B-Engrossed
House Bill 2086

Ordered by the House June 23
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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.

[*Appropriates moneys to*] **Requires** Oregon Health Authority [*for*] **to establish peer and community-driven** programs that provide culturally specific **and culturally responsive behavioral health** services [*that are directly responsive to and driven by*] **to** people of color, tribal communities and people of lived experience.

[*Increases funding to reintegrate into community criminal defendants found unfit to proceed in criminal proceeding.*]

[*Appropriates moneys to authority to construct and operate secure residential treatment facility to serve up to 39 individuals.*]

Requires authority to reimburse cost of co-occurring mental health and substance use disorder treatment paid for on fee-for-service basis at enhanced rate based on specified factors.

Requires authority to conduct study of reimbursement rates for co-occurring disorder treatments and study of Medicaid rates paid for behavioral health services compared to physical health services and rates paid for addiction treatment services compared to mental health services.

[*Imposes requirements on authority regarding reimbursement for services provided by mental and behavioral health providers to medical assistance recipients.*]

Requires authority to continually evaluate and revise administrative rules to reduce regulatory burden on providers.

Directs authority to adopt rules requiring coordinated care organizations to provide housing navigation services and address social determinants of health through care coordination.

Requires intensive behavioral health treatment providers**, coordinated care organizations and insurers** to collect and report to authority data regarding access to [*intensive behavioral health*] treatment for children and adolescents **with high acuity behavioral health needs**.

Requires authority to contract with third-party vendor to survey medical assistance recipients about their experiences with behavioral health care and services.

Requires Oregon Health Policy Board, by February 1, 2022, to establish Behavioral Health Committee consisting of specified members to establish quality metrics for behavioral health services provided by coordinated care organizations and providers who contract with authority and establish incentives to improve quality of behavioral health services.

Requires authority to make specified reports to Legislative Assembly.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to individuals with behavioral health disorders; creating new provisions; amending ORS 413.017, 413.032, 414.025, 430.335 and 430.717; and declaring an emergency.

Whereas the Legislative Assembly declares that health equity must be advanced within the state's behavioral health system regardless of race, ethnicity, location or housing status; and

Whereas mental health and substance use disorders must be detected early and treated effectively; and

Whereas youth and adults with serious mental illness need timely access to the full continuum of behavioral health care; and

Whereas youth and adults with serious mental illness need to receive treatment that is respon-

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.

sive to their individual needs and leads to meaningful improvements in their lives; and

Whereas people with serious mental illness need access to affordable housing that offers independence and is close to providers, community resources and public transportation; and

Whereas the supply, distribution and diversity of the behavioral health workforce needs to provide appropriate levels of care and access to care in the community; now, therefore,

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

PROGRAMS AND SERVICES

SECTION 1. The Oregon Health Authority shall:

(1) Establish programs that are peer and community driven that ensure access to culturally specific and culturally responsive behavioral health services for people of color, tribal communities and people of lived experience.

(2) Provide medical assistance reimbursement for tribal-based practices.

SECTION 2. The Oregon Health Authority shall reimburse the cost of co-occurring mental health and substance use disorder treatment services paid for on a fee-for-service basis at an enhanced rate based on:

(1) Existing reimbursement codes used for co-occurring disorder treatments;

(2) Clinical complexity; and

(3) The education level of the provider.

SECTION 3. The Oregon Health Authority shall provide one-time start-up funding for behavioral health treatment programs that provide integrated co-occurring disorder treatment.

SECTION 4. The Oregon Health Authority shall conduct a study of reimbursement rates for co-occurring disorder treatments, including treatment of a co-occurring intellectual and developmental disability and problem gambling disorder.

SECTION 5. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $10,200,000, which may be expended for carrying out sections 2 to 4 of this 2021 Act.

WORKFORCE

SECTION 6. The Oregon Health Authority shall continually evaluate and revise administrative rules governing behavioral health programs and services to reduce the administrative burden of documentation, particularly around assessment and treatment planning, the measures and outcomes tracking system or successor systems and other reporting required for providers seeking certificates of approval and to ensure that the rules are consistent with the medical assistance program administrative rules that apply to behavioral health care staff operating in primary care and other settings.

SECTION 7. (1) The Oregon Health Authority shall conduct a study of Medicaid rates paid for:

(a) Behavioral health services compared to physical health services; and

(b) Addiction treatment services compared to mental health services to providers with equivalent levels of education and training.

