an additional category of traditional health workers.

## A BILL FOR AN ACT

1  
2 Relating to veterans; amending ORS 414.025 and 414.665.

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

4 **SECTION 1.** ORS 414.025, as amended by section 5, chapter 18, Oregon Laws 2024, is amended  
5 to read:

6 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially  
7 applicable statutory definition requires otherwise:

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

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

12 (A) Shared savings arrangements;

13 (B) Bundled payments; and

14 (C) Payments based on episodes.

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

17 (3) "Behavioral health clinician" means:

18 (a) A licensed psychiatrist;

19 (b) A licensed psychologist;

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

21 (d) A licensed clinical social worker;

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

23 (f) A certified clinical social work associate;

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

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

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

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

1 physical health.

2 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-  
 3 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated  
 4 health care to individuals whose primary diagnoses are mental health disorders or substance use  
 5 disorders.

6 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,  
 7 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security  
 8 Income payments.

9 (7) “Community health worker” means an individual who meets qualification criteria adopted  
 10 by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

23 (8) “Coordinated care organization” means an organization meeting criteria adopted by the  
 24 Oregon Health Authority under ORS 414.572.

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

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

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

30 (10)(a) “Family support specialist” means an individual who meets qualification criteria adopted  
 31 by the authority under ORS 414.665 and who provides supportive services to and has experience  
 32 parenting a child who:

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

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

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

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

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

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

45 (a) Services required by federal law to be included in the state’s medical assistance program in

1 order for the program to qualify for federal funds;

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

5 (c) Prescription drugs;

6 (d) Laboratory and X-ray services;

7 (e) Medical equipment and supplies;

8 (f) Mental health services;

9 (g) Chemical dependency services;

10 (h) Emergency dental services;

11 (i) Nonemergency dental services;

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

15 (k) Emergency hospital services;

16 (L) Outpatient hospital services; and

17 (m) Inpatient hospital services.

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

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

23 (A) Mental illness.

24 (B) Substance use disorders.

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

26 (D) Life stressors and crises.

27 (E) Developmental risks and conditions.

28 (F) Stress-related physical symptoms.

29 (G) Preventive care.

30 (H) Ineffective patterns of health care utilization.

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

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

34 (B) Peer wellness specialists;

35 (C) Peer support specialists;

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

37 (E) Personal health navigators; or

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

39 (16) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable in-  
 40 struments as defined in ORS 73.0104 and such similar investments or savings as the department or  
 41 the authority may establish by rule that are available to the applicant or recipient to contribute  
 42 toward meeting the needs of the applicant or recipient.

43 (17) “Medical assistance” means so much of the medical, mental health, preventive, supportive,  
 44 palliative and remedial care and services as may be prescribed by the authority according to the  
 45 standards established pursuant to ORS 414.065, including premium assistance under ORS 414.115 and

1 414.117, payments made for services provided under an insurance or other contractual arrangement  
 2 and money paid directly to the recipient for the purchase of health services and for services de-  
 3 scribed in ORS 414.710.

4 (18) “Medical assistance” includes any care or services for any individual who is a patient in  
 5 a medical institution or any care or services for any individual who has attained 65 years of age  
 6 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-  
 7 eases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care  
 8 or services for a resident of a nonmedical public institution.

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

- 12 (a) Access to care;
- 13 (b) Accountability to consumers and to the community;
- 14 (c) Comprehensive whole person care;
- 15 (d) Continuity of care;
- 16 (e) Coordination and integration of care; and
- 17 (f) Person and family centered care.

18 (20) “Peer support specialist” means any of the following individuals who meet qualification  
 19 criteria adopted by the authority under ORS 414.665 and who provide supportive services to a cur-  
 20 rent or former consumer of mental health or addiction treatment:

- 21 (a) An individual who is a current or former consumer of mental health treatment; or
- 22 (b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from  
 23 an addiction disorder.

