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D R A F T

SUMMARY

Requires Oregon Health Authority to take appropriate steps to ensure membership of authority's boards, advisory committees, advisory groups, work groups, collaboratives, councils, commissions, task forces and similar groups includes individuals who represent populations that experience systemic inequities, discrimination, physical barriers to participation, stigma or social exclusion.

Allows Oregon Health Authority to pay compensation and reimburse travel and other necessary expenses for members of authority's boards, advisory committees, advisory groups, work groups, collaboratives, councils, commissions, task forces and similar groups that are not established in law.

Requires or authorizes compensation and reimbursement of actual and necessary travel and other expenses for certain groups that advise Oregon Health Authority, coordinated care organizations, Oregon Health Policy Board, Public Health Officer and Oregon Advocacy Commissions Office.

A BILL FOR AN ACT

Relating to expanding opportunities for civic engagement; creating new provisions; and amending ORS 127.532, 179.560, 192.549, 243.061, 243.862, 413.016, 413.017, 413.033, 413.259, 413.270, 413.301, 413.554, 413.574, 414.211, 414.353, 414.354, 414.359, 414.575, 414.581, 414.638, 414.688, 415.501, 430.050, 430.631, 431A.055, 431A.070, 431A.105, 431A.525, 431A.895, 432.600, 441.152, 441.221, 442.856, 448.407, 475A.225, 475C.930, 682.039 and 741.004 and section 2, chapter 575, Oregon Laws 2015, section 3, chapter 29, Oregon Laws 2022, section 4, chapter 30, Oregon Laws 2022, and sections 1 and 2, chapter 48, Oregon Laws 2022.

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

SECTION 1. (1) The Oregon Health Authority shall take appropriate

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.

steps to ensure that members of the boards, advisory committees, advisory groups, work groups, collaboratives, councils, commissions, task forces and similar groups that advise the authority include individuals who represent priority populations that experience systemic inequities, discrimination, physical barriers to participation, stigma or social exclusion.

(2)(a) Members of the boards, advisory committees, advisory groups, work groups, collaboratives, councils, commissions, task forces and similar groups that advise the authority and are not established by law may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for members who are qualified members, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the board, advisory committee, advisory group, work group, collaborative, council, commission, task force or other similar group.

(3) As used in this section:

(a) "Communities of color" means members of the following racial or ethnic communities:

(A) American Indian;

(B) Alaska Native;

(C) Hispanic or Latino;

(D) Asian;

(E) Native Hawaiian;

(F) Pacific Islander;

(G) Black or African American;

(H) Middle Eastern;

(I) North African;

(J) Mixed race; or

(K) Other racial or ethnic minorities.

(b) "Priority populations" mean groups that disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism, including but not limited to:

(A) Communities of color;

(B) Oregon's nine federally recognized tribes and the descendants of the members of the tribes;

(C) Immigrants;

(D) Refugees;

(E) Migrant and seasonal farmworkers;

(F) Low-income individuals and families;

(G) Persons with disabilities; and

(H) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity.

SECTION 2. ORS 127.532 is amended to read:

127.532. (1) The Advance Directive Advisory Committee is established within the division of the Oregon Health Authority that is charged with performing the public health functions of the state.

(2)(a) The committee consists of 13 members.

(b) One member shall be the Long Term Care Ombudsman or the designee of the Long Term Care Ombudsman.

(c) The other 12 members shall be appointed by the Governor as follows:

(A) One member who represents primary health care providers.

(B) One member who represents hospitals.

(C) One member who is a clinical ethicist affiliated with a health care facility located in this state, or affiliated with a health care organization offering health care services in this state.

(D) Two members who are health care providers with expertise in palliative or hospice care, one of whom is not employed by a hospital or other health care facility, a health care organization or an insurer.

(E) One member who represents individuals with disabilities.

(F) One member who represents consumers of health care services.

(G) One member who represents the long term care community.

(H) One member with expertise advising or assisting consumers with end-of-life decisions.

(I) One member from among members proposed by the Oregon State Bar who has extensive experience in elder law and advising individuals on how to execute an advance directive.

(J) One member from among members proposed by the Oregon State Bar who has extensive experience in estate planning and advising individuals on how to make end-of-life decisions.

(K) One member from among members proposed by the Oregon State Bar who has extensive experience in health law.

(3) The term of office of each member of the committee is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of the term of a member, the appointing authority shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(4) A majority of the members of the committee constitutes a quorum for the transaction of business.

(5) Official action by the committee requires the approval of a majority

of the members of the committee.

(6) The committee shall elect one of its members to serve as chairperson.

(7) The committee shall meet at times and places specified by the call of the chairperson or of a majority of the members of the committee, provided that the committee meets at least twice a year.

(8) The committee may adopt rules necessary for the operation of the committee.

(9)**(a)** Members of the committee [*are not entitled to compensation, but may be reimbursed*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement** for actual and necessary travel and other expenses **reasonably** incurred by [*them*] **the members** in the performance of [*their*] **the members'** official duties**.** [*in the manner and amounts provided for in ORS 292.495.*] **Any compensation determined by the director for members who are qualified members, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and** claims for expenses shall be paid out of funds appropriated to the Oregon Health Authority for purposes of the committee.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

SECTION 3. ORS 179.560 is amended to read:

179.560. (1) There is established in the Oregon Health Authority the Oregon State Hospital Advisory Board, consisting of 16 members. Two nonvoting members shall be from the Legislative Assembly, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives. Fourteen members shall be appointed by the Governor and

be subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565 and shall include the following:

(a) Three voting members who are individuals who advocate for or provide representation to individuals with mental illness;

(b) Three voting members who are health care professionals who have experience working with individuals with mental illness;

(c) Two voting members who are or have been consumers of mental health services, at least one of whom is a former patient of the Oregon State Hospital located in Salem, Marion County;

(d) One voting member who is a member of the family of a consumer of mental health services;

(e) Two voting members who are members of the general public who live in the vicinity of the Oregon State Hospital located in Salem, Marion County; and

(f) Three nonvoting members who are members of a public employee bargaining unit and who are employed by the Oregon State Hospital located in Salem, Marion County, as follows:

(A) One individual to represent board-certified physicians;

(B) One individual to represent board-certified nursing staff; and

(C) One individual to represent direct care services staff.

(2) Members appointed by the Governor shall serve four-year terms, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member appointed by the Governor, the Governor shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment.

(3) Members of the board appointed by the President of the Senate and the Speaker of the House of Representatives shall serve two-year terms.

(4) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(5) The Governor shall select one of the voting members of the Oregon

State Hospital Advisory Board as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the Governor determines.

(6) A majority of the voting members of the board constitutes a quorum for the transaction of business.

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

(8) The Oregon Health Authority shall provide staff support to the board.

(9) A voting member of the board may not individually or in a fiduciary capacity have a financial interest in the Oregon State Hospital located in Salem, Marion County.

(10)(a) A voting member of the board may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a voting member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) Legislative members are entitled to payment of per diem and expense reimbursement under ORS 171.072, payable from funds appropriated to the Legislative Assembly.

(c) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(d) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the board.

SECTION 4. ORS 192.549 is amended to read:

192.549. (1) The Advisory Committee on Genetic Privacy and Research is established consisting of 15 members. The President of the Senate and the Speaker of the House of Representatives shall each appoint one member and one alternate. The Director of the Oregon Health Authority shall appoint one representative and one alternate from each of the following categories:

(a) Academic institutions involved in genetic research;

(b) Physicians licensed under ORS chapter 677;

(c) Voluntary organizations involved in the development of public policy on issues related to genetic privacy;

(d) Hospitals;

(e) The Department of Consumer and Business Services;

(f) The Oregon Health Authority;

(g) Health care service contractors involved in genetic and health services research;

(h) The biosciences industry;

(i) The pharmaceutical industry;

(j) Health care consumers;

(k) Organizations advocating for privacy of medical information;

(L) Public members of institutional review boards; and

(m) Organizations or individuals promoting public education about genetic research and genetic privacy and public involvement in policymaking related to genetic research and genetic privacy.

(2) Organizations and individuals representing the categories listed in subsection (1) of this section may recommend nominees for membership on the advisory committee to the President, the Speaker and the director.

(3) Members and alternate members of the advisory committee serve two-year terms and may be reappointed.

(4) Members and alternate members of the advisory committee serve at the pleasure of the appointing entity.

(5)**(a)** Notwithstanding ORS 171.072, members and alternate members of the advisory committee who are members of the Legislative Assembly are not

entitled to mileage expenses or a per diem and serve as volunteers on the advisory committee. Other members and alternate members of the advisory committee [*are not entitled to compensation or reimbursement for expenses and serve as volunteers on the advisory committee*] **may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority**.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the advisory committee.

(6) The Oregon Health Authority shall provide staff for the advisory committee.

(7) The advisory committee shall report biennially to the Legislative Assembly in the manner provided by ORS 192.245. The report shall include the activities and the results of any studies conducted by the advisory committee. The advisory committee may make any recommendations for legislative changes deemed necessary by the advisory committee.

(8) The advisory committee shall study the use and disclosure of genetic information and shall develop and refine a legal framework that defines the rights of individuals whose DNA samples and genetic information are collected, stored, analyzed and disclosed.

(9) The advisory committee shall create opportunities for public education

on the scientific, legal and ethical development within the fields of genetic privacy and research. The advisory committee shall also elicit public input on these matters. The advisory committee shall make reasonable efforts to obtain public input that is representative of the diversity of opinion on this subject. The advisory committee's recommendations to the Legislative Assembly shall take into consideration public concerns and values related to these matters.

SECTION 5. ORS 243.061 is amended to read:

243.061. (1) There is created in the Oregon Health Authority the Public Employees' Benefit Board consisting of at least eight voting members and two members of the Legislative Assembly as nonvoting advisory members. Two of the voting members are ex officio members and six are appointed by the Governor. The voting members shall be:

(a) Four members representing the state as an employer and management employees, who shall be as follows:

(A) The Director of the Oregon Health Authority or a designee of the director;

(B) The Director of the Health Policy and Analytics Division of the Oregon Health Authority or the director's designee; and

(C) Two management employees appointed by the Governor from areas of state government other than the Oregon Health Authority; and

(b) Four members appointed by the Governor and representing nonmanagement representable employees, who shall be as follows:

(A) Two persons from the largest employee representative unit;

(B) One person from the second largest employee representative unit; and

(C) One person from representable employees not represented by employee representative units described in subparagraphs (A) and (B) of this paragraph.

(2) One member of the Senate shall be appointed by the President of the Senate and one member of the House of Representatives shall be appointed by the Speaker of the House to serve as nonvoting advisory members.

(3)(a) If the governing body of a local government elects to participate in a benefit plan offered by the board, in addition to the members appointed under subsections (1) and (2) of this section, the Governor shall appoint two voting members, one of whom represents local government management and one of whom represents local government nonmanagement employees.

(b) After the appointment of members under paragraph (a) of this subsection, if the number of eligible employees of a local government or local governments enrolled in a benefit plan or plans offered by the board exceeds 25,000, the Governor shall appoint two additional voting members, one of whom represents local government management and one of whom represents local government nonmanagement employees.

(c) After the appointment of members under paragraphs (a) and (b) of this subsection, for every additional 25,000 eligible employees of a local government or local governments enrolled in a benefit plan or plans offered by the board, the Governor shall appoint one additional voting member representing local government management and one additional voting member representing local government nonmanagement employees.

(4) A maximum of three members may be appointed to represent local government management and a maximum of three members may be appointed to represent local government nonmanagement employees.

(5) The term of office of each appointed voting member is four years, but an appointed voting member serves at the pleasure of the Governor. Before the expiration of the term of a voting member appointed by the Governor, the Governor shall appoint a successor to take office upon the date of that expiration. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(6) The appointments by the Governor of voting members of the board are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

(7)**(a)** Members of the board who are not members of the Legislative As-

sembly [*shall*] **may** receive [*no*] compensation for their services **in an amount determined by the Director of the Oregon Health Authority**, [*but*] **and** shall be paid for their necessary and actual expenses while on official business in accordance with ORS 292.495. **Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.**

(b) Members of the board who are members of the Legislative Assembly shall be paid compensation and expense reimbursement as provided in ORS 171.072, payable from funds appropriated to the Legislative Assembly.

(c) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(d) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the board.

(8) As used in this section, "benefit plan" and "local government" have the meanings given those terms in ORS 243.105.

SECTION 6. ORS 243.862 is amended to read:

243.862. (1) There is established in the Oregon Health Authority an Oregon Educators Benefit Board consisting of at least 10 members appointed by the Governor, including:

(a) Two members representing district boards;

(b) Two members representing district management;

(c) Two members representing nonmanagement district employees from the largest labor organization representing district employees;

(d) One member representing nonmanagement district employees from the second largest labor organization representing district employees;

(e) One member representing nonmanagement district employees who are

not represented by labor organizations described in paragraphs (c) and (d) of this subsection; and

(f) Two members with expertise in health policy or risk management.