(2) No later than February 1, 2022, the authority shall report to the interim committees of the Legislative Assembly related to behavioral and mental health, in the manner provided in ORS 192.245, the results of the study conducted under subsection (1) of this section and recommendations for:

(a) Achieving a living wage for behavioral health care workers, including additional treatment providers, peers and family support specialists; and

(b) Providing more equitable wages between physical health care workers and behavioral health care workers.

SECTION 8. The Oregon Health Authority, with the advice of stakeholders and the Alcohol and Drug Policy Commission, may establish minimum rates of reimbursement paid by the authority or coordinated care organizations to addiction treatment providers to ensure medical assistance recipients' access, without delay, to all modalities of addiction treatment within each geographic region of this state.

SECTION 9. The Oregon Health Authority shall contract with a third-party vendor to survey medical assistance recipients about their experiences with behavioral health care and services using a standardized survey tool.

SECTION 10. The Oregon Health Authority shall create workforce training and establish endorsements or certifications for behavioral health providers of co-occurring disorder treatment.

HOUSING

SECTION 11. The Oregon Health Authority shall adopt by rule requirements for coordinated care organizations to provide housing navigation services and address the social determinants of health through care coordination.

SECTION 12. ORS 430.335 is amended to read:

430.335. In accordance with the policies, priorities and standards established by the Alcohol and Drug Policy Commission under ORS 430.223, and subject to the availability of funds therefor, the Oregon Health Authority may:

(1) Provide directly through publicly operated treatment facilities, which shall not be considered to be state institutions, or by contract with publicly or privately operated profit or nonprofit treatment facilities, for the care of [*alcoholics or drug-dependent persons*] **individuals with substance use disorders**.

(2) Sponsor and encourage research of [*alcoholism and drug dependence*] **substance use disorders**.

(3) Seek to coordinate public and private programs relating to [*alcoholism and drug dependence*] **substance use disorders**.

(4) Apply for federally granted funds available for study or prevention and treatment of [*alcoholism and drug dependence*] **substance use disorders**.

(5) Directly or by contract with public or private entities, administer financial assistance, loan and other programs to assist the development of [*drug and alcohol free*] housing **for individuals with substance use disorders**.

DATA ON INTENSIVE BEHAVIORAL HEALTH TREATMENT CAPACITY FOR CHILDREN AND ADOLESCENTS

SECTION 13. ORS 430.717 is amended to read:

430.717. **(1) As used in this section:**

(a) "Children and adolescents" means individuals 20 years old and younger.

(b) "Coordinated care organization" has the meaning given that term in ORS 414.025.

(c) "Insurer" means an insurer, as defined in ORS 731.106, that has a certificate of insurance to transact health insurance in this state, other than disability insurance.

(d) "Intensive behavioral health treatment provider" means any provider licensed in this state to provide intensive psychiatric treatment, acute inpatient treatment or residential substance use disorder treatment of children and adolescents.

(2) Intensive behavioral health treatment providers, coordinated care organizations and insurers shall collect and provide data to the Oregon Health Authority, or to a third party vendor that contracts with the authority, in the manner prescribed by the authority on the demand for and capacity to provide treatment of children and adolescents presenting with high acuity behavioral health needs. Intensive behavioral health treatment providers shall submit:

(a) Data on bed capacity;

(b) Referrals received, by provider; and

(c) Other information prescribed by the authority.

(3) The authority may provide funding to intensive behavioral health treatment providers to collect and provide the data described in subsection (2) of this section.

(4) The authority shall use the data described in subsection (2) of this section to:

(a) Monitor and track the capacity of intensive behavioral health treatment providers to provide treatment of children and adolescents presenting with high acuity behavioral health needs;

(b) Identify gaps in data that prevent the tracking of intensive behavioral health service capacity and develop a plan for addressing the gaps that includes providing assistance to providers and modifying required data elements that must be reported;

(c) Develop benchmarks and performance measures for intensive behavioral health treatment capacity; and

(d) Conduct research and evaluation of the children's and adolescents' continuum of care.

(5) The authority shall share data and coordinate processes with the Department of Human Services to populate the Children's System Data Dashboard described in ORS 418.981.

(6) The authority shall adopt rules to carry out the provisions of this section, including rules establishing:

(a) Parameters and specifications for data collection;

(b) Processes for intensive behavioral health treatment providers to submit data for the establishment of a centralized, real-time provider directory, bed registry and access portal;

(c) Requirements for the frequency of data submissions;

(d) Requirements for coordinated care organizations and insurers to collect and report, for members and insureds treated by intensive behavioral health treatment providers, data not submitted by providers under this section;

(e) A process for monitoring and documenting the need for high acuity behavioral health services for children and adolescents;

(f) The authority's responsibilities for reporting data back to providers; and

(g) Measures to ensure compliance with data collection standards established under sec-

tion 40, chapter 12, Oregon Laws 2020 (first special session).