24 (21) “Peer wellness specialist” means an individual who meets qualification criteria adopted by  
 25 the authority under ORS 414.665 and who is responsible for assessing mental health and substance  
 26 use disorder service and support needs of a member of a coordinated care organization through  
 27 community outreach, assisting members with access to available services and resources, addressing  
 28 barriers to services and providing education and information about available resources for individ-  
 29 uals with mental health or substance use disorders in order to reduce stigma and discrimination  
 30 toward consumers of mental health and substance use disorder services and to assist the member  
 31 in creating and maintaining recovery, health and wellness.

32 (22) “Person centered care” means care that:

- 33 (a) Reflects the individual patient’s strengths and preferences;
- 34 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;  
 35 and
- 36 (c) Is based upon the patient’s goals and will assist the patient in achieving the goals.

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

41 (24) “Prepaid managed care health services organization” means a managed dental care, mental  
 42 health or chemical dependency organization that contracts with the authority under ORS 414.654  
 43 or with a coordinated care organization on a prepaid capitated basis to provide health services to  
 44 medical assistance recipients.

45 (25) “Quality measure” means the health outcome and quality measures and benchmarks identi-

1 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in  
 2 accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral  
 3 Health Committee in accordance with ORS 413.017 (5).

4 (26)(a) “Quality of life in general measure” means an assessment of the value, effectiveness or  
 5 cost-effectiveness of a treatment that gives greater value to a year of life lived in perfect health than  
 6 the value given to a year of life lived in less than perfect health.

7 (b) “Quality of life in general measure” does not mean an assessment of the value, effectiveness  
 8 or cost-effectiveness of a treatment during a clinical trial in which a study participant is asked to  
 9 rate the participant’s physical function, pain, general health, vitality, social functions or other sim-  
 10 ilar domains.

11 (27) “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes, “re-  
 12 sources” does not include charitable contributions raised by a community to assist with medical  
 13 expenses.

14 (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 age; and

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

20 (29) “Tribal traditional health worker” means an individual who meets qualification criteria  
 21 adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

35 **(30) “Veteran-specific personal health navigator” means an individual who meets quali-  
 36 fication criteria adopted by the authority under ORS 414.665 and who:**

37 **(a) Has expertise or experience in public health;**

38 **(b) Works in a veteran community, either for pay or as a volunteer in association with  
 39 a local health care system;**

40 **(c) To the extent practicable, shares culture, language, socioeconomic status and life  
 41 experiences with individuals of the community the worker serves;**

42 **(d) Assists members of the community to improve their health, including physical, be-  
 43 havioral and oral health, and increases the capacity of the community to meet its health care  
 44 needs and achieve wellness;**

45 **(e) Provides health education and information that is culturally appropriate to the indi-**

1 **viduals being served;**

2 **(f) Assists the community in receiving the care they need; and**

3 **(g) May provide information, assistance, tools and support to enable a patient to make**  
4 **the best health care decisions in the patient’s particular circumstances in light of the**  
5 **patient’s needs, lifestyle, combination of conditions and desired outcomes.**

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

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

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

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

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

14 **SECTION 2.** ORS 414.025, as amended by section 2, chapter 628, Oregon Laws 2021, and section  
15 6, chapter 18, Oregon Laws 2024, is amended to read:

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

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

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

22 (A) Shared savings arrangements;

23 (B) Bundled payments; and

24 (C) Payments based on episodes.

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

27 (3) “Behavioral health clinician” means:

28 (a) A licensed psychiatrist;

29 (b) A licensed psychologist;

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

31 (d) A licensed clinical social worker;

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

33 (f) A certified clinical social work associate;

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

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

38 (4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability  
39 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-  
40 partment or admission to a hospital to prevent a serious deterioration in the individual’s mental or  
41 physical health.

42 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-  
43 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated  
44 health care to individuals whose primary diagnoses are mental health disorders or substance use  
45 disorders.

1 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,  
 2 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security  
 3 Income payments.