(2)(a) If the governing body of a local government elects to participate in a benefit plan offered by the board, in addition to the members appointed under subsection (1) of this section, the Governor shall appoint two members, one of whom represents local government management and one of whom represents local government nonmanagement employees.

(b) After the appointment of members under paragraph (a) of this subsection, if the number of eligible employees of a local government or local governments enrolled in a benefit plan or plans offered by the board exceeds 25,000, the Governor shall appoint two additional members, one of whom represents local government management and one of whom represents local government nonmanagement employees.

(c) After the appointment of members under paragraphs (a) and (b) of this subsection, for every additional 25,000 eligible employees of a local government or local governments enrolled in a benefit plan or plans offered by the board, the Governor shall appoint one additional member representing local government management and one additional member representing local government nonmanagement employees.

(3) A maximum of three members may be appointed to represent local government management and a maximum of three members may be appointed to represent local government nonmanagement employees.

(4) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor to take office upon the date of that expiration. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(5)**(a)** A member of the board [*is not entitled to*] **may receive** compensation **in an amount determined by the Director of the Oregon Health**

Authority, [*but*] **and** may be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495. **Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the board.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the board.

(6) The board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the board determines.

(7) A majority of the members of the board constitutes a quorum for the transaction of business.

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

(9) Appointments of members to the board by the Governor are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

SECTION 7. ORS 413.016 is amended to read:

413.016. (1) The Oregon Health Policy Board may establish such advisory and technical committees as the board considers necessary to aid and advise the board in the performance of the board's functions. These committees may be continuing or temporary committees. The board shall determine the representation, membership, terms and organization of the committees and shall

appoint the members of the committees.

(2)**(a)** Members of the committees who are not members of the board [*are not entitled to compensation, but at the discretion of the board may be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by them in the performance of their official duties, in the manner and amount provided in ORS 292.495.*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the board.**

(b) Members of the committees who are members of the board are entitled to compensation and reimbursement of actual and necessary travel and other expenses as provided in ORS 413.006.

(c) A member of a committee may decline compensation or reimbursement of expenses offered to the member under this subsection.

(d) This subsection does not apply to a member of a committee who is employed in full-time public service or to the compensation or expenses of a member of a committee who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

SECTION 8. ORS 413.017 is amended to read:

413.017. (1) The Oregon Health Policy Board shall establish the committees described in subsections (2) to (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 re-

quirements 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 **Oregon Health Policy** 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 ORS 430.389, 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.

(6)**(a)** Members of the committees described in subsections (2) to (5) of this section who are not members of the Oregon Health Policy Board [*are not entitled to compensation but*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and** shall be reimbursed [*from funds available to the board*] for actual and necessary travel and other expenses **reasonably** incurred by [*them*] **the members** by their attendance at committee meetings[*, in the manner and amount provided in ORS 292.495*]. **Any compensation determined by the board for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the board.**

(b) Members of the committees described in subsections (2) to (5) of this section who are members of the board are entitled to compensation and reimbursement of actual and necessary travel and other expenses as provided in ORS 413.006. Compensation and expenses shall be paid from funds available to the board.

(c) A member of a committee described in subsections (2) to (5) of this section may decline compensation or reimbursement of expenses offered to the member under this subsection.

(d) This subsection does not apply to a member of a committee described in subsections (2) to (5) of this section who is employed in full-time public service or to the compensation or expenses of a member of a committee described in subsections (2) to (5) of this section who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

SECTION 9. ORS 413.033 is amended to read:

413.033. (1) The Oregon Health Authority is under the supervision and control of a director, who is responsible for performing the duties, functions and powers of the authority.

(2) The Governor shall appoint the Director of the Oregon Health Authority, who holds office at the pleasure of the Governor. The appointment of the director is subject to confirmation by the Senate in the manner provided by ORS 171.562 and 171.565.

(3) In addition to the procurement authority granted by ORS 279A.050 (6)(b) and except as provided in ORS 279A.050 (7), the director has all powers necessary to effectively and expeditiously carry out the duties, functions and powers vested in the authority by ORS 413.032.

(4) The director shall have the power to obtain such other services as the director considers necessary or desirable, including participation in organizations of state insurance supervisory officials and appointment of advisory committees.

(5)(a) A member of an advisory committee [*so*] appointed **under subsection (4) of this section** may [*not receive compensation for services as a member, but, subject to any other applicable law regulating travel and other expenses of state officers, shall receive actual and necessary travel and other expenses incurred in performing official duties*]**:**

(A) Receive compensation in an amount determined by the director and shall be reimbursed for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and expenses shall be paid from funds available to the authority.

(B) Decline compensation or reimbursement of expenses offered to the member under this subsection.

(b) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the per-

formance of the member's official duties on the advisory committee.

[*(5)*] **(6)** The director may apply for, receive and accept grants, gifts or other payments, including property or services from any governmental or other public or private person, and may make arrangement to use the receipts, including for undertaking special studies and other projects that relate to the costs of health care, access to health care, public health and health care reform.

SECTION 10. ORS 413.259 is amended to read:

413.259. (1) There is established in the Oregon Health Authority the patient centered primary care home program and the behavioral health home program. Through these programs, the authority shall:

(a) Define core attributes of a patient centered primary care home and a behavioral health home to promote a reasonable level of consistency of services provided by patient centered primary care homes and behavioral health homes in this state. In defining core attributes related to ensuring that care is coordinated, the authority shall focus on determining whether these patient centered primary care homes and behavioral health homes offer comprehensive primary and preventive care, integrated health care and disease management services;

(b) Establish a simple and uniform process to identify patient centered primary care homes and behavioral health homes that meet the core attributes defined by the authority under paragraph (a) of this subsection;

(c) Develop uniform quality measures that build from nationally accepted measures and allow for standard measurement of patient centered primary care home and behavioral health home performance;

(d) Develop uniform quality measures for acute care hospital and ambulatory services that align with the patient centered primary care home and behavioral health home quality measures developed under paragraph (c) of this subsection; and

(e) Develop policies that encourage the retention of, and the growth in the numbers of, primary care providers.

(2)(a) The Director of the Oregon Health Authority shall appoint an advisory committee to advise the authority in carrying out subsection (1) of this section.

(b) The director shall appoint to the advisory committee 15 individuals who represent a diverse constituency and are knowledgeable about patient centered primary care home delivery systems, behavioral health home delivery systems, integrated health care or health care quality.

(c)**(A)** Members of the advisory committee [*are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.*] **may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and** claims for expenses shall be paid out of funds appropriated to the authority for the purposes of the advisory committee.

(B) A member of the advisory committee may decline compensation or reimbursement of expenses offered to the member under this paragraph.

(C) This paragraph does not apply to a member of the advisory committee who is employed in full-time public service or to the compensation or expenses of a member of the advisory committee who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the advisory committee.

(d) The advisory committee shall use public input to guide policy development.

(3) The authority will also establish, as part of the patient centered pri-

mary care home program, learning collaboratives in which state agencies, private health insurance carriers, third party administrators, patient centered primary care homes and behavioral health homes can:

(a) Share information about quality improvement;

(b) Share best practices that increase access to culturally competent and linguistically appropriate care;

(c) Share best practices that increase the adoption and use of the latest techniques in effective and cost-effective patient centered care;

(d) Coordinate efforts to develop and test methods to align financial incentives to support patient centered primary care homes and behavioral health homes;

(e) Share best practices for maximizing the utilization of patient centered primary care homes and behavioral health homes by individuals enrolled in medical assistance programs, including culturally specific and targeted outreach and direct assistance with applications to adults and children of racial, ethnic and language minority communities and other underserved populations;

(f) Coordinate efforts to conduct research on patient centered primary care homes and behavioral health homes and evaluate strategies to implement patient centered primary care homes and behavioral health homes that include integrated health care to improve health status and quality and reduce overall health care costs; and

(g) Share best practices for maximizing integration to ensure that patients have access to comprehensive primary and preventive care, integrated health care and disease management services.

(4) The Legislative Assembly declares that collaboration among public payers, private health carriers, third party purchasers and providers to identify appropriate reimbursement methods to align incentives in support of patient centered primary care homes and behavioral health homes is in the best interest of the public. The Legislative Assembly therefore declares its intent to exempt from state antitrust laws, and to provide immunity from

federal antitrust laws, the collaborative and associated payment reforms designed and implemented under subsection (3) of this section that might otherwise be constrained by such laws. The Legislative Assembly does not authorize any person or entity to engage in activities or to conspire to engage in activities that would constitute per se violations of state or federal antitrust laws including, but not limited to, agreements among competing health care providers or health carriers as to the prices of specific levels of reimbursement for health care services.

(5) The authority may contract with a public or private entity to facilitate the work of the learning collaborative described in subsection (3) of this section and may apply for, receive and accept grants, gifts, payments and other funds and advances, appropriations, properties and services from the United States, the State of Oregon or any governmental body or agency or from any other public or private corporation or person for the purpose of establishing and maintaining the collaborative.

SECTION 11. ORS 413.270 is amended to read:

413.270. (1) The Palliative Care and Quality of Life Interdisciplinary Advisory Council is established in the Oregon Health Authority consisting of nine members appointed by the Director of the Oregon Health Authority.

(2) The council shall consult with and advise the director on:

(a) Matters related to the establishment, maintenance, operation and evaluation of palliative care initiatives in this state; and

(b) The implementation of ORS 413.273.

(3) The members of the council must include:

(a) Individuals with collective expertise in interdisciplinary palliative care provided in a variety of settings and to children, youths, adults and the elderly;

(b) Individuals with expertise in nursing, social work and pharmacy;

(c) Members of the clergy or individuals who have professional spiritual expertise; and

(d) At least two board-certified physicians or nurses with expertise in

palliative care.

(4) The term of office of each member 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 reappointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(5) The council shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the council determines.

(6) A majority of the members of the council constitutes a quorum for the transaction of business.

(7) The council shall meet at least twice every year at a place, day and hour determined by the council. The council may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the council.

(8)**(a)** A member of the council [*is not entitled to compensation but in the discretion of the director may be reimbursed from funds available to the authority for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495.*] **may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in

full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the council.

(9) The authority shall provide staff support to the council.

SECTION 12. ORS 413.301 is amended to read:

413.301. (1) There is established a Health Information Technology Oversight Council within the Oregon Health Authority. The Oregon Health Policy Board shall:

(a) Determine the terms of members on the council and the organization of the council.

(b) Appoint members to the council who, collectively, have expertise, knowledge or direct experience in health care delivery, health information technology, health informatics and health care quality improvement.

(c) Ensure that there is broad representation on the council of individuals and organizations that will be impacted by the Oregon Health Information Technology program.

(2) To aid and advise the council in the performance of its functions, the council may establish such advisory and technical committees as the council considers necessary. The committees may be continuing or temporary. The council shall determine the representation, membership, terms and organization of the committees and shall appoint persons to serve on the committees.

(3)**(a)** Members of the council [*are not entitled to compensation, but in the discretion of the board may be reimbursed from funds available to the board for actual and necessary travel and other expenses incurred by the members of the council in the performance of their official duties in the manner and amount provided in ORS 292.495.*] **and members of advisory and technical committees established by the council may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the perform-**

ance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the board.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the council or on an advisory or technical committee.

SECTION 13. ORS 413.554 is amended to read:

413.554. (1) The Oregon Council on Health Care Interpreters is created in the Oregon Health Authority. The council shall consist of no more than 15 members, appointed by the Director of the Oregon Health Authority, representing:

(a) Persons with expertise and experience in the administration of or policymaking for programs or services related to interpreters;

(b) Employers or contractors of health care interpreters;

(c) Health care interpreter training programs;

(d) Language access service providers; and

(e) Practicing certified and qualified health care interpreters.

(2) The membership of the council shall be appointed so as to be representative of the racial, ethnic, cultural, social and economic diversity of the people of this state.

(3) The term of a member shall be three years. A member may be reappointed.

(4) If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term. The di-

rector may appoint a replacement for any member of the council who misses more than two consecutive meetings of the council. The newly appointed member shall represent the same group as the vacating member.

(5) The council shall select one member as chairperson and one member as vice chairperson, for such terms and with duties and powers as the council determines necessary for the performance of the functions of such offices.

(6) The council may establish such advisory and technical committees as it considers necessary to aid and advise the council in the performance of its functions. The committees may be continuing or temporary committees. The council shall determine the representation, membership, terms and organization of the committees and shall appoint committee members.

(7) A majority of the members of the council shall constitute a quorum for the transaction of business.

(8)**(a)** Members of the council [*are not entitled to compensation, but at the discretion of the director may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties, subject to ORS 292.495*] **may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority**.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the council.

(9) The council may accept contributions of funds and assistance from the United States Government or its agencies or from any other source, public or private, for purposes consistent with the purposes of the council.

(10) The Oregon Health Authority shall provide the council with such services and employees as the council requires to carry out its duties.