[*(1)*] **(7)** The [*Oregon Health*] authority shall contract with an Oregon-based nonprofit organization with the expertise to operate a [*24-hour*] call center dedicated to tracking and providing information about available placement settings for children and adolescents needing high acuity behavioral health services.

[*(2)*] **(8)** The call center shall also be responsible for:

(a) Implementing processes for service providers to submit data that can be used to assess and monitor, on a daily basis, statewide capacity to provide high acuity behavioral health services to children and adolescents;

(b) Recording the time from the first contact with the call center to the location of an appropriate placement; and

(c) Documenting the need for high acuity behavioral health services for children and adolescents.

SECTION 14. (1) No later than December 1, 2022, the Oregon Health Authority shall report to the interim committees of the Legislative Assembly related to health, in the manner provided in ORS 192.245, and to the Governor recommendations to address:

(a) The demand and the capacity for intensive behavioral health treatment for children and adolescents.

(b) Barriers to data collection and provider compliance with ORS 430.717 (2).

(2) The report shall include:

(a) Recommendations for overcoming barriers to data collection; and

(b) A plan for expanding the referral data collection requirements to providers in the broader children's continuum of care, including community behavioral health services for children and adolescents with lower-acuity needs, and to adult intensive behavioral health treatment providers.

SECTION 15. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $400,000, which may be expended for carrying out the amendments to ORS 430.717 by section 13 of this 2021 Act.

BEHAVIORAL HEALTH METRICS

SECTION 16. ORS 413.017 is amended to read:

413.017. (1) The Oregon Health Policy Board shall establish the committees described in subsections (2) to [*(4)*] **(5)** of this section.

(2)(a) The Public Health Benefit Purchasers Committee shall include individuals who purchase health care for the following:

(A) The Public Employees' Benefit Board.

(B) The Oregon Educators Benefit Board.

(C) Trustees of the Public Employees Retirement System.

(D) A city government.

(E) A county government.

(F) A special district.

(G) Any private nonprofit organization that receives the majority of its funding from the state and requests to participate on the committee.

(b) The Public Health Benefit Purchasers Committee shall:

(A) Identify and make specific recommendations to achieve uniformity across all public health benefit plan designs based on the best available clinical evidence, recognized best practices for health promotion and disease management, demonstrated cost-effectiveness and shared demographics among the enrollees within the pools covered by the benefit plans.

(B) Develop an action plan for ongoing collaboration to implement the benefit design alignment described in subparagraph (A) of this paragraph and shall leverage purchasing to achieve benefit uniformity if practicable.

(C) Continuously review and report to the Oregon Health Policy Board on the committee's progress in aligning benefits while minimizing the cost shift to individual purchasers of insurance without shifting costs to the private sector or the health insurance exchange.

(c) The Oregon Health Policy Board shall work with the Public Health Benefit Purchasers Committee to identify uniform provisions for state and local public contracts for health benefit plans that achieve maximum quality and cost outcomes. The board shall collaborate with the committee to develop steps to implement joint contract provisions. The committee shall identify a schedule for the implementation of contract changes. The process for implementation of joint contract provisions must include a review process to protect against unintended cost shifts to enrollees or agencies.

(3)(a) The Health Care Workforce Committee shall include individuals who have the collective expertise, knowledge and experience in a broad range of health professions, health care education and health care workforce development initiatives.

(b) The Health Care Workforce Committee shall coordinate efforts to recruit and educate health care professionals and retain a quality workforce to meet the demand that will be created by the expansion in health care coverage, system transformations and an increasingly diverse population.

(c) The Health Care Workforce Committee shall conduct an inventory of all grants and other state resources available for addressing the need to expand the health care workforce to meet the needs of Oregonians for health care.

(4)(a) The Health Plan Quality Metrics Committee shall include the following members appointed by the Oregon Health Policy Board:

(A) An individual representing the Oregon Health Authority;

(B) An individual representing the Oregon Educators Benefit Board;

(C) An individual representing the Public Employees' Benefit Board;

(D) An individual representing the Department of Consumer and Business Services;

(E) Two health care providers;

(F) One individual representing hospitals;

(G) One individual representing insurers, large employers or multiple employer welfare arrangements;

(H) Two individuals representing health care consumers;

(I) Two individuals representing coordinated care organizations;

(J) One individual with expertise in health care research;

(K) One individual with expertise in health care quality measures; and

(L) One individual with expertise in mental health and addiction services.

