

**Enrolled**  
**House Bill 2088**

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

CHAPTER .....

AN ACT

Relating to tribal health care providers; amending ORS 413.600, 414.025 and 414.665.

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

**SECTION 1.** ORS 413.600 is amended to read:

413.600. (1) There is established within the Oregon Health Authority the Traditional Health Workers Commission.

(2) The Director of the Oregon Health Authority shall appoint the following [23] **24** members to serve on the commission:

(a) [*Thirteen*] **Fourteen** members, of which a majority [*or at least seven*] must be appointed from nominees selected by the Oregon Community Health Workers Association, who represent traditional health workers, including at least one member to represent each of the following:

- (A) Community health workers, as defined in ORS 414.025;
- (B) Personal health navigators, as defined in ORS 414.025;
- (C) Peer wellness specialists, as defined in ORS 414.025;
- (D) Peer support specialists, as defined in ORS 414.025;
- (E) Doulas;
- (F) Family support specialists, as defined in ORS 414.025; [*and*]
- (G) Youth support specialists, as defined in ORS 414.025; **and**
- (H) Tribal traditional health workers, as defined in ORS 414.025;**

- (b) One member who represents the Office of Community Colleges and Workforce Development;
- (c) One member who is a nurse who represents the Oregon Nurses Association;
- (d) One member who is a physician licensed in this state;
- (e) One member selected from nominees provided by the Home Care Commission;
- (f) One member who represents coordinated care organizations;
- (g) One member who represents a labor organization;
- (h) One member who supervises traditional health workers at a community-based organization, local health department, as defined in ORS 433.235, or agency, as defined in ORS 183.310;

(i) One member who represents community-based organizations or agencies, as defined in ORS 183.310, that provide for the training of traditional health workers;

(j) One member who represents a consumer of services provided by health workers who are not licensed by this state; and

(k) One member who represents providers of Indian health services that work with traditional health workers qualified under ORS 414.665, a federally recognized tribe or a tribal organization.

(3) In appointing members under subsection (2) of this section, the director shall consider whether the composition of the Traditional Health Workers Commission represents the geographic, ethnic, gender, racial, disability status, gender identity, sexual orientation and economic diversity of traditional health workers.

(4) The term of office of each member of the commission is three years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins on January 1 next following. A member is eligible for re-appointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(5) A majority of the members of the commission constitutes a quorum for the transaction of business.

(6) Official action by the commission requires the approval of a majority of the members of the commission.

(7) The commission shall elect one of its members to serve as chairperson.

(8) The commission shall meet at times and places specified by the call of the chairperson or of a majority of the members of the commission.

(9) The commission may adopt rules necessary for the operation of the commission.

(10) A member of the commission is entitled to compensation and expenses as provided in ORS 292.495.

**SECTION 2.** 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.

(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) “Tribal traditional 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 a tribal community or an urban Indian 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 the worker serves;**

**(d) Assists members of the community to improve their health, including physical, behavioral and oral 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 tribal-based practices.**

[*(27)(a)*] **(28)(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.

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

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

- (a) A community health worker.
- (b) A personal health navigator.
- (c) A peer wellness specialist.
- (d) A peer support specialist.
- (e) A doula.
- (f) A tribal traditional health worker.**

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

- (a) The qualification criteria, including education and training requirements, for the traditional health workers utilized by coordinated care organizations;
- (b) Appropriate professional designations for supervisors of the traditional health workers; and
- (c) Processes by which other occupational classifications may be approved to supervise the traditional health workers.

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

- (a) Must be broad enough to encompass the potential unique needs of any coordinated care organization;
- (b) Must meet requirements of the Centers for Medicare and Medicaid Services to qualify for federal financial participation; and
- (c) May not require certification by the Home Care Commission.

**Passed by House June 15, 2021**

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 Timothy G. Sekerak, Chief Clerk of House

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 Tina Kotek, Speaker of House

**Passed by Senate June 22, 2021**

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 Peter Courtney, President of Senate

**Received by Governor:**

.....M.,....., 2021

**Approved:**

.....M.,....., 2021

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 Kate Brown, Governor

**Filed in Office of Secretary of State:**

.....M.,....., 2021

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 Shemia Fagan, Secretary of State