

SB 695 -1 STAFF MEASURE SUMMARY

Senate Committee On Early Childhood and Behavioral Health

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/25, 4/3

WHAT THE MEASURE DOES:

The measure extends the length of contracts between the Oregon Health Authority (OHA) and a coordinated care organization (CCO) from five to ten years and makes changes to network adequacy requirements and reporting metrics for maternal, infant, and early childhood health.

Detailed Summary:

Extends the CCO contract from five years to 10 years.

- Directs the Oregon Health Authority (OHA) to review a CCO's performance after five years.
- Directs the OHA to give special consideration to a CCO's performance on quality metrics, financial management, and ability to implement new programs when executing contracts.
- Applies to contracts between a CCO and the OHA entered into, amended, or renewed on or after January 1, 2026.

Requires CCOs to develop plans to support maternal, infant, and early childhood health.

- Requires CCOs to ensure members have safe and stable housing during pregnancy and for 12 months postpartum.
- Requires CCOs to support the perinatal workforce and invest in provider recruitment and retention.
- Requires CCOs to ensure implement a whole-person maternal health model that includes behavior health screenings and interventions for substance use disorders and other behavioral health needs.
- Sunsets provision January 2, 2037.

Expands CCO care coordination and network adequacy requirements.

- Requires CCOs to implement care coordination requirements for individuals in carceral settings as permitted by state and federal law.
- Includes health related social needs services providers in network adequacy requirements.
- Directs OHA to work with CCOs to ensure any member who needs behavioral health services can access them within one week.
- Takes effect January 1, 2026.

Requires CCOs to partner with Early Learning Hubs when completing community health assessments and community health improvement plans.

- Applies to community health assessments and community health improvement plans adopted on or after bill passage.

Directs OHA to require CCOs to spend a portion of any bonus payment within its value-based payment arrangement on maternal health and early childhood providers. Directs the metrics and scoring subcommittee of the Health Plan Quality Metrics Committee to develop health equity milestones for pregnancy and early childhood. Takes effect on the 91st day following adjournment sine die.

Fiscal impact: Fiscal impact issued

Revenue impact: No revenue impact

ISSUES DISCUSSED:

This summary has not been adopted or officially endorsed by action of the committee.

EFFECT OF AMENDMENT:

-1 Replaces the measure. Directs the Oregon Health Authority (OHA) and Coordinated Care Organization (CCOs) to create whole person mental health programs, include early childhood partners in the development of community health assessments (CHA) and community health improvement plans (CHP), and support investments in maternal and early childhood health. Takes effect on the 91st day following adjournment sine die.

Detailed Summary:

Directs OHA and CCOs to develop and implement whole personal maternal health programs for members that include:

- Comprehensive needs assessments and behavioral health risk screenings during the first prenatal care visit,
- Investments for substance use disorder and other behavioral health needs,
- Provision of a directory of local social service resources,
- Maternity case management services,
- Doula support, peer support, and enrollment in a nurse home visiting program if needed,
- Connection to local parenting or child-focused organizations,
- Tracking and monitoring of cesarean section births, postpartum care, chronic health conditions, and tobacco cessation efforts,
- Contraception education, resources, and support, and
- Coordination of efforts with a member's care team.

Directs CCOs to collaborate with Early Learning Hubs and federally qualified health centers when conducting CHAs and include a focus on early learning, maternal care, and the first 1,000 days of a child's life when conducting CHPs.

- Applies to CHAs and CHPs adopted on or after the effective date of the measure.

Directs OHA and CCOs to use alternate payment models that promote prevention, including early childhood health.

- Defines "maternal medical home."
- Directs OHA and CCOs to use payment structures that reward comprehensive care coordination through delivery models including patient centered primary care homes, behavioral health homes, and maternal health homes.

Directs the Metrics and Scoring Subcommittee of the Health Plan Quality Metrics Committee to consider the need to prioritize equity-focused measures relating to pregnancy and early childhood.

BACKGROUND:

[House Bill 3650](#) (2011) and [Senate Bill 1580](#) (2012) established the coordinated care model for delivering health care to Oregonians enrolled in the state's Medicaid program, known as the Oregon Health Plan (OHP). In this model, coordinated care organizations (CCOs) are responsible for the delivery of physical, behavioral, and oral health services with a focus on prevention and chronic disease management. In 2013, [Senate Bill 725](#) established a five-year term for contracts between CCOs and the Oregon Health Authority (OHA) and in 2023, [House Bill 2446](#) allowed for a one-time two-year extension of the CCO contract.

The [2022-2027 Medicaid 1115 Demonstration Waiver](#) directs OHA and CCOs to provide housing, climate, and nutrition supports for people in certain life transitions. It also directs OHA to begin providing certain OHP benefits to adults and youth transitioning out of carceral settings. [ORS Chapter 414](#) sets forth other requirements for CCOs providing OHP benefits to Oregonians.

Senate Bill 695 -1 directs the Oregon Health Authority and Coordinated Care Organization to create whole person mental health programs, include early childhood partners in the development of community health assessments and community health improvement plans, and support investments in maternal and early childhood health.

PRELIMINARY