SECTION 14. ORS 413.574 is amended to read:

413.574. (1) The Pain Management Commission shall consist of 19 members as follows:

(a) Seventeen members shall be appointed by the Director of the Oregon Health Authority. Prior to making appointments, the director shall request and consider recommendations from individuals and public and private agencies and organizations with experience or a demonstrated interest in pain management issues, including but not limited to:

(A) Physicians licensed under ORS chapter 677 or organizations representing physicians;

(B) Nurses licensed under ORS chapter 678 or organizations representing nurses;

(C) Psychologists licensed under ORS 675.010 to 675.150 or organizations representing psychologists;

(D) Physician assistants licensed under ORS chapter 677 or organizations representing physician assistants;

(E) Chiropractic physicians licensed under ORS chapter 684 or organizations representing chiropractic physicians;

(F) Naturopaths licensed under ORS chapter 685 or organizations representing naturopaths;

(G) Clinical social workers licensed under ORS 675.530 or organizations representing clinical social workers;

(H) Acupuncturists licensed under ORS 677.759;

(I) Pharmacists licensed under ORS chapter 689;

(J) Palliative care professionals or organizations representing palliative care professionals;

(K) Mental health professionals or organizations representing mental health professionals;

(L) Health care consumers or organizations representing health care consumers;

(M) Hospitals and health plans or organizations representing hospitals and health plans;

(N) Patients or advocacy groups representing patients;

(O) Dentists licensed under ORS chapter 679;

(P) Occupational therapists licensed under ORS 675.210 to 675.340;

(Q) Physical therapists licensed under ORS 688.010 to 688.201; and

(R) Members of the public.

(b) Two members shall be members of a legislative committee with jurisdiction over human services issues, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives. Both members shall be nonvoting members of the commission.

(2) The term of office of each member is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of the term of a member, the appointing authority shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

(3)**(a)** Members of the commission [*are not entitled to compensation or reimbursement for expenses and serve as volunteers on the commission.*] **who are not members of the Legislative Assembly may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds**

available to the Oregon Health Authority.

(b) Legislative members are entitled to payment of per diem and expense reimbursement under ORS 171.072, payable from funds appropriated to the Legislative Assembly.

(c) A member of the commission may decline compensation or reimbursement of expenses offered to the member under this subsection.

(d) This subsection does not apply to a member of the commission who is employed in full-time public service or to the compensation or expenses of a member of the commission who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the commission.

SECTION 15. ORS 414.211 is amended to read:

414.211. (1) There is established a Medicaid Advisory Committee consisting of not more than 15 members appointed by the Governor.

(2) The committee shall be composed of:

(a) A physician licensed under ORS chapter 677;

(b) Two members of health care consumer groups that include Medicaid recipients;

(c) Two Medicaid recipients, one of whom shall be a person with a disability;

(d) The Director of the Oregon Health Authority or designee;

(e) The Director of Human Services or designee;

(f) Health care providers;

(g) Persons associated with health care organizations, including but not limited to coordinated care organizations under contract to the Medicaid program; and

(h) Members of the general public.

(3) In making appointments, the Governor shall consult with appropriate professional and other interested organizations. All members appointed to the committee shall be familiar with the medical needs of low income per-

sons.

(4) The term of office for each member shall be two years, but each member shall serve at the pleasure of the Governor.

(5) To aid and advise the committee in the performance of its functions, the committee may establish such advisory and technical subcommittees as the committee considers necessary. The subcommittees may be continuing or temporary. The committee shall determine the representation, membership, terms and organization of the subcommittees and shall appoint persons to serve on the subcommittees.

[*(5)*] **(6)(a)** Members of the committee [*shall receive no compensation for their services but, subject to any applicable state law, shall be allowed actual and necessary travel expenses incurred in the performance of their duties from the Oregon Health Authority Fund.*] **and members of advisory and technical subcommittees established by the committee may receive compensation in an amount determined by the Director of the Oregon Health Authority and shall be reimbursed for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the Oregon Health Authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee or on an advisory or technical subcommittee.

SECTION 16. ORS 414.353 is amended to read:

414.353. (1) There is created an 11-member Pharmacy and Therapeutics Committee responsible for advising the Oregon Health Authority on the implementation of the retrospective and prospective programs and on the Practitioner-Managed Prescription Drug Plan.

(2) The Director of the Oregon Health Authority shall appoint the members of the committee, who shall serve at the pleasure of the director for a term of three years. An individual appointed to the committee may be reappointed upon completion of the individual's term. The membership of the committee shall be composed of the following:

(a) Five persons licensed as physicians under ORS 677.100 to 677.228 and actively engaged in the practice of medicine in Oregon, who may be from among persons recommended by organizations representing physicians;

(b) Four persons licensed in and actively practicing pharmacy in Oregon who may be from among persons recommended by organizations representing pharmacists whether affiliated or unaffiliated with any association; and

(c) Two persons who are not physicians or pharmacists.

(3) If the committee determines that it lacks current clinical or treatment expertise with respect to a particular therapeutic class, or at the request of an interested outside party, the director shall appoint one or more medical experts otherwise qualified as described in subsection (2)(a) of this section who have such expertise. The medical experts shall have full voting rights with respect to recommendations made under ORS 414.361 (3) and (4). The medical experts may participate but may not vote in any other activities of the committee.

(4) The director shall fill a vacancy on the committee by appointing a new member to serve the remainder of the unexpired term.

(5)(a) A member of the committee may receive compensation in an amount determined by the director and may be reimbursed for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any

compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

SECTION 17. ORS 414.354 is amended to read:

414.354. (1) Except as provided in ORS 414.356, the Pharmacy and Therapeutics Committee shall operate in accordance with ORS chapter 192. The committee shall annually elect a chairperson from the members of the committee.

(2)**(a)** A committee member [*is not entitled to compensation but is entitled to reimbursement for actual and necessary travel expenses incurred in connection with the member's duties, pursuant to ORS 292.495.*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and shall be reimbursed for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the Oregon Health Authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a

member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

(3) A quorum consists of six members of the committee.

(4) The committee may establish advisory committees to assist in carrying out the committee's duties under ORS 414.351 to 414.414, with the approval of the director [*of the Oregon Health Authority*].

(5) The [*Oregon Health*] authority shall provide staff and support services to the committee.

(6) The committee shall meet no less than four times each year at a place, day and hour determined by the director. The committee also shall meet at other times and places specified by the call of the director or a majority of the members of the committee. No less than 30 days prior to a meeting the committee shall post to the authority website:

(a) The agenda for the meeting;

(b) A list of the drug classes to be considered at the meeting; and

(c) Background materials and supporting documentation provided to committee members with respect to drugs and drug classes that are before the committee for review.

(7) The committee shall provide appropriate opportunity for public testimony at each regularly scheduled committee meeting. Immediately prior to deliberating on any recommendations regarding a drug or a class of drugs, the committee shall accept testimony, in writing or in person, that is offered by a manufacturer of those drugs or another interested party.

(8) The committee may consider more than 20 classes of drugs at a meeting only if:

(a) There is no new clinical evidence for the additional class of drugs; and

(b) The committee is considering only substantial cost differences between drugs within the same therapeutic class.

SECTION 18. ORS 414.359 is amended to read:

414.359. (1) The Mental Health Clinical Advisory Group is established in

the Oregon Health Authority. The Mental Health Clinical Advisory Group shall develop evidence-based algorithms for mental health treatments, including treatments with mental health drugs based on:

(a) The efficacy of the drug;

(b) The cost of the drug;

(c) Potential side effects of the drug;

(d) A patient's profile; and

(e) A patient's history with the drug.

(2) The Mental Health Clinical Advisory Group consists of 18 members appointed by the authority as follows:

(a) Two psychiatrists each with an active community practice;

(b) One child and adolescent psychiatrist;

(c) Two licensed clinical psychologists;

(d) One psychiatric nurse practitioner with prescribing privileges;

(e) Two primary care providers;

(f) Two pharmacists, one of whom must have experience dispensing to long term care facilities and patients with special needs;

(g) Two individuals, each representing a statewide mental health advocacy organization for children and adults with mental illness, who have experience as a consumer of mental health services or as a family member of a consumer of mental health services;

(h) Two individuals each representing a coordinated care organization;

(i) One consumer of mental health services;

(j) One member of a federally recognized Oregon Indian tribe;

(k) One member who represents the Department of Corrections who has a clinical background; and

(L) One member who is a clinical psychiatrist and who represents the Oregon Psychiatric Access Line.

(3) The Mental Health Clinical Advisory Group shall, in developing treatment algorithms, consider all of the following:

(a) Peer-reviewed medical literature;

(b) Observational studies;

(c) Studies of health economics;

(d) Input from patients and physicians; and

(e) Any other information that the group deems appropriate.

(4) The Mental Health Clinical Advisory Group shall make recommendations to the authority and the Pharmacy and Therapeutics Committee, including but not limited to:

(a) Implementation of evidence-based algorithms.

(b) Any changes needed to any preferred drug list used by the authority.

(c) Practice guidelines for the treatment of mental health disorders with mental health drugs.

(d) Coordinating the work of the group with an entity that offers a psychiatric advice hotline.

(5) Recommendations of the Mental Health Clinical Advisory Group shall be posted to the website of the authority no later than 30 days after the group approves the recommendations.

(6) No later than December 31 of each year, the Mental Health Clinical Advisory Group shall report to the interim committees of the Legislative Assembly related to health on recommendations made to the authority under subsection (4) of this section and the report may include recommendations for legislation.

(7)**(a)** A member of the Mental Health Clinical Advisory Group [*is not entitled to compensation but may be reimbursed for necessary travel expenses incurred in the performance of the member's official duties.*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses**

shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the Mental Health Clinical Advisory Group.

(8) The Mental Health Clinical Advisory Group shall select one of its members as chairperson and another as vice chairperson, for terms and with duties and powers necessary for the performance of the functions of the group.

(9) A majority of the members of the Mental Health Clinical Advisory Group constitutes a quorum for the transaction of business.

(10) The Mental Health Clinical Advisory Group shall meet at least once every two months at a time and place determined by the chairperson. The group also may meet at other times and places specified by the call of the chairperson or of a majority of the members of the group. The group may meet in executive session when discussing factors listed in subsection (1) of this section.

(11) All agencies of state government, as defined in ORS 174.111, are directed to assist the Mental Health Clinical Advisory Group in the performance of duties of the group and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the group consider necessary to perform their duties.

SECTION 19. ORS 414.575 is amended to read:

414.575. (1) A coordinated care organization must have a community advisory council to ensure that the health care needs of the consumers and the community are being addressed. The council must:

(a) Include representatives of the community and of each county govern-

ment served by the coordinated care organization, but consumer representatives must constitute a majority of the membership; and

(b) Have its membership selected by a committee composed of equal numbers of county representatives from each county served by the coordinated care organization and members of the governing body of the coordinated care organization.

(2) The duties of the council include, but are not limited to:

(a) Identifying and advocating for preventive care practices to be utilized by the coordinated care organization;

(b) Overseeing a community health assessment and adopting a community health improvement plan in accordance with ORS 414.577; and

(c) Annually publishing a report on the progress of the community health improvement plan.

(3) The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan shall include a plan and a strategy for integrating physical, behavioral and oral health care services and may include, but are not limited to:

(a) Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;

(b) Health policy;

(c) System design;

(d) Outcome and quality improvement;

(e) Integration of service delivery; and

(f) Workforce development.

(4) The council shall meet at least once every three months. The council shall post a report of its meetings and discussions to the website of the coordinated care organization and other websites appropriate to keeping the community informed of the council's activities. The council, the governing

body of the coordinated care organization or a designee of the council or governing body has discretion as to whether public comments received at meetings that are open to the public will be included in the reports posted to the website and, if so, which comments are appropriate for posting.

(5) If the regular council meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the council shall hold quarterly meetings:

(a) That are open to the public and attended by the members of the council;

(b) At which the council shall report on the activities of the coordinated care organization and the council;

(c) At which the council shall provide written reports on the activities of the coordinated care organization; and

(d) At which the council shall provide the opportunity for the public to provide written or oral comments.

(6) The coordinated care organization shall post to the organization's website contact information for, at a minimum, the chairperson, a member of the community advisory council or a designated staff member of the organization.

(7) Meetings of the council are not subject to ORS 192.610 to 192.690.

(8)(a) The coordinated care organization shall provide to members of the council who are consumer representatives compensation and reimbursement for actual and necessary travel and other expenses incurred by the members in the performance of the members' official duties as members of the community advisory council. The compensation paid to a member who meets the criteria in ORS 292.495 (4)(a) may not be less than the compensation specified in ORS 292.495 (4)(b).

(b) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the per-

formance of the member's official duties on the council.

SECTION 20. ORS 414.581 is amended to read:

414.581. (1) The Tribal Advisory Council is established. The duties of the council are to:

(a) Serve as a channel of communication between the coordinated care organizations**, as defined in ORS 414.025,** and Indian tribes in this state regarding the health of tribal communities; and

(b) Oversee the tribal liaisons in each coordinated care organization, described in ORS 414.572 (2)(r), and work with coordinated care organizations.