4 (7) “Community health worker” means an individual who meets qualification criteria adopted  
 5 by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

18 (8) “Coordinated care organization” means an organization meeting criteria adopted by the  
 19 Oregon Health Authority under ORS 414.572.

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

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

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

25 (10)(a) “Family support specialist” means an individual who meets qualification criteria adopted  
 26 by the authority under ORS 414.665 and who provides supportive services to and has experience  
 27 parenting a child who:

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

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

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

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

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

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

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

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

45 (c) Prescription drugs;

- 1 (d) Laboratory and X-ray services;
- 2 (e) Medical equipment and supplies;
- 3 (f) Mental health services;
- 4 (g) Chemical dependency services;
- 5 (h) Emergency dental services;
- 6 (i) Nonemergency dental services;
- 7 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
- 8 this subsection, defined by federal law that may be included in the state’s medical assistance pro-
- 9 gram;

- 10 (k) Emergency hospital services;
- 11 (L) Outpatient hospital services; and
- 12 (m) Inpatient hospital services.

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

14 (15)(a) “Integrated health care” means care provided to individuals and their families in a pa-

15 tient centered primary care home or behavioral health home by licensed primary care clinicians,

16 behavioral health clinicians and other care team members, working together to address one or more

17 of the following:

- 18 (A) Mental illness.
- 19 (B) Substance use disorders.
- 20 (C) Health behaviors that contribute to chronic illness.
- 21 (D) Life stressors and crises.
- 22 (E) Developmental risks and conditions.
- 23 (F) Stress-related physical symptoms.
- 24 (G) Preventive care.
- 25 (H) Ineffective patterns of health care utilization.

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

- 27 (A) Qualified mental health professionals or qualified mental health associates meeting require-
- 28 ments adopted by the Oregon Health Authority by rule;
- 29 (B) Peer wellness specialists;
- 30 (C) Peer support specialists;
- 31 (D) Community health workers who have completed a state-certified training program;
- 32 (E) Personal health navigators; or
- 33 (F) Other qualified individuals approved by the Oregon Health Authority.

34 (16) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable in-

35 struments as defined in ORS 73.0104 and such similar investments or savings as the department or

36 the authority may establish by rule that are available to the applicant or recipient to contribute

37 toward meeting the needs of the applicant or recipient.

38 (17) “Medical assistance” means so much of the medical, mental health, preventive, supportive,

39 palliative and remedial care and services as may be prescribed by the authority according to the

40 standards established pursuant to ORS 414.065, including premium assistance under ORS 414.115 and

41 414.117, payments made for services provided under an insurance or other contractual arrangement

42 and money paid directly to the recipient for the purchase of health services and for services de-

43 scribed in ORS 414.710.

44 (18) “Medical assistance” includes any care or services for any individual who is a patient in

45 a medical institution or any care or services for any individual who has attained 65 years of age



1 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-  
 2 eases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care  
 3 or services for a resident of a nonmedical public institution.

4 (19) “Mental health drug” means a type of legend drug, as defined in ORS 414.325, specified by  
 5 the Oregon Health Authority by rule, including but not limited to:

- 6 (a) Therapeutic class 7 ataractics-tranquilizers; and
- 7 (b) Therapeutic class 11 psychostimulants-antidepressants.

8 (20) “Patient centered primary care home” means a health care team or clinic that is organized  
 9 in accordance with the standards established by the Oregon Health Authority under ORS 414.655  
 10 and that incorporates the following core attributes:

- 11 (a) Access to care;
- 12 (b) Accountability to consumers and to the community;
- 13 (c) Comprehensive whole person care;
- 14 (d) Continuity of care;
- 15 (e) Coordination and integration of care; and
- 16 (f) Person and family centered care.

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

- 20 (a) An individual who is a current or former consumer of mental health treatment; or
- 21 (b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from  
 22 an addiction disorder.

