

House Bill 3354

Sponsored by Representatives KENY-GUYER, SCHOUTEN; Representatives ALONSO LEON, HAYDEN, NOSSE, PRUSAK

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires local public health authorities and coordinated care organizations to provide funding to support school-based programs providing dental disease prevention services.

A BILL FOR AN ACT

1
2 Relating to children's oral health; creating new provisions; and amending ORS 414.629.

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

4 **SECTION 1. The Oregon Health Authority shall require that each local public health au-**
5 **thority use a portion of moneys made available to the local public health authority under**
6 **ORS 431.380 to support school-based programs that provide dental disease prevention ser-**
7 **vices as one of the local public health authority's prevention of injury and disease and pro-**
8 **motion of health programs, under ORS 431.144.**

9 **SECTION 2.** ORS 414.629 is amended to read:

10 414.629. (1) A community health improvement plan adopted by a coordinated care organization
11 and its community advisory council in accordance with ORS 414.627 shall include, to the extent
12 practicable, a strategy and a plan for:

13 (a) Working with programs developed by the Early Learning Council, Early Learning Hubs, the
14 Youth Development Council and the school health providers in the region; *[and]*

15 (b) Coordinating the effective and efficient delivery of health care to children and adolescents
16 in the community; **and**

17 **(c) Funding dental disease prevention services provided to children and adolescents in the**
18 **community by school-based programs.**

19 (2) A community health improvement plan must be based on research, including research into
20 adverse childhood experiences, and must identify funding sources and additional funding necessary
21 to address the health needs of children and adolescents in the community and to meet the goals of
22 the plan. The plan must also:

23 (a) Evaluate the adequacy of the existing school-based health resources including school-based
24 health centers and school nurses to meet the specific pediatric and adolescent health care needs in
25 the community;

26 (b) Make recommendations to improve the school-based health center and school nurse system,
27 including the addition or improvement of electronic medical records and billing systems;

28 (c) Take into consideration whether integration of school-based health centers with the larger
29 health system or system of community clinics would further advance the goals of the plan;

30 (d) Improve the integration of all services provided to meet the needs of children, adolescents
31 and families;

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

1 (e) Focus on primary care, behavioral health and oral health; and
2 (f) Address promotion of health and prevention and early intervention in the treatment of chil-
3 dren and adolescents.

4 (3) A coordinated care organization shall involve in the development of its community health
5 improvement plan, school-based health centers, school nurses, school mental health providers and
6 individuals representing:

7 (a) Programs developed by the Early Learning Council and Early Learning Hubs;
8 (b) Programs developed by the Youth Development Council in the region;
9 (c) The Healthy Start Family Support Services program in the region;
10 (d) The Health Care for All Oregon Children program and other medical assistance programs;
11 (e) Relief nurseries in the region;
12 (f) Community health centers;
13 (g) Oral health care providers;
14 (h) Community mental health providers;
15 (i) Administrators of county health department programs that offer preventive health services
16 to children;
17 (j) Hospitals in the region; and
18 (k) Other appropriate child and adolescent health program administrators.

19 (4) The Oregon Health Authority may provide incentive grants to coordinated care organizations
20 for the purpose of contracting with individuals or organizations to help coordinate integration
21 strategies identified in the community health improvement plan adopted by the community advisory
22 council. The authority may also provide funds to coordinated care organizations to improve systems
23 of services that will promote the implementation of the plan.

24 (5) Each coordinated care organization shall report to the authority, in the form and manner
25 prescribed by the authority, on the progress of the integration strategies and implementation of the
26 plan for working with the programs developed by the Early Learning Council, Early Learning Hubs,
27 the Youth Development Council and school health care providers in the region, as part of the de-
28 velopment and implementation of the community health improvement plan. The authority shall
29 compile the information biennially and report the information to the Legislative Assembly by De-
30 cember 31 of each even-numbered year.

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