(2) The council consists of members who are appointed by each Indian tribe in this state and one member appointed by the members of the council to represent the urban Indian health programs in this state that are operated by urban Indian organizations pursuant to 25 U.S.C. 1651.

(3) The term of office of each member of the council is four years, but a member serves at the pleasure of the Indian tribe that appointed the member. Before the expiration of the term of a member, the tribe that appointed the member shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the vacancy shall be filled by the appointing tribe to become immediately effective for the unexpired term.

(4)**(a)** Members of the council [*are not entitled to compensation or reimbursement of expenses and serve as volunteers on the council*] **may receive, from the Oregon Health Authority Fund, compensation in an amount determined by the Director of the Oregon Health Authority and reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b).**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the council.

(5) The council shall select one of its members as chairperson and another as vice chairperson, for terms and with duties and powers necessary for the performance of the functions of the offices as the council determines. The chairperson shall be responsible for the adoption of bylaws for the council.

(6) A majority of the members of the council constitutes a quorum for the transaction of business.

(7) The council shall meet at least once every three months at a time and place determined by the council. The council also may meet at other times and places specified by the call of the chairperson or of a majority of the members of the council.

(8) The Oregon Health Authority shall provide staff support to the council.

SECTION 21. ORS 414.638 is amended to read:

414.638. (1) There is created in the Health Plan Quality Metrics Committee a nine-member metrics and scoring subcommittee appointed by the Director of the Oregon Health Authority. The members of the subcommittee serve two-year terms and must include:

(a) Three members at large;

(b) Three individuals with expertise in health outcomes measures; and

(c) Three representatives of coordinated care organizations.

(2) The subcommittee shall select, from the health outcome and quality measures identified by the Health Plan Quality Metrics Committee, the health outcome and quality measures applicable to services provided by coordinated care organizations. The Oregon Health Authority shall incorporate these measures into coordinated care organization contracts to hold the organizations accountable for performance and customer satisfaction require-

ments. The authority shall notify each coordinated care organization of any changes in the measures at least three months before the beginning of the contract period during which the new measures will be in place.

(3) The subcommittee shall evaluate the health outcome and quality measures annually, reporting recommendations based on its findings to the Health Plan Quality Metrics Committee, and adjust the measures to reflect:

(a) The amount of the global budget for a coordinated care organization;

(b) Changes in membership of the organization;

(c) The organization's costs for implementing outcome and quality measures; and

(d) The community health assessment and the costs of the community health assessment conducted by the organization under ORS 414.575.

(4) The authority shall evaluate on a regular and ongoing basis the outcome and quality measures selected by the subcommittee under this section for members in each coordinated care organization and for members statewide.

(5)(a) Members of the subcommittee may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the subcommittee.

SECTION 22. ORS 414.688 is amended to read:

414.688. (1) As used in this section:

(a) "Practice of pharmacy" has the meaning given that term in ORS 689.005.

(b) "Retail drug outlet" has the meaning given that term in ORS 689.005.

(2) The Health Evidence Review Commission is established in the Oregon Health Authority, consisting of 13 members appointed by the Governor in consultation with professional and other interested organizations, and confirmed by the Senate, as follows:

(a) Five members must be physicians licensed to practice medicine in this state who have clinical expertise in the areas of family medicine, internal medicine, obstetrics, perinatal health, pediatrics, disabilities, geriatrics or general surgery. One of the physicians must be a doctor of osteopathic medicine, and one must be a hospital representative or a physician whose practice is significantly hospital-based.

(b) One member must be a dentist licensed under ORS chapter 679 who has clinical expertise in general, pediatric or public health dentistry.

(c) One member must be a public health nurse.

(d) One member must be a behavioral health representative who may be a social services worker, alcohol and drug treatment provider, psychologist or psychiatrist.

(e) Two members must be consumers of health care who are patient advocates or represent the areas of indigent services, labor, business, education or corrections.

(f) One member must be a complementary or alternative medicine provider who is a chiropractic physician licensed under ORS chapter 684, a naturopathic physician licensed under ORS chapter 685 or an acupuncturist licensed under ORS chapter 677.

(g) One member must be an insurance industry representative who may be a medical director or other administrator.

(h) One member must be a pharmacy representative who engages in the

practice of pharmacy at a retail drug outlet.

(3) No more than six members of the commission may be physicians either in active practice or retired from practice.

(4) Members of the commission serve for a term of four years at the pleasure of the Governor. A member is eligible for reappointment.

(5) To aid and advise the commission in the performance of its functions, the commission may establish such advisory and technical committees as the commission considers necessary. The committees may be continuing or temporary. The commission shall determine the representation, membership, terms and organization of the committees and shall appoint persons to serve on the committees.

[*(5)*] **(6)(a)** Members [*are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.*] **of the commission and members of advisory and technical committees established by the commission may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and** claims for expenses shall be paid out of funds available to the Oregon Health Authority for purposes of the commission.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the per-

formance of the member's official duties on the commission or on an advisory or technical committee.

SECTION 23. ORS 415.501 is amended to read:

415.501. (1) The purpose of this section is to promote the public interest and to advance the goals set forth in ORS 414.018 and the goals of the Oregon Integrated and Coordinated Health Care Delivery System described in ORS 414.570.

(2) In accordance with subsection (1) of this section, the Oregon Health Authority shall adopt by rule criteria approved by the Oregon Health Policy Board for the consideration of requests by health care entities to engage in a material change transaction and procedures for the review of material change transactions under this section.

(3)(a) A notice of a material change transaction involving the sale, merger or acquisition of a domestic health insurer shall be submitted to the Department of Consumer and Business Services as an addendum to filings required by ORS 732.517 to 732.546 or 732.576. The department shall provide to the authority the notice submitted under this subsection to enable the authority to conduct a review in accordance with subsections (5) and (7) of this section. The authority shall notify the department of the outcome of the authority's review.

(b) The department shall make the final determination in material change transactions involving the sale, merger or acquisition of a domestic health insurer and shall coordinate with the authority to incorporate the authority's review into the department's final determination.

(4) An entity shall submit to the authority a notice of a material change transaction, other than a transaction described in subsection (3) of this section, in the form and manner prescribed by the authority, no less than 180 days before the date of the transaction and shall pay a fee prescribed in ORS 415.512.

(5) No later than 30 days after receiving a notice described in subsections (3) and (4) of this section, the authority shall conduct a preliminary review

to determine if the transaction has the potential to have a negative impact on access to affordable health care in this state and meets the criteria in subsection (9) of this section.

(6) Following a preliminary review, the authority or the department shall approve a transaction or approve a transaction with conditions designed to further the goals described in subsection (1) of this section based on criteria prescribed by the authority by rule, including but not limited to:

(a) If the transaction is in the interest of consumers and is urgently necessary to maintain the solvency of an entity involved in the transaction; or

(b) If the authority determines that the transaction does not have the potential to have a negative impact on access to affordable health care in this state or the transaction is likely to meet the criteria in subsection (9) of this section.

(7)(a) Except as provided in paragraph (b) of this subsection, if a transaction does not meet the criteria in subsection (6) of this section, the authority shall conduct a comprehensive review and may appoint a review board of stakeholders to conduct a comprehensive review and make recommendations as provided in subsections (11) to (18) of this section. The authority shall complete the comprehensive review no later than 180 days after receipt of the notice unless the parties to the transaction agree to an extension of time.

(b) The authority or the department may intervene in a transaction described in ORS 415.500 [*(6)(a)(C)*] **(6)(a)(B)** in which the final authority rests with another state and, if the transaction is approved by the other state, may place conditions on health care entities operating in this state with respect to the insurance or health care industry market in this state, prices charged to patients residing in this state and the services available in health care facilities in this state, to serve the public good.

(8) The authority shall prescribe by rule:

(a) Criteria to exempt an entity from the requirements of subsection (4)

of this section if there is an emergency situation that threatens immediate care services and the transaction is urgently needed to protect the interest of consumers;

(b) Provision for the authority's failure to complete a review under subsection (5) of this section within 30 days; and

(c) Criteria for when to conduct a comprehensive review and appoint a review board under subsection (7) of this section that must include, but is not limited to:

(A) The potential loss or change in access to essential services;

(B) The potential to impact a large number of residents in this state; or

(C) A significant change in the market share of an entity involved in the transaction.

(9) A health care entity may engage in a material change transaction if, following a comprehensive review conducted by the authority and recommendations by a review board appointed under subsection (7) of this section, the authority determines that the transaction meets the criteria adopted by the [*department*] **authority** by rule under subsection (2) of this section and:

(a)(A) The parties to the transaction demonstrate that the transaction will benefit the public good and communities by:

(i) Reducing the growth in patient costs in accordance with the health care cost growth targets established under ORS 442.386 or maintain a rate of cost growth that exceeds the target that the entity demonstrates is the best interest of the public;

(ii) Increasing access to services in medically underserved areas; or

(iii) Rectifying historical and contemporary factors contributing to a lack of health equities or access to services; or

(B) The transaction will improve health outcomes for residents of this state; and

(b) There is no substantial likelihood of anticompetitive effects from the transaction that outweigh the benefits of the transaction in increasing or maintaining services to underserved populations.

(10) The authority may suspend a proposed material change transaction if necessary to conduct an examination and complete an analysis of whether the transaction is consistent with subsection (9) of this section and the criteria adopted by rule under subsection (2) of this section.

(11)(a) A review board convened by the authority under subsection (7) of this section must consist of members of the affected community, consumer advocates and health care experts. No more than one-third of the members of the review board may be representatives of institutional health care providers. The authority may not appoint to a review board an individual who is employed by an entity that is a party to the transaction that is under review or is employed by a competitor that is of a similar size to an entity that is a party to the transaction.

(b) A member of a review board shall file a notice of conflict of interest and the notice shall be made public.

(c) A member of a review board may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(d) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(e) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the review board.

(12) The authority may request additional information from an entity that

is a party to the material change transaction, and the entity shall promptly reply using the form of communication requested by the authority and verified by an officer of the entity if required by the authority.

(13)(a) An entity may not refuse to provide documents or other information requested under subsection (4) or (12) of this section on the grounds that the information is confidential.

(b) Material that is privileged or confidential may not be publicly disclosed if:

(A) The authority determines that disclosure of the material would cause harm to the public;

(B) The material may not be disclosed under ORS 192.311 to 192.478; or

(C) The material is not subject to disclosure under ORS 705.137.

(c) The authority shall maintain the confidentiality of all confidential information and documents that are not publicly available that are obtained in relation to a material change transaction and may not disclose the information or documents to any person, including a member of the review board, without the consent of the person who provided the information or document. Information and documents described in this paragraph are exempt from disclosure under ORS 192.311 to 192.478.

(14) The authority or the Department of Justice may retain actuaries, accountants or other professionals independent of the authority who are qualified and have expertise in the type of material change transaction under review as necessary to assist the authority in conducting the analysis of a proposed material change transaction. The authority or the Department of Justice shall designate the party or parties to the material change transaction that shall bear the reasonable and actual cost of retaining the professionals.

(15) A review board may hold up to two public hearings to seek public input and otherwise engage the public before making a determination on the proposed transaction. A public hearing must be held in the service area or areas of the health care entities that are parties to the material change

transaction. At least 10 days prior to the public hearing, the authority shall post to the authority's website information about the public hearing and materials related to the material change transaction, including:

(a) A summary of the proposed transaction;

(b) An explanation of the groups or individuals likely to be impacted by the transaction;

(c) Information about services currently provided by the health care entity, commitments by the health care entity to continue such services and any services that will be reduced or eliminated;

(d) Details about the hearings and how to submit comments, in a format that is easy to find and easy to read; and

(e) Information about potential or perceived conflicts of interest among executives and members of the board of directors of health care entities that are parties to the transaction.

(16) The authority shall post the information described in subsection (15)(a) to (d) of this section to the authority's website in the languages spoken in the area affected by the material change transaction and in a culturally sensitive manner.

(17) The authority shall provide the information described in subsection (15)(a) to (d) of this section to:

(a) At least one newspaper of general circulation in the area affected by the material change transaction;

(b) Health facilities in the area affected by the material change transaction for posting by the health facilities; and

(c) Local officials in the area affected by the material change transaction.

(18) A review board shall make recommendations to the authority to approve the material change transaction, disapprove the material change transaction or approve the material change transaction subject to conditions, based on subsection (9) of this section and the criteria adopted by rule under subsection (2) of this section. The authority shall issue a proposed order and allow the parties and the public a reasonable opportunity to make written

exceptions to the proposed order. The authority shall consider the parties' and the public's written exceptions and issue a final order setting forth the authority's findings and rationale for adopting or modifying the recommendations of the review board. If the authority modifies the recommendations of the review board, the authority shall explain the modifications in the final order and the reasons for the modifications. A party to the material change transaction may contest the final order as provided in ORS chapter 183.