(b) The committee shall work collaboratively with the Oregon Educators Benefit Board, the Public Employees' Benefit Board, the authority and the department to adopt health outcome and quality measures that are focused on specific goals and provide value to the state, employers, insurers, health care providers and consumers. The committee shall be the single body to align

health outcome and quality measures used in this state with the requirements of health care data reporting to ensure that the measures and requirements are coordinated, evidence-based and focused on a long term statewide vision.

(c) The committee shall use a public process that includes an opportunity for public comment to identify health outcome and quality measures that may be applied to services provided by coordinated care organizations or paid for by health benefit plans sold through the health insurance exchange or offered by the Oregon Educators Benefit Board or the Public Employees' Benefit Board. The authority, the department, the Oregon Educators Benefit Board and the Public Employees' Benefit Board are not required to adopt all of the health outcome and quality measures identified by the committee but may not adopt any health outcome and quality measures that are different from the measures identified by the committee. The measures must take into account the recommendations of the metrics and scoring subcommittee created in ORS 414.638 and the differences in the populations served by coordinated care organizations and by commercial insurers.

(d) In identifying health outcome and quality measures, the committee shall prioritize measures that:

(A) Utilize existing state and national health outcome and quality measures, including measures adopted by the Centers for Medicare and Medicaid Services, that have been adopted or endorsed by other state or national organizations and have a relevant state or national benchmark;

(B) Given the context in which each measure is applied, are not prone to random variations based on the size of the denominator;

(C) Utilize existing data systems, to the extent practicable, for reporting the measures to minimize redundant reporting and undue burden on the state, health benefit plans and health care providers;

(D) Can be meaningfully adopted for a minimum of three years;

(E) Use a common format in the collection of the data and facilitate the public reporting of the data; and

(F) Can be reported in a timely manner and without significant delay so that the most current and actionable data is available.

(e) The committee shall evaluate on a regular and ongoing basis the health outcome and quality measures adopted under this section.

(f) The committee may convene subcommittees to focus on gaining expertise in particular areas such as data collection, health care research and mental health and substance use disorders in order to aid the committee in the development of health outcome and quality measures. A subcommittee may include stakeholders and staff from the authority, the Department of Human Services, the Department of Consumer and Business Services, the Early Learning Council or any other agency staff with the appropriate expertise in the issues addressed by the subcommittee.

(g) This subsection does not prevent the authority, the Department of Consumer and Business Services, commercial insurers, the Public Employees' Benefit Board or the Oregon Educators Benefit Board from establishing programs that provide financial incentives to providers for meeting specific health outcome and quality measures adopted by the committee.

(5)(a) The Behavioral Health Committee shall include the following members appointed by the Director of the Oregon Health Authority:

(A) The chairperson of the Health Plan Quality Metrics Committee;

(B) The chairperson of the committee appointed by the board to address health equity, if any;

(C) A behavioral health director for a coordinated care organization;

(D) A representative of a community mental health program;

(E) An individual with expertise in data analysis;

(F) A member of the Consumer Advisory Council, established under ORS 430.073, that represents adults with mental illness;

(G) A representative of the System of Care Advisory Council established in ORS 418.978;

(H) A member of the Oversight and Accountability Council, described in section 2, chapter 2, Oregon Laws 2021 (Ballot Measure 110 (2020)), who represents adults with addictions or co-occurring conditions;

(I) One member representing a system of care, as defined in ORS 418.976;

(J) One consumer representative;

(K) One representative of a tribal government;

(L) One representative of an organization that advocates on behalf of individuals with intellectual or developmental disabilities;

(M) One representative of providers of behavioral health services;

(N) The director of the division of the authority responsible for behavioral health services, as a nonvoting member;

(O) The Director of the Alcohol and Drug Policy Commission appointed under ORS 430.220, as a nonvoting member;

(P) The authority's Medicaid director, as a nonvoting member;

(Q) A representative of the Department of Human Services, as a nonvoting member; and

(R) Any other member that the director deems appropriate.

(b) The board may modify the membership of the committee as needed.

(c) The division of the authority responsible for behavioral health services and the director of the division shall staff the committee.

