HB 2208   STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Meeting Dates:	3/4

WHAT THE MEASURE DOES:

The measure requires coordinated care organizations (CCOs) to utilize community health improvement plans (CHIPs) as the primary planning document within their region.

Detailed Summary
- Requires CCOs to collaborate with community mental health programs (CMHPs) when conducting their community health assessments (CHAs) and adopting their CHIPs.
- Requires CCOs to use the CHIP as their primary regional planning document.
- Specifies what components must be included within the CHIP.
- Applies to CHIPs adopted on or after the effective date of the Measure.

Fiscal impact: May have fiscal impact, but no statement yet issued
Revenue impact: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

The Oregon Health Plan (OHP), Oregon's state Medicaid program, has undergone significant changes since its initial implementation in 1994. The coordinated care organization (CCO) model was established in 2012 through the passage of House Bill 3650 (2011) and Senate Bill 1580 (2012). CCOs provide a range of health services to their members, including physical, oral, and behavioral health care, either directly or through partnerships. OHP members are assigned to a CCO based primarily on their geographic location. CCOs receive a five-year contract from the state and a fixed-growth budget from which to coordinate services for their members. Currently, there are sixteen CCOs operating regionally across Oregon, serving more 92% of Oregon's nearly 1.5 million OHP members.

The five-year CCO contract term was established through Senate Bill 725 (2013). The current round of CCO contracts began in 2020 and were extended through 2026 by House Bill 2446 (2023).

House Bill 2208 requires coordinated care organizations (CCOs) to utilize community health improvement plans (CHIPs) as the primary planning document within their region.