(19) A health care entity that is a party to an approved material change transaction shall notify the authority upon the completion of the transaction in the form and manner prescribed by the authority. One year, two years and five years after the material change transaction is completed, the authority shall analyze:

(a) The health care entities' compliance with conditions placed on the transaction, if any;

(b) The cost trends and cost growth trends of the parties to the transaction; and

(c) The impact of the transaction on the health care cost growth target established under ORS 442.386.

(20) The authority shall publish the authority's analyses and conclusions under subsection (19) of this section and shall incorporate the authority's analyses and conclusions under subsection (19) of this section in the report described in ORS 442.386 (6).

(21) This section does not impair, modify, limit or supersede the applicability of ORS 65.800 to 65.815, 646.605 to 646.652 or 646.705 to 646.805.

(22) Whenever it appears to the Director of the Oregon Health Authority that any person has committed or is about to commit a violation of this section or any rule or order issued by the authority under this section, the director may apply to the Circuit Court for Marion County for an order enjoining the person, and any director, officer, employee or agent of the person, from the violation, and for such other equitable relief as the nature of the case and the interest of the public may require.

(23) The remedies provided under this section are in addition to any other remedy, civil or criminal, that may be available under any other provision of law.

(24) The authority may adopt rules necessary to carry out the provisions of this section.

SECTION 24. ORS 430.050 is amended to read:

430.050. (1) The Director of the Oregon Health Authority, with the approval of the Governor, shall appoint at least 15 but not more than 20 members of a Mental Health Advisory Board, composed of both lay and professionally trained individuals, qualified by training or experience to study the problems of mental health and make recommendations for the development of policies and procedures with respect to the state mental health programs. The membership shall provide balanced representation of program areas and shall include persons who represent the interests of children. At least four members of the board shall be persons with disabilities who shall serve as the Disability Issues Advisory Committee**,** which is hereby established. The members of the board shall serve for terms of four years and are entitled to compensation and expenses as provided in ORS 292.495. The director may remove any member of the board for misconduct, incapacity or neglect of duty.

(2) The Oregon Health Authority shall adopt rules specifying the duties of the board. In addition to those duties assigned by rule, the board shall assist the authority in planning and preparation of administrative rules for the assumption of responsibility for psychiatric care in state and community hospitals by community mental health programs, in accordance with ORS 430.630 (3)(e).

(3) The board shall meet at least once each quarter.

(4) The director may make provision for technical and clerical assistance to the Mental Health Advisory Board and for the expenses of such assistance.

(5) The Disability Issues Advisory Committee shall meet at least once

annually to make recommendations to the Mental Health Advisory Board.

(6)(a) A member of the Disability Issues Advisory Committee may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the Disability Issues Advisory Committee.

[*(6)*] **(7)** As used in this section, "person with a disability" means any person who:

(a) Has a physical or mental impairment which substantially limits one or more major life activities;

(b) Has a record of such an impairment; or

(c) Is regarded as having such an impairment.

SECTION 25. ORS 430.631 is amended to read:

430.631. (1) If any local mental health program has an advisory committee, persons with disabilities, as defined in ORS 430.050 [*(6)*] **(7)**, and older adults shall be appointed to serve on the advisory committee.

(2) The persons with disabilities described in subsection (1) of this section shall meet separately as a disability issues advisory committee.

SECTION 26. ORS 431A.055 is amended to read:

431A.055. (1) The State Trauma Advisory Board is established within the Oregon Health Authority. The board must have at least 18 members. The Director of the Oregon Health Authority shall appoint at least 17 voting members as described in subsection (2) of this section. The chairperson of the State Emergency Medical Service Committee established under ORS 682.039, or the chairperson's designee, shall be a nonvoting member.

(2) The director shall, subject to subsection (3) of this section, appoint members to serve on the State Trauma Advisory Board, including:

(a) At least one member from each area trauma advisory board described in ORS 431A.070.

(b) At least two physicians who are trauma surgeons from each trauma center designated by the authority as a Level I trauma center.

(c) From trauma centers designated by the authority as Level I or Level II trauma centers, at least one physician who is a neurosurgeon or orthopedic surgeon.

(d) From trauma centers designated by the authority as Level I trauma centers:

(A) At least one physician who practices emergency medicine; and

(B) At least one nurse who is a trauma program manager.

(e) From trauma centers designated by the authority as Level II trauma centers:

(A) At least one physician who is a trauma surgeon; and

(B) At least one nurse who is a trauma coordinator.

(f) From trauma centers designated by the authority as Level III trauma centers:

(A) At least one physician who is a trauma surgeon or who practices emergency medicine; and

(B) At least one nurse who is a trauma coordinator.

(g) At least one nurse who is a trauma coordinator from a trauma center designated by the authority as a Level IV trauma center.

(h) From a predominately urban area:

(A) At least one trauma hospital administration representative; and

(B) At least one emergency medical services provider.

(i) From a predominately rural area:

(A) At least one trauma hospital administration representative; and

(B) At least one emergency medical services provider.

(j) At least two public members.

(k) At least one representative from a public safety answering point.

(3) In appointing members under subsection (2)(j) of this section, the director may not appoint a member who has an economic interest in the provision of emergency medical services or trauma care.

(4)(a) The State Trauma Advisory Board shall:

(A) Advise the authority with respect to the authority's duties and responsibilities under ORS 431A.050 to 431A.080, 431A.085, 431A.090, 431A.095, 431A.100 and 431A.105;

(B) Advise the authority with respect to the adoption of rules under ORS 431A.050 to 431A.080, 431A.085, 431A.095 and 431A.105;

(C) Analyze data related to the emergency medical services and trauma system developed pursuant to ORS 431A.050; and

(D) Suggest improvements to the emergency medical services and trauma system developed pursuant to ORS 431A.050.

(b) In fulfilling the duties, functions and powers described in this subsection, the board shall:

(A) Make evidence-based decisions that emphasize the standard of care attainable throughout this state and by individual communities located in this state; and

(B) Seek the advice and input of coordinated care organizations.

(5)(a) The State Trauma Advisory Board may establish a Quality Assurance Subcommittee for the purposes of providing peer review support to and discussing evidence-based guidelines and protocols with the members of area trauma advisory boards and trauma care providers located in this state.

(b) Notwithstanding ORS 414.227, meetings of the subcommittee are not

subject to ORS 192.610 to 192.690.

(c) Personally identifiable information provided by the State Trauma Advisory Board to individuals described in paragraph (a) of this subsection is not subject to ORS 192.311 to 192.478.

(6) A majority of the voting members of the board constitutes a quorum for the transaction of business.

(7) Official action taken by the board requires the approval of a majority of the voting members of the board.

(8) The board shall nominate and elect a chairperson from among its voting members.

(9) The board shall meet at the call of the chairperson or of a majority of the voting members of the board.

(10) The board may adopt rules necessary for the operation of the board.

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

(12)**(a)** Members of the board [*are not entitled to*] **may receive** compensation[*, but*] **in an amount determined by the director and** may be reimbursed from funds available to the Oregon Health Authority[,] for actual and necessary travel and other expenses incurred by [*them*] **the members** in the performance of [*their*] **the members'** official duties in the manner and amounts provided for in ORS 292.495. **Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b).**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in

full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the board.

SECTION 27. ORS 431A.070 is amended to read:

431A.070. (1)(a) Area trauma advisory boards shall meet as often as necessary to:

(A) Identify specific trauma area needs and problems; and

(B) Propose to the Oregon Health Authority area trauma system plans and changes that meet state standards and objectives.

(b) The authority, acting with the advice of the State Trauma Advisory Board established under ORS 431A.055, has the authority to implement plans and changes proposed under paragraph (a) of this subsection.

(2) In concurrence with the Governor, the authority shall select members for each trauma area from lists submitted by local associations of emergency medical services providers, emergency nurses, emergency physicians, surgeons, hospital administrators, emergency medical services agencies and citizens at large. The members of an area trauma advisory board must be broadly representative of the trauma area as a whole. An area trauma advisory board must consist of at least 16 members and must include:

(a) Two surgeons;

(b) Two physicians serving as emergency physicians;

(c) Two hospital administrators from different hospitals;

(d) Two nurses serving as emergency nurses;

(e) Two emergency medical services providers serving different emergency medical services;

(f) One emergency medical services medical director;

(g) Two representatives of the public at large selected from among those submitting letters of application in response to public notice by the authority;

(h) One representative of any bordering state that is included within the

patient referral area;

(i) One ambulance service owner or operator or both; and

(j) One representative from a public safety answering point.

(3) Members of an area trauma advisory board described in subsection (2)(g) of this section may not have an economic interest in health care services provided in the trauma area for which the area trauma advisory board makes proposals under subsection (1)(a)(B) of this section.

(4)(a) A member of an area trauma advisory board may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on an area trauma advisory board.

SECTION 28. ORS 431A.105 is amended to read:

431A.105. (1) Subject to available funding from gifts, grants or donations, the Emergency Medical Services for Children Program is established in the Oregon Health Authority. The Emergency Medical Services for Children Program shall operate in cooperation with the Emergency Medical Services and Trauma Systems Program to promote the delivery of emergency medical and trauma services to the children of Oregon.

(2) The Oregon Health Authority shall:

(a) Employ or contract with professional, technical, research and clerical staff as required to implement this section.

(b) Provide technical assistance to the State Trauma Advisory Board on the integration of an emergency medical services for children program into the statewide emergency medical services and trauma system.

(c) Provide advice and technical assistance to area trauma advisory boards on the integration of an emergency medical services for children program into area trauma system plans.

(d) Establish an Emergency Medical Services for Children Advisory Committee.

(e) Establish guidelines for:

(A) The approval of emergency and critical care medical service facilities for pediatric care, and for the designation of specialized regional pediatric critical care centers and pediatric trauma care centers.

(B) Referring children to appropriate emergency or critical care medical facilities.

(C) Necessary prehospital and other pediatric emergency and critical care medical service equipment.

(D) Developing a coordinated system that will allow children to receive appropriate initial stabilization and treatment with timely provision of, or referral to, the appropriate level of care, including critical care, trauma care or pediatric subspecialty care.

(E) Protocols for prehospital and hospital facilities encompassing all levels of pediatric emergency services, pediatric critical care and pediatric trauma care.

(F) Rehabilitation services for critically ill or injured children.

(G) An interfacility transfer system for critically ill or injured children.

(H) Initial and continuing professional education programs for emergency medical services personnel, including training in the emergency care of infants and children.

(I) A public education program concerning the Emergency Medical Services for Children Program including information on emergency access telephone numbers.

(J) The collection and analysis of statewide pediatric emergency and critical care medical services data from emergency and critical care medical service facilities for the purpose of quality improvement by such facilities, subject to relevant confidentiality requirements.

(K) The establishment of cooperative interstate relationships to facilitate the provision of appropriate care for pediatric patients who must cross state borders to receive emergency and critical care services.

(L) Coordination and cooperation between the Emergency Medical Services for Children Program and other public and private organizations interested or involved in emergency and critical care for children.

(3)(a) A member of the Emergency Medical Services for Children Advisory Committee established under subsection (2)(d) of this section may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the Emergency Medical Services for Children Advisory Committee.

SECTION 29. ORS 431A.525 is amended to read:

431A.525. (1) The Stroke Care Committee is established under the Oregon Health Authority.

(2) The Director of the Oregon Health Authority shall appoint at least 10 members to serve on the committee as follows:

(a) Two physicians who specialize in the care of stroke patients, one of whom is a neurologist;

(b) One physician who specializes in emergency medicine;

(c) At least three hospital administrators, or designees of hospital administrators, of whom:

(A) At least one must be from a certified Comprehensive Stroke Center;

(B) One must be from a certified Primary Stroke Center; and

(C) One must be from a rural hospital that uses Telestroke;

(d) One nurse who is a stroke coordinator or who works in an emergency department and has experience treating stroke;

(e) One emergency medical services provider who works for a licensed ambulance service;

(f) One health practitioner who specializes in rehabilitative medicine; and

(g) One individual who has experience advocating for the care of stroke patients and who is not a health care provider.

(3) In appointing members under subsection (2) of this section, the director must consider the geographic diversity of this state and appoint members who are from rural areas.

(4) For the purpose of achieving continuous improvement in the quality of stroke care, the committee shall:

(a) Analyze data related to the prevention and treatment of strokes;

(b) Identify potential interventions to improve stroke care; and

(c) Advise the authority on meeting the objectives of the authority, including but not limited to the objectives of the emergency medical services and trauma system developed pursuant to ORS 431A.050, that are related to stroke care.

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

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

(7) The committee shall elect a chairperson from among its members.

(8) The committee shall meet at the call of the chairperson or of a majority of the members of the committee.

