HB 2208 A STAFF MEASURE SUMMARY

Carrier: Rep. Valderrama

Joint Committee On Ways and Means

Action Date:	06/06/25
Action:	Do Pass the A-Eng bill.
House Vote	
Yeas:	11 - Bowman, Breese-Iverson, Cate, Drazan, Evans, Gomberg, Levy E, Owens, Ruiz, Sanchez, Valderrama
Exc:	1 - Smith G
Senate Vote	
Yeas:	11 - Anderson, Bonham, Broadman, Campos, Frederick, Girod, Lieber, McLane, President Wagner, Smith DB, Sollman
Exc:	1 - Manning Jr
Fiscal:	Has minimal fiscal impact
Revenue:	No revