

SB 695 A STAFF MEASURE SUMMARY

Senate Committee On Early Childhood and Behavioral Health

Action Date: 04/03/25

Action: Do pass with amendments. Refer to Ways and Means by prior reference. (Printed A-Eng).

Vote: 4-1-0-0

Yeas: 4 - Anderson, Gorsek, Patterson, Reynolds

Nays: 1 - Linthicum

Fiscal: Fiscal impact issued

Revenue: No revenue impact

Prepared By: Katie Hart, LPRO Analyst

Meeting Dates: 2/25, 4/3

WHAT THE MEASURE DOES:

The measure directs the Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) to create whole person mental health programs, to include early childhood partners in the development of community health assessments (CHA) and community health improvement plans (CHP), and to 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.

ISSUES DISCUSSED:

- Oregon Health Plan fee for service membership.

SB 695 A STAFF MEASURE SUMMARY

- Impact of the measure.

EFFECT OF AMENDMENT:

Replaces the measure.

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