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

(10) The term of office of each member of the committee is four 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 January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(11)**(a)** Members of the committee [*are not entitled to compensation, but may be reimbursed from funds available to the authority, for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.*] **may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a

member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

SECTION 30. ORS 431A.895 is amended to read:

431A.895. (1) The term of office of each member of the Prescription Monitoring Program Advisory Commission is four years, but a member serves at the pleasure of the Oregon Health Authority. Before the expiration of the term of a member, the authority shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the authority shall make an appointment to become immediately effective.

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

(3) The commission shall meet at least once annually at a time and place specified by the chairperson of the commission. The commission may meet at other times and places specified by the call of the chairperson or of a majority of the members of the commission.

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

(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 authority shall provide staff support to the commission.

(8)**(a)** Members of the commission [*are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director**

for members who are qualified members, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses incurred in performing functions of the commission shall be paid out of funds appropriated to the authority for that purpose.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the commission.

(9) All agencies of state government, as defined in ORS 174.111, are directed to assist the commission in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the commission consider necessary to perform their duties.

SECTION 31. ORS 432.600 is amended to read:

432.600. (1) As used in this section:

(a) "Maternal mortality" means the pregnancy-related death of a person within 365 days after the end of the pregnancy.

(b) "Severe maternal morbidity" includes pregnancy-related outcomes that result in significant short-term or long-term consequences to a person's health.

(2) The Maternal Mortality and Morbidity Review Committee is established in the Oregon Health Authority to conduct studies and reviews of the incidence of maternal mortality and severe maternal morbidity and to make policy and budget recommendations to reduce the incidence of maternal mortality and severe maternal morbidity in this state.

(3) The committee shall consist of at least 11 but not more than 15 members appointed by the Governor. The Governor shall consider for membership

the following individuals:

(a) A physician licensed under ORS chapter 677 who specializes in family medicine and whose practice includes maternity care and delivery;

(b) A physician licensed under ORS chapter 677 who specializes in obstetrics and gynecology;

(c) A physician licensed under ORS chapter 677 who specializes in maternal fetal medicine;

(d) A licensed registered nurse who specializes in labor and delivery;

(e) A licensed registered nurse who is licensed by the Oregon State Board of Nursing as a nurse practitioner specializing in nurse midwifery;

(f) A direct entry midwife licensed under ORS 687.405 to 687.495;

(g) An individual who meets criteria for a doula adopted by the authority in accordance with ORS 414.665;

(h) A traditional health worker;

(i) An individual who represents a community-based organization that represents communities of color and focuses on reducing racial and ethnic health disparities;

(j) An individual who represents a community-based organization that focuses on treatment of mental health;

(k) An individual who represents the authority with an expertise in the field of maternal and child health;

(L) An individual who is an expert in the field of public health; and

(m) A medical examiner.

(4) In appointing members under subsection (3) of this section, the Governor shall consider whether the composition of the committee is reasonably representative of this state's geographic, ethnic and economic diversity.

(5) Members of the committee shall serve for terms of four years each. The Governor shall fill a vacancy on the committee by making an appointment to become immediately effective for the unexpired term. The Governor shall assign the initial terms of office to members so that the terms expire at staggered intervals.

(6) The committee shall elect one of its members to serve as chairperson. A majority of the members of the committee constitutes a quorum.

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

(8) The committee shall convene in closed, nonpublic meetings.

(9)**(a)** A member of the committee [*is not entitled to compensation, but in the discretion of the authority may be reimbursed from funds available to the authority for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495.*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the member in the performance of the member's official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

(10) The authority may adopt rules necessary for the operation of the committee.

(11) The committee shall:

(a) Study and review information relating to the incidence of maternal mortality and severe maternal morbidity in this state.

(b) Examine whether social determinants of health are contributing fac-

tors to the incidence of maternal mortality and severe maternal morbidity including, but not limited to:

(A) Race and ethnicity;

(B) Socioeconomic status;

(C) Domestic abuse or violence;

(D) Access to affordable housing;

(E) Access to primary and preventive health care services, oral health care services and behavioral health services for a person who is of reproductive age; and

(F) Gaps in insurance coverage postpartum or following pregnancy.

(12)(a) Upon request by the division of the authority that is charged with public health functions, the following shall make available to the committee information relating to the incidence of maternal mortality and severe maternal morbidity in this state:

(A) Health care providers;

(B) Providers of social services;

(C) Health care facilities;

(D) The authority;

(E) The Department of Human Services;

(F) Law enforcement agencies;

(G) Medical examiners; and

(H) Any other state and local agency deemed relevant by the committee.

(b) Information made available to the committee may include, but need not be limited to, the following:

(A) Medical records;

(B) Autopsy reports;

(C) Birth records;

(D) Death records;

(E) Social services files;

(F) Information obtained during any family interviews; and

(G) Any other data or information the committee may deem relevant in

connection with maternal mortality and severe maternal morbidity.

(c) A person may not charge or collect a fee for providing information to the committee pursuant to this subsection.

(13) Notwithstanding any other law relating to sharing confidential information, all agencies of state government, as defined in ORS 174.111, are directed to assist the committee in the performance of duties of the committee and shall furnish information and advice as deemed necessary by the members of the committee.

(14)(a) All meetings and activities of the committee are exempt from the requirements of ORS 192.610 to 192.690.

(b) All information obtained, created or maintained by the committee is:

(A) Confidential and exempt from disclosure under ORS 192.311 to 192.478; and

(B) Not admissible in evidence in a judicial, administrative, arbitration or mediation proceeding.

(c) Committee members may not be:

(A) Examined as to any communications to or from the committee or as to any information obtained or maintained by the committee; or

(B) Subject to an action for civil damages for affirmative actions or statements made in good faith.

(d) This subsection does not limit the discoverability or admissibility of any information that is available from any source other than the committee in a judicial, administrative, arbitration or mediation proceeding.

(15) A person who acts in good faith in making information available to the committee under subsection (12) or (13) of this section:

(a) Has immunity:

(A) From any civil or criminal liability that might otherwise be incurred or imposed with respect to releasing the information;

(B) From disciplinary action taken by the person's employer with respect to releasing the information; and

(C) With respect to participating in any judicial proceeding resulting from

or involving the release of information; and

(b) May not be examined as to any communications to or from the committee or as to any information obtained, created or maintained by the committee.

(16) Nothing in subsection (14) or (15) of this section may be construed to limit or restrict the discoverability or admissibility of any information that is available from any person or any other source independent of the meetings or activities of the committee in a civil or criminal proceeding.

(17)(a) The committee shall submit a biennial report in the manner provided in ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to health care. The report submitted under this subsection must include, but is not limited to, the following:

(A) A summary of the committee's conclusions and findings relating to maternal mortality;

(B) Aggregated data related to the cases of maternal mortality in this state that is not individually identifiable;

(C) A description of actions that are necessary to implement any recommendations of the committee to prevent occurrences of maternal mortality in this state; and

(D) Recommendations for allocating state resources to decrease the rate of maternal mortality in this state.

(b) A biennial report submitted after January 2, 2021, in addition to providing the information described in paragraph (a) of this subsection, must describe how the information relates to severe maternal morbidity.

(18) The committee shall provide the report required under subsection (17) of this section to health care providers and facilities, relevant state agencies and any others as the committee deems necessary to reduce the incidence of maternal mortality and severe maternal morbidity.

SECTION 32. ORS 441.152 is amended to read:

441.152. (1)(a) The Nurse Staffing Advisory Board is established within

the Oregon Health Authority, consisting of 12 members appointed by the Governor.

(b) Of the 12 members of the board:

(A) Six must be hospital nurse managers;

(B) Five must be direct care registered nurses who work in hospitals; and

(C) One must be either a direct care registered nurse who works in a hospital or a direct care staff member who is not a registered nurse and whose services are covered by a written hospital-wide staffing plan that meets the requirements of ORS 441.155.

(c) To the extent practicable, board members shall be appointed to ensure that the board is represented by members from hospitals where direct care staff are represented under a collective bargaining agreement and hospitals where direct care staff are not represented by a collective bargaining agreement and by hospitals of different sizes, types and geographic location.

(d) The term of office of each board member is three years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins January 1 next following. A member is eligible for reappointment, but may not serve more than two consecutive terms. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(2) The board shall:

(a) Provide advice to the authority on the administration of ORS 441.152 to 441.177;

(b) Identify trends, opportunities and concerns related to nurse staffing;

(c) Make recommendations to the authority on the basis of those trends, opportunities and concerns; and

(d) Review the authority's enforcement powers and processes under ORS 441.157, 441.171 and 441.177.

(3)(a) Upon request, the authority shall provide the board with written hospital-wide staffing plans implemented under ORS 441.155, reviews con-

ducted under ORS 441.156, information obtained during an audit under ORS 441.157 and complaints filed and investigations conducted as described in ORS 441.171.

(b) The authority may not provide the board with any information under paragraph (a) of this subsection that is identifiable with a specific hospital unless the information is publicly available.

(c) Hospital-wide staffing plans provided to the board under this section are confidential and not subject to public disclosure.

(4) A majority of the members of the board constitutes a quorum for the transaction of business.

(5) The board shall have two cochairs selected by the Governor. One cochair shall be a hospital nurse manager and one cochair shall be a direct care registered nurse.

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

(7) The board shall meet:

(a) At least once every three months; and

(b) At any time and place specified by the call of both cochairs.

(8) The board may adopt rules necessary [*to*] for the operation of the board.

(9) The board shall submit a report on the administration of ORS 441.152 to 441.177 in the manner provided in ORS 192.245 to an interim committee of the Legislative Assembly related to health no later than September 15 of each year. The board may include in its report recommendations for legislation.

(10)**(a)** Members of the board [*are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495.*] **may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other ex-**

penses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds appropriated to the authority for purposes of the board.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the board.

SECTION 33. ORS 441.221 is amended to read:

441.221. (1) The Advisory Committee on Physician Credentialing Information is established within the Oregon Health Authority. The committee consists of nine members appointed by the Director of the Oregon Health Authority or the director's designee as follows:

(a) Three members who are health care practitioners licensed by the Oregon Medical Board or representatives of health care practitioners' organizations doing business within the State of Oregon;

(b) Three representatives of hospitals licensed by the Oregon Health Authority; and

(c) Three representatives of health care service contractors that have been issued a certificate of authority to transact health insurance in this state by the Department of Consumer and Business Services.

(2) All members appointed pursuant to subsection (1) of this section must be knowledgeable about national standards relating to the credentialing of health care practitioners.

(3) The term of appointment for each member of the committee is three years. If, during a member's term of appointment, the member no longer

qualifies to serve as designated by the criteria of subsection (1) of this section, the member must resign. If there is a vacancy for any cause, the director or the director's designee shall make an appointment to become immediately effective for the unexpired term.

(4)**(a)** Members of the committee [*are not entitled to*] **may receive** compensation [*or*] **in an amount determined by the director and may receive** reimbursement of **actual and necessary travel and other** expenses **reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid from funds available to the authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

SECTION 34. ORS 442.856 is amended to read:

442.856. (1) There is established the Health Care Acquired Infection Advisory Committee to advise the Director of the Oregon Health Authority regarding the Oregon Health Care Acquired Infection Reporting Program. The advisory committee shall consist of 16 members appointed by the director as follows:

(a) Seven of the members shall be health care providers or their designees, including:

(A) A hospital administrator who has expertise in infection control and who represents a hospital that contains fewer than 100 beds;

(B) A hospital administrator who has expertise in infection control and

who represents a hospital that contains 100 or more beds;

(C) A long term care administrator;

(D) A hospital quality director;

(E) A physician with expertise in infectious disease;

(F) A registered nurse with interest and involvement in infection control; and

(G) A physician who practices in an ambulatory surgical center and who has interest and involvement in infection control.

(b) Nine of the members shall be individuals who do not represent health care providers, including:

(A) A consumer representative;

(B) A labor representative;

(C) An academic researcher;

(D) A health care purchasing representative;

(E) A representative of the Department of Human Services;

(F) A representative of the business community;

(G) A representative of the Oregon Patient Safety Commission who does not represent a health care provider on the commission;

(H) A health insurer representative; and

(I) The State Health Officer or the State Health Officer's designee.

(2) The Director of the Oregon Health Authority and the advisory committee shall evaluate on a regular basis the quality and accuracy of the data collected and reported by health care facilities under ORS 442.855 and the methodologies of the Oregon Health Authority for data collection, analysis and public disclosure.

(3)**(a)** Members of the advisory committee [*are not entitled to compensation and shall serve as volunteers on the advisory committee*] **may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director**

for members who are qualified members, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the advisory committee.

(4) Each member of the advisory committee shall serve a term of two years.