(d) The committee, in collaboration with the Health Plan Quality Metrics Committee, as needed, shall:

(A) Establish quality metrics for behavioral health services provided by coordinated care organizations, health care providers, counties and other government entities; and

(B) Establish incentives to improve the quality of behavioral health services.

(e) The quality metrics and incentives shall be designed to:

(A) Improve timely access to behavioral health care;

(B) Reduce hospitalizations;

(C) Reduce overdoses;

(D) Improve the integration of physical and behavioral health care; and

(E) Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

[*(5)*] **(6)** Members of the committees described in subsections (2) to [*(4)*] **(5)** of this section who are not members of the Oregon Health Policy Board are not entitled to compensation but shall be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by them by their attendance at committee meetings, in the manner and amount provided in ORS 292.495.

SECTION 17. Section 18 of this 2021 Act is added to and made a part of ORS chapter 414.

SECTION 18. Notwithstanding ORS 414.590:

(1) Contracts between the Oregon Health Authority and coordinated care organizations

or individual providers for the provision of behavioral health services must align with the quality metrics and incentives developed by the Behavioral Health Committee under ORS 413.017 and contain provisions that ensure that:

(a) Individuals have easy access to needed care;

(b) Services are responsive to individual and community needs; and

(c) Services will lead to meaningful improvement in individuals' lives.

(2) The authority must provide at least 90 days' notice of changes needed to contracts that are necessary to comply with subsection (1) of this section.

SECTION 19. ORS 413.032 is amended to read:

413.032. (1) The Oregon Health Authority is established. The authority shall:

(a) Carry out policies adopted by the Oregon Health Policy Board;

(b) Administer the Oregon Integrated and Coordinated Health Care Delivery System established in ORS 414.570;

(c) Administer the Oregon Prescription Drug Program;

(d) Develop the policies for and the provision of publicly funded medical care and medical assistance in this state;

(e) Develop the policies for and the provision of mental health treatment and treatment of addictions;

(f) Assess, promote and protect the health of the public as specified by state and federal law;

(g) Provide regular reports to the board with respect to the performance of health services contractors serving recipients of medical assistance, including reports of trends in health services and enrollee satisfaction;

(h) Guide and support, with the authorization of the board, community-centered health initiatives designed to address critical risk factors, especially those that contribute to chronic disease;

(i) Be the state Medicaid agency for the administration of funds from Titles XIX and XXI of the Social Security Act and administer medical assistance under ORS chapter 414;

(j) In consultation with the Director of the Department of Consumer and Business Services, periodically review and recommend standards and methodologies to the Legislative Assembly for:

(A) Review of administrative expenses of health insurers;

(B) Approval of rates; and

(C) Enforcement of rating rules adopted by the Department of Consumer and Business Services;

(k) Structure reimbursement rates for providers that serve recipients of medical assistance to reward comprehensive management of diseases, quality outcomes and the efficient use of resources and to promote cost-effective procedures, services and programs including, without limitation, preventive health, dental and primary care services, web-based office visits, telephone consultations and telemedicine consultations;

(L) Guide and support community three-share agreements in which an employer, state or local government and an individual all contribute a portion of a premium for a community-centered health initiative or for insurance coverage;

(m) Develop, in consultation with the Department of Consumer and Business Services, one or more products designed to provide more affordable options for the small group market;

(n) Implement policies and programs to expand the skilled, diverse workforce as described in ORS 414.018 (4); and

(o) Implement a process for collecting the health outcome and quality measure data identified by the Health Plan Quality Metrics Committee **and the Behavioral Health Committee** and report

the data to the Oregon Health Policy Board.

(2) The Oregon Health Authority is authorized to:

(a) Create an all-claims, all-payer database to collect health care data and monitor and evaluate health care reform in Oregon and to provide comparative cost and quality information to consumers, providers and purchasers of health care about Oregon's health care systems and health plan networks in order to provide comparative information to consumers.

(b) Develop uniform contracting standards for the purchase of health care, including the following:

(A) Uniform quality standards and performance measures;

(B) Evidence-based guidelines for major chronic disease management and health care services with unexplained variations in frequency or cost;

(C) Evidence-based effectiveness guidelines for select new technologies and medical equipment;

(D) A statewide drug formulary that may be used by publicly funded health benefit plans; and

(E) Standards that accept and consider tribal-based practices for mental health and substance abuse prevention, counseling and treatment for persons who are Native American or Alaska Native as equivalent to evidence-based practices.