23 (22) “Peer wellness specialist” means an individual who meets qualification criteria adopted by  
 24 the authority under ORS 414.665 and who is responsible for assessing mental health and substance  
 25 use disorder service and support needs of a member of a coordinated care organization through  
 26 community outreach, assisting members with access to available services and resources, addressing  
 27 barriers to services and providing education and information about available resources for individ-  
 28 uals with mental health or substance use disorders in order to reduce stigma and discrimination  
 29 toward consumers of mental health and substance use disorder services and to assist the member  
 30 in creating and maintaining recovery, health and wellness.

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

- 32 (a) Reflects the individual patient’s strengths and preferences;
- 33 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;  
 34 and
- 35 (c) Is based upon the patient’s goals and will assist the patient in achieving the goals.

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

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

44 (26) “Quality measure” means the health outcome and quality measures and benchmarks identi-  
 45 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in

1 accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral  
 2 Health Committee in accordance with ORS 413.017 (5).

3 (27)(a) “Quality of life in general measure” means an assessment of the value, effectiveness or  
 4 cost-effectiveness of a treatment that gives greater value to a year of life lived in perfect health than  
 5 the value given to a year of life lived in less than perfect health.

6 (b) “Quality of life in general measure” does not mean an assessment of the value, effectiveness  
 7 or cost-effectiveness of a treatment during a clinical trial in which a study participant is asked to  
 8 rate the participant’s physical function, pain, general health, vitality, social functions or other sim-  
 9 ilar domains.

10 (28) “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes, “re-  
 11 sources” does not include charitable contributions raised by a community to assist with medical  
 12 expenses.

13 (29) “Social determinants of health” means:

14 (a) Nonmedical factors that influence health outcomes;

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

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

19 (30) “Tribal traditional health worker” means an individual who meets qualification criteria  
 20 adopted by the authority under ORS 414.665 and who:

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

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

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

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

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

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

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

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

34 **(31) “Veteran-specific personal health navigator” means an individual who meets quali-**  
 35 **fication criteria adopted by the authority under ORS 414.665 and who:**

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

37 **(b) Works in a veteran community, either for pay or as a volunteer in association with**  
 38 **a local health care system;**

39 **(c) To the extent practicable, shares culture, language, socioeconomic status and life**  
 40 **experiences with individuals of the community the worker serves;**

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

44 **(e) Provides health education and information that is culturally appropriate to the indi-**  
 45 **viduals being served;**

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

2 (g) May provide information, assistance, tools and support to enable a patient to make  
3 the best health care decisions in the patient's particular circumstances in light of the  
4 patient's needs, lifestyle, combination of conditions and desired outcomes.

5 [(31)(a)] (32)(a) "Youth support specialist" means an individual who meets qualification criteria  
6 adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides  
7 supportive services to an individual who:

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

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

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

12 (b) A "youth support specialist" may be a peer wellness specialist or a peer support specialist.

13 **SECTION 3.** ORS 414.665 is amended to read:

14 414.665. (1) As used in this section, "traditional health worker" includes any of the following:

15 (a) A community health worker.

16 (b) A personal health navigator.

17 (c) A peer wellness specialist.

18 (d) A peer support specialist.

19 (e) A doula.

20 (f) A tribal traditional health worker.

21 (g) **A veteran-specific personal health navigator.**

22 (2) In consultation with the Traditional Health Workers Commission established under ORS  
23 413.600, the Oregon Health Authority, for purposes related to the regulation of traditional health  
24 workers, shall adopt by rule:

25 (a) The qualification criteria, including education and training requirements, for the traditional  
26 health workers utilized by coordinated care organizations;

27 (b) Appropriate professional designations for supervisors of the traditional health workers; and

28 (c) Processes by which other occupational classifications may be approved to supervise the tra-  
29 ditional health workers.

30 (3) The criteria and requirements established under subsection (2) of this section:

31 (a) Must be broad enough to encompass the potential unique needs of any coordinated care or-  
32 ganization;

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

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

36