(5) The advisory committee shall make recommendations to the director regarding:

(a) The health care acquired infection measures that health care facilities must report, which may include but are not limited to:

(A) Surgical site infections;

(B) Central line related bloodstream infections;

(C) Urinary tract infections; and

(D) Health care facility process measures designed to ensure quality and to reduce health care acquired infections;

(b) Methods for evaluating and quantifying health care acquired infection measures that align with other data collection and reporting methodologies of health care facilities and that support participation in other quality interventions;

(c) Requiring different reportable health care acquired infection measures for differently situated health care facilities as appropriate;

(d) A method to ensure that infections present upon admission to the health care facility are excluded from the rates of health care acquired infection disclosed to the public for the health care facility under ORS 442.855;

(e) Establishing a process for evaluating the health care acquired infection measures reported under ORS 442.855 and for modifying the reporting requirements over time as appropriate; and

(f) Procedures to protect the confidentiality of patients, health care professionals and health care facility employees.

SECTION 35. ORS 448.407 is amended to read:

448.407. **(1)** To aid and advise the Environmental Quality Commission and the Oregon Health Authority in the adoption of rules under ORS 448.410 and 448.450, the Director of the Department of Environmental Quality and the Director of the Oregon Health Authority shall appoint an advisory committee. The members of the **advisory** committee shall include but need not be limited to representatives of all types of water systems.

(2)(a) Members of the advisory committee who are appointed by the Director of the Oregon Health Authority may receive compensation in an amount determined by the director and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the advisory committee.

SECTION 36. ORS 475A.225 is amended to read:

475A.225. Members; terms; meetings; compensation. (1)(a) The Oregon Psilocybin Advisory Board is established within the Oregon Health Author-

ity for the purpose of advising and making recommendations to the authority. The Oregon Psilocybin Advisory Board shall consist of:

(A) 14 to 16 members appointed by the Governor as specified in paragraph (b) of this subsection;

(B) The Public Health Director or the Public Health Director's designee;

(C) If the Public Health Director is not the State Health Officer, the State Health Officer or a physician licensed under ORS chapter 677 acting as the State Health Officer's designee;

(D) If the Public Health Director is the State Health Officer, a representative from the Oregon Health Authority who is familiar with public health programs and public health activities in this state; and

(E) A designee of the Oregon Health Policy Board.

(b) The Governor shall appoint the following individuals to the board:

(A) Any four of the following:

(i) A state employee who has technical expertise in the field of public health;

(ii) A local health officer, as defined in ORS 431.003;

(iii) An individual who is a member of, or who represents, a federally recognized Indian tribe in this state;

(iv) An individual who is a member of, or who represents, the Addictions and Mental Health Planning and Advisory Council within the authority;

(v) An individual who is a member of, or who represents, the Health Equity Policy Committee within the authority;

(vi) An individual who is a member of, or who represents, the Palliative Care and Quality of Life Interdisciplinary Advisory Council within the authority; and

(vii) An individual who represents individuals who provide public health services directly to the public;

(B) A psychologist licensed under ORS chapter 675 who has professional experience engaging in the diagnosis or treatment of a mental, emotional, or behavioral condition;

(C) A physician licensed under ORS chapter 677 who holds a degree of Doctor of Medicine;

(D) A naturopathic physician licensed under ORS chapter 685;

(E) An expert in the field of public health who has a background in academia;

(F) Any three of the following:

(i) A person who has professional experience conducting scientific research regarding the use of psychedelic compounds in clinical therapy;

(ii) A person who has experience in the field of mycology;

(iii) A person who has experience in the field of ethnobotany;

(iv) A person who has experience in the field of psychopharmacology; and

(v) A person who has experience in the field of psilocybin harm reduction;

(G) A person representing the Oregon Liquor and Cannabis Commission who has experience working with the system developed and maintained by the commission under ORS 475C.177 for tracking the transfer of marijuana items;

(H) A person representing the Department of Justice; and

(I) The following:

(i) During the two-year program development period:

(I) One of the chief petitioners of chapter 1, Oregon Laws 2021; and

(II) One or two at-large members; and

(ii) After the two-year program development period, one, two, or three at-large members.

(2)(a) The term of office for a board member appointed under this section is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

(b) Members of the board described in subsection (1)(a)(B) to (E) of this

section are nonvoting ex officio members of the board.

(3) A majority of the voting members of the board constitutes a quorum for the transaction of business.

(4) Official action by the board requires the approval of a majority of the voting members of the board.

(5) The board shall elect one of its voting members to serve as chairperson.

(6) During the two-year program development period, the board shall meet at least once every two calendar months at a time and place determined by the chairperson or a majority of the voting members of the board. After the two-year program development period, the board shall meet at least once every calendar quarter at a time and place determined by the chairperson or a majority of the voting members of the board. The board also may meet at other times and places specified by the call of the chairperson or of a majority of the voting members of the board.

(7) The board may adopt rules necessary for the operation of the board.

(8)**(a)** The board may establish committees and subcommittees necessary for the operation of the board.

(b) Members of committees and subcommittees established by the board may receive compensation in an amount determined by the board and may receive reimbursement of actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the board for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid from funds available to the board.

(c) A member of a committee or subcommittee may decline compensation or reimbursement of expenses offered to the member under this subsection.

(d) This subsection does not apply to a member of a committee or

subcommittee who is employed in full-time public service or to the compensation or expenses of a member of a committee or subcommittee who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee or subcommittee.

(9) Members of the board are entitled to compensation and **to reimbursement of travel and other** expenses as provided in ORS 292.495.

SECTION 37. ORS 475C.930 is amended to read:

475C.930. (1) The Oregon Cannabis Commission is established within the Oregon Health Authority. The commission consists of:

(a) The Public Health Officer or the Public Health Officer's designee; and

(b) Eight members appointed by the Governor as follows:

(A) A registry identification cardholder, as defined in ORS 475C.777;

(B) A person designated to produce marijuana by a registry identification cardholder, as defined in ORS 475C.777;

(C) An attending provider, as defined in ORS 475C.777;

(D) A person representing the Oregon Health Authority;

(E) A person representing the Oregon Liquor and Cannabis Commission;

(F) A local health officer, as described in ORS 431.418;

(G) A law enforcement officer; and

(H) A person knowledgeable about research proposal grant protocols.

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

(3) The appointment of each member of the commission is subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

(4)**(a)** Members of the commission [*are not entitled to compensation, but*

may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495] **may receive compensation in an amount determined by the Public Health Officer and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the Public Health Officer for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.**

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the commission.

SECTION 38. ORS 682.039 is amended to read:

682.039. (1) The State Emergency Medical Service Committee is established within the Oregon Health Authority. The committee must have at least 18 members. The Oregon Health Authority shall appoint at least 17 voting members as described in subsection (2) of this section. The chairperson of the State Trauma Advisory Board established under ORS 431A.055, or the chairperson's designee, shall be a nonvoting member.

(2) The authority shall appoint members to serve on the State Emergency Medical Service Committee, including:

(a) Six physicians licensed under ORS chapter 677 whose practice consists of routinely treating emergencies, such as cardiovascular illness, trauma or pediatric emergencies, appointed from a list submitted by the Oregon Medical Board. At least two members appointed under this paragraph must be

emergency medical services medical directors, and at least one member appointed under this paragraph must specialize in pediatric emergency care.

(b) Four emergency medical services providers whose practices consist of routinely treating emergencies, such as cardiovascular illness or trauma. At least one of the providers must be at the lowest level of licensure for emergency medical services providers established by the authority at the time of appointment. Emergency medical services providers appointed pursuant to this paragraph must be selected from lists submitted by each area trauma advisory board. The lists must include nominations from organizations that represent emergency care providers in this state.

(c) One volunteer ambulance operator.

(d) One person representing governmental agencies that provide ambulance services.

(e) One person representing a private ambulance company.

(f) One hospital administrator.

(g) One nurse who has served at least two years in the capacity of an emergency department nurse.

(h) One representative of an emergency dispatch center.

(i) One community college or licensed career school representative.

(3) The committee must include at least one resident, but no more than three residents, from each region served by one area trauma advisory board at the time of appointment.

(4) Appointments are for a term of four years and must be made in a manner that preserves as much as possible the representation of the organization described in subsection (2) of this section. A vacancy must be filled for an unexpired term as soon as the authority can make the appointment. The committee shall choose a chairperson and shall meet at the call of the chairperson or the Director of the Oregon Health Authority.

(5) The State Emergency Medical Service Committee shall:

(a) Advise the authority concerning the adoption, amendment and repeal of rules authorized by this chapter;

(b) Assist the Emergency Medical Services and Trauma Systems Program in providing state and regional emergency medical services coordination and planning;

(c) Assist communities in identifying emergency medical service system needs and quality improvement initiatives;

(d) Assist the Emergency Medical Services and Trauma Systems Program in prioritizing, implementing and evaluating emergency medical service system quality improvement initiatives identified by communities;

(e) Review and prioritize rural community emergency medical service funding requests and provide input to the Rural Health Coordinating Council; and

(f) Review and prioritize funding requests for rural community emergency medical service training and provide input to the Area Health Education Center program.

(6) The chairperson of the committee shall appoint a subcommittee on the licensure and discipline of emergency medical services providers, consisting of five physicians and four emergency medical services providers. The subcommittee shall advise the authority and the Oregon Medical Board on the adoption, amendment, repeal and application of rules implementing ORS 682.204 to 682.220 and 682.245. The decisions of the subcommittee are not subject to the review of the committee.

(7) Members of the committee are entitled to compensation **and to reimbursement of travel and other expenses** as provided in ORS 292.495.

SECTION 39. ORS 741.004 is amended to read:

741.004. (1) The Health Insurance Exchange Advisory Committee is created to advise the Oregon Health Policy Board in the development and implementation of the policies and operational procedures governing the administration of a health insurance exchange in this state including, but not limited to, all of the following:

(a) The amount of the assessment imposed on insurers under ORS 741.105.

(b) The implementation of a Small Business Health Options Program in

accordance with 42 U.S.C. 18031.

(c) The processes and procedures to enable each insurance producer to be authorized to act for all of the insurers offering qualified health plans through the health insurance exchange.

(d) The affordability of qualified health plans offered by employers under section 5000A(e)(1) of the Internal Revenue Code.

(e) Outreach strategies for reaching minority and low-income communities.

(f) Solicitation of customer feedback.

(g) The affordability of health plans offered through the exchange.

(2) The committee consists of 15 members. Fourteen members shall be appointed by the Governor and are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565. The appointed members serve at the pleasure of the Governor. The Director of the Oregon Health Authority or the director's designee shall serve as an ex officio member of the committee.

(3) The 14 members appointed by the Governor must represent the interests of:

(a) Insurers;

(b) Insurance producers;

(c) Navigators, in-person assisters, application counselors and other individuals with experience in facilitating enrollment in qualified health plans;

(d) Health care providers;

(e) The business community, including small businesses and self-employed individuals;

(f) Consumer advocacy groups, including advocates for enrolling hard-to-reach populations;

(g) Enrollees in qualified health plans; and

(h) State agencies that administer the medical assistance program under ORS chapter 414.

(4) The Oregon Health Policy Board or the Director of the Oregon Health

Authority may solicit recommendations from the committee and the committee may initiate recommendations on its own.

(5) The committee may provide annual reports to the Legislative Assembly, in the manner provided in ORS 192.245, of the findings and recommendations the committee considers appropriate, including but not limited to a report on the:

(a) Adequacy of assessments for reserve programs and administrative costs;

(b) Implementation of the Small Business Health Options Program;

(c) Number of qualified health plans offered through the exchange;

(d) Number and demographics of individuals enrolled in qualified health plans;

(e) Advance premium tax credits provided to enrollees in qualified health plans; and

(f) Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange.

(6) The members of the committee shall be appointed for a term fixed by the Governor, not to exceed two years[*, and shall serve without compensation, but shall be entitled to travel expenses in accordance with ORS 292.495*]. The committee may hire, subject to the approval of the director, such experts as the committee may require to discharge its duties.

(7)(a) The members of the committee may receive compensation in an amount determined by the Oregon Health Policy Board and shall be reimbursed for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the board for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). All expenses of the committee shall be paid out of the Health Insurance Exchange Fund established in ORS 741.102.

(b) A member may decline compensation or reimbursement of ex-

penses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the committee.

[*(7)*] **(8)** The employees of the Oregon Health Authority responsible for administering the health insurance exchange are directed to assist the committee in the performance of its duties under subsection (1) of this section and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the committee consider necessary to perform their duties under subsection (1) of this section.

SECTION 40. Section 3, chapter 29, Oregon Laws 2022, is amended to read:

Sec. 3. (1) The Oregon Health Authority, in collaboration with the Department of Human Services and the Department of Consumer and Business Services, shall immediately convene a community and partner work group to advise the authority and the departments on the development of outreach and enrollment assistance and communications strategies, within the authority's legislatively approved budget, to communicate and assist medical assistance program enrollees in navigating the redetermination process and the enrollees' transition to coverage through the health insurance exchange.

(2) The work group must include representatives of impacted health systems, community partners, organized labor, medical assistance program enrollees, the Medicaid Advisory Committee and the Health Insurance Exchange Advisory Committee.