(3) The enumeration of duties, functions and powers in this section is not intended to be exclusive nor to limit the duties, functions and powers imposed on or vested in the Oregon Health Authority by ORS 413.006 to 413.042, 415.012 to 415.430 and 741.340 or by other statutes.

SECTION 20. ORS 414.025 is amended to read:

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

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

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

(A) Shared savings arrangements;

(B) Bundled payments; and

(C) Payments based on episodes.

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

(3) "Behavioral health clinician" means:

(a) A licensed psychiatrist;

(b) A licensed psychologist;

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

(d) A licensed clinical social worker;

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

(f) A certified clinical social work associate;

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

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

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

physical health.

(5) "Behavioral health home" means a mental health disorder or substance use disorder treatment organization, as defined by the Oregon Health Authority by rule, that provides integrated health care to individuals whose primary diagnoses are mental health disorders or substance use disorders.

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

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

(a) Has expertise or experience in public health;

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

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

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

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

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

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

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

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

(9) "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.

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

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

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

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

(11) "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.

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

(13) "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 licensed under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of the practitioner's practice as defined by state law, and ambulance services;

(c) Prescription drugs;

(d) Laboratory and X-ray services;

(e) Medical equipment and supplies;

(f) Mental health services;

(g) Chemical dependency services;

(h) Emergency dental services;

(i) Nonemergency dental services;

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

(k) Emergency hospital services;

(L) Outpatient hospital services; and

(m) Inpatient hospital services.

(14) "Income" has the meaning given that term in ORS 411.704.

(15)(a) "Integrated health care" means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians, behavioral health clinicians and other care team members, working together to address one or more of the following:

(A) Mental illness.

(B) Substance use disorders.

(C) Health behaviors that contribute to chronic illness.

(D) Life stressors and crises.

(E) Developmental risks and conditions.

(F) Stress-related physical symptoms.

(G) Preventive care.

(H) Ineffective patterns of health care utilization.

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

(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

(B) Peer wellness specialists;

(C) Peer support specialists;

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

(E) Personal health navigators; or

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

(16) "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.

(17) "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.

(18) "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.

(19) "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.

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

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

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

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

(22) "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.

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

(24) "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.

(25) "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 **and the quality metrics developed by the Behavioral Health Committee in accordance with ORS 413.017 (5)**.

(26) "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.

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

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

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

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

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

REPORTS TO LEGISLATIVE ASSEMBLY

SECTION 21. (1) No later than November 1, 2021, the Oregon Health Authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245:

(a) Any changes needed to contracts with counties, coordinated care organizations, providers or community based organizations to comply with the quality metrics and incentives developed by the Behavioral Health Committee in accordance with ORS 413.017; and

(b) Recommendations to improve the referral process for all levels of care delivered by intensive behavioral treatment providers, as defined in ORS 430.717.

(2) No later than December 31, 2021, the Oregon Health Authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245:

(a) Identified barriers, including legislative changes or changes to the demonstration project under section 1115 of the Social Security Act, that are needed to apply the quality metrics and incentives developed by the committee to contracts with coordinated care organizations and counties;

(b) The authority's specific needs for data infrastructure to implement the quality metrics and incentives and recommendations for facilitating risk-sharing agreements within the health care delivery system to achieve the goals of the quality metrics; and

(c) Recommendations for counties to share in the costs of a hospitalization at the Oregon State Hospital for a patient beginning 30 days after a county is notified that the patient no longer needs hospital level care.

(3) No later than December 1, 2022, the Oregon Health Authority shall report to the interim committees of the Legislative Assembly related to mental or behavioral health, in the manner provided in ORS 192.245 the findings of the study under section 4 of this 2021 Act and recommendations for future rate development.

IMPLEMENTATION DEADLINES

SECTION 22. (1) The Behavioral Health Committee shall develop the quality metrics and incentives described in ORS 413.017 no later than February 1, 2022.

(2) No later than January 1, 2023, the Oregon Health Authority shall amend contracts for

the provision of behavioral health services to align with the quality metrics and incentives developed by the Behavioral Health Committee under ORS 413.017.

CAPTIONS

SECTION 23. The unit captions used in this 2021 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2021 Act.

REPEALS

SECTION 24. (1) Section 3 of this 2021 Act is repealed on June 30, 2023.

(2) Section 4 of this 2021 Act is repealed on January 2, 2023.

(3) Section 7 of this 2021 Act is repealed on June 30, 2022.

(4) Section 14 of this 2021 Act is repealed on January 2, 2023.

EMERGENCY CLAUSE

SECTION 25. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect on its passage.