(3) The work group shall recommend:

(a) Strategies for obtaining and updating contact information for enrollees in the medical assistance program;

(b) Strategies for outreach and communication with enrollees in the medical assistance program, health care providers, community partners and

other organizations;

(c) Strategies to maximize awareness of and utilization of navigational assistance for enrollees in the medical assistance program who will need to transition to other forms of coverage;

(d) Other strategies for conducting medical assistance program redeterminations to minimize the loss of enrollees' medical assistance program coverage; and

(e) Strategies to maximize the use of community-based organizations and other organizations that contract with the authority to provide navigational assistance to medical assistance program enrollees.

(4) The authority shall consult with and seek recommendations from the work group for additional changes to the medical assistance program redetermination process that may be done within the authority's legislatively approved budget, such as:

(a) Conducting ex parte, automatic or active eligibility renewals;

(b) Changes to streamline the process for requesting additional information from medical assistance program enrollees;

(c) Changes to the post-eligibility verification process to allow continuous enrollment while eligibility is verified;

(d) Extending deadlines of up to 90 days for medical assistance program enrollees to respond to requests from the authority to verify eligibility factors;

(e) Increasing the use of application assisters; and

(f) Phasing in renewals by population.

(5) The authority shall incorporate the recommendations of the work group into the reports described in section 2 (3) and **(5), chapter 29, Oregon Laws 2022** [*of this 2022 Act*].

(6)(a) Members of the work group may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the perform-

ance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the work group.

SECTION 41. Section 4, chapter 30, Oregon Laws 2022, is amended to read:

Sec. 4. (1) As used in this section:

(a) "Act of community violence" means an intentional act of interpersonal violence committed in public by someone who is not the victim's family member or intimate partner.

(b) "Certified violence prevention professional" means a person certified by a program approved under subsection (2) of this section.

(c)(A) "Community violence prevention services" includes evidence-based, trauma-informed, supportive and nonpsychotherapeutic services, offered in or out of a clinical setting.

(B) "Community violence prevention services" also includes but is not limited to peer support or counseling, mentorship, conflict mediation, crisis intervention, targeted case management, referrals to certified or licensed health care or social services providers, and patient education and screening services, provided by a certified violence prevention professional to:

(i) Promote improved health outcomes and positive behavioral change;

(ii) Prevent injury recidivism; and

(iii) Reduce the likelihood that victims of acts of community violence will

commit or promote violence themselves.

(2) The Oregon Health Authority shall approve at least one national training and certification program for certified violence prevention professionals and shall establish a process to approve community-based training programs. A program approved under this subsection must require at least 35 hours of initial training and six hours of continuing education every two years and must address:

(a) The profound effects of trauma and violence and the basics of trauma-informed care;

(b) Community violence prevention strategies, including crisis intervention, de-escalation, conflict mediation and retaliation prevention;

(c) Case management and advocacy practices; and

(d) Patient privacy requirements under the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164.

(3) A person that employs or contracts with a certified violence prevention professional to provide community violence prevention services shall:

(a) Maintain documentation that the professional is certified by a program approved under subsection (2) of this section; and

(b) Ensure that the professional complies with applicable state or federal laws, regulations, rules and standards of care.

(4) The authority shall seek federal approval to secure federal financial participation in the costs of providing medical assistance program coverage for community violence prevention services for medical assistance program enrollees who:

(a) Have received medical treatment for an injury sustained from an act of community violence; and

(b) Have been referred by a certified or licensed health care or social services provider to receive services from a certified violence prevention professional after the provider determined the enrollee is at a higher risk of retaliation or a violent injury from another act of community violence.

(5) The authority may adopt rules to implement this section.

(6) The authority shall establish a technical advisory group to support implementation of this section. The group must include:

(a) Three members representing a community-based organization that currently supports a hospital-based violence prevention program in Oregon;

(b) One member representing a national organization that provides technical assistance for emerging hospital-based violence prevention programs;

(c) One member representing a hospital that currently operates a hospital-based violence prevention program in Oregon;

(d) One member representing a hospital or hospitals in Oregon that do not currently operate a hospital-based violence prevention program;

(e) One member of an Oregon-based academic institution with knowledge of hospital-based violence prevention programs;

(f) Four members representing coordinated care organizations in geographically diverse areas of Oregon, three of which must be outside of Multnomah County; and

(g) Two members representing health care clinicians with experience in Medicaid billing and experience providing trauma care as a result of community violence.

(7)(a) Members of the technical advisory group may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this paragraph.

(c) This subsection does not apply to a member who is employed in

full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the technical advisory group.

SECTION 42. Section 1, chapter 48, Oregon Laws 2022, is amended to read:

Sec. 1. (1) As used in this section:

(a) "Communities of color" means members of the following racial or ethnic communities:

(A) American Indian;

(B) Alaska Native;

(C) Hispanic or Latino;

(D) Asian;

(E) Native Hawaiian;

(F) Pacific Islander;

(G) Black or African American;

(H) Middle Eastern;

(I) North African;

(J) Mixed race; or

(K) Other racial or ethnic minorities.

(b) "Priority populations" means groups that disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism, including **but not limited to**:

(A) Communities of color;

(B) Oregon's nine federally recognized tribes and the descendants of the members of the tribes;

(C) Immigrants;

(D) Refugees;

(E) Migrant and seasonal farmworkers;

(F) Low-income individuals and families;

(G) Persons with disabilities; and

(H) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity.

(2)(a) The Oregon Health Authority shall convene an advisory committee to provide guidance on establishing, funding and operating a pilot program to improve the health outcomes of Oregonians impacted by racism by providing grants to one or more entities to operate two culturally and linguistically specific mobile health units in this state.

(b) The membership of the advisory committee shall consist of:

(A) Individuals from priority populations; and

(B) Public health and health care professionals or other experts.

(c) At least 51 percent of the members of the advisory committee with decision-making authority must be members of priority populations.

(d) Eligibility requirements for grants must align with the health equity framework of the authority's 2020-2024 State Health Improvement Plan, Healthier Together Oregon.

(e)(A) Members of the advisory committee may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(B) A member may decline compensation or reimbursement of expenses offered to the member under this paragraph.

(C) This paragraph does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the per-

formance of the member's official duties on the advisory committee.

(3) Based on the guidance of the advisory committee convened under subsection (2) of this section, the authority shall administer the pilot program, providing grants only to entities that:

(a) Demonstrate the ability to serve priority populations;

(b) Demonstrate the ability to conduct meaningful community engagement; and

(c) Have previously established relationships with one or more priority populations.

(4) Pilot mobile health units funded by grants described in subsection (3) of this section must engage in an assessment of the populations served by race, ethnicity, language, disability, sexual orientation and gender identity to inform the potential expansion of the pilot program statewide.

(5) The authority shall study the feasibility of expanding mobile health units throughout this state. In conducting the study, the authority shall engage providers of health care, members of coordinated care organizations, medical assistance recipients and other community members from priority populations. The study shall include:

(a) An environmental scan of Oregon;

(b) A needs assessment of the collective needs of underserved areas of this state;

(c) The identification and development of regional parameters where mobile health units will operate;

(d) The identification and development of a culturally and linguistically specific mobile health unit model staffed by health professionals who reflect the priority populations served;

(e) An analysis of services to be provided by mobile health units;

(f) The identification of opportunities to leverage matching federal funds;

(g) An analysis of staff and resources needed for statewide mobile health units;

(h) A financial analysis; and

(i) How to ensure the authority's goals for equity and inclusion are met.

(6) The authority shall provide an interim report to the Legislative Assembly, in the manner provided in ORS 192.245, no later than December 31, 2025, and a final report no later than June 30, 2026, on the implementation of the pilot program described in subsection (2) of this section and the findings of the study described in subsection (5) of this section. The final report shall include recommendations for implementing a statewide mobile health unit pilot program.

SECTION 43. Section 2, chapter 48, Oregon Laws 2022, is amended to read:

Sec. 2. (1) The Oregon Advocacy Commissions Office, in collaboration with culturally specific community-based organizations, shall convene affinity group task forces consisting of leaders of Black and indigenous communities, people of color and members of the nine federally recognized tribes in Oregon. The task forces shall discuss and research the specific needs of the communities they represent and develop recommendations for specific allocations of resources to address the communities' needs and health inequities faced by the communities. The task forces shall also make recommendations on whether their work should continue beyond June 30, 2023.

(2)(a) Members of the affinity group task forces may receive compensation in an amount determined by the office and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the office for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the office.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in

full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on an affinity group task force.

[*(2)*] **(3)** Based on the research and recommendations of the affinity group task forces, the Oregon Health Authority shall develop recommendations on how to fund robust culturally and linguistically specific intervention programs, across all relevant state agencies, designed to prevent or intervene in the health conditions that result in inequitable and negative outcomes for individuals who are Black or indigenous, people of color and members of tribes. The interventions must focus on aspects of the social determinants of health including housing, access to food, neighborhood safety, education, transportation and involvement with the criminal justice system.

[*(3)*] **(4)** The office shall report the recommendations of the task forces to the Legislative Assembly, in the manner provided in ORS 192.245, no later than November 1, 2023.

[*(4)*] **(5)** No later than November 30, 2023, the authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245, on the development of the recommendations on how to fund robust culturally and linguistically specific intervention programs, as required by subsection [*(2)*] **(3)** of this section.

[*(5)*] **(6)** No later than November 1, 2024, the authority shall report to the Legislative Assembly, in the manner provided in ORS 192.245, the authority's final recommendations under subsection [*(2)*] **(3)** of this section.

SECTION 44. Section 2, chapter 575, Oregon Laws 2015, as amended by section 1, chapter 384, Oregon Laws 2017, and section 13, chapter 489, Oregon Laws 2017, is amended to read:

Sec. 2. (1) As used in this section:

(a) "Carrier" means an insurer that offers a health benefit plan, as defined in ORS 743B.005.

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

(c) "Primary care" means family medicine, general internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics or general psychiatry.

(d) "Primary care provider" includes:

(A) A physician, naturopath, nurse practitioner, physician assistant or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care.

(B) A health care team or clinic that has been certified by the Oregon Health Authority as a patient centered primary care home.

(2)(a) The Oregon Health Authority shall convene a primary care payment reform collaborative to advise and assist in the implementation of a Primary Care Transformation Initiative to:

(A) Use value-based payment methods that are not paid on a per claim basis to:

(i) Increase the investment in primary care;

(ii) Align primary care reimbursement by all purchasers of care; and

(iii) Continue to improve reimbursement methods, including by investing in the social determinants of health;

(B) Increase investment in primary care without increasing costs to consumers or increasing the total cost of health care;

(C) Provide technical assistance to clinics and payers in implementing the initiative;

(D) Aggregate the data from and align the metrics used in the initiative with the work of the Health Plan Quality Metrics Committee established in ORS 413.017;

(E) Facilitate the integration of primary care behavioral and physical health care; and

(F) Ensure that the goals of the initiative are met by December 31, 2027.

(b) The collaborative is a governing body, as defined in ORS 192.610.

(3) The authority shall invite representatives from all of the following to participate in the primary care payment reform collaborative:

(a) Primary care providers;

(b) Health care consumers;

(c) Experts in primary care contracting and reimbursement;

(d) Independent practice associations;

(e) Behavioral health treatment providers;

(f) Third party administrators;

(g) Employers that offer self-insured health benefit plans;

(h) The Department of Consumer and Business Services;

(i) Carriers;

(j) A statewide organization for mental health professionals who provide primary care;

(k) A statewide organization representing federally qualified health centers;

(L) A statewide organization representing hospitals and health systems;

(m) A statewide professional association for family physicians;

(n) A statewide professional association for physicians;

(o) A statewide professional association for nurses; and

(p) The Centers for Medicare and Medicaid Services.

(4)(a) Members of the primary care payment reform collaborative may receive compensation in an amount determined by the Director of the Oregon Health Authority and may receive reimbursement for actual and necessary travel and other expenses reasonably incurred by the members in the performance of the members' official duties. Any compensation determined by the director for a member who is a qualified member, as defined in ORS 292.495, may not be less than the compensation specified in ORS 292.495 (4)(b). Compensation and claims for expenses shall be paid out of funds available to the authority.

(b) A member may decline compensation or reimbursement of expenses offered to the member under this subsection.

(c) This subsection does not apply to a member who is employed in full-time public service or to the compensation or expenses of a member who is compensated or reimbursed for expenses by an employer or third party for time spent or expenses incurred in the performance of the member's official duties on the primary care payment reform collaborative.

[*(4)*] **(5)** The primary care payment reform collaborative shall annually report to the Oregon Health Policy Board and to the Legislative Assembly on the achievement of the primary care spending targets in ORS [*414.625*] **414.572** and 743.010 and the implementation of the Primary Care Transformation Initiative.

[*(5)*] **(6)** A coordinated care organization shall report to the authority, no later than October 1 of each year, the proportion of the organization's total medical costs that are allocated to primary care.

[*(6)*] **(7)** The authority, in collaboration with the Department of Consumer and Business Services, shall adopt rules prescribing the primary care services for which costs must be reported under subsection [*(5)*] **(6)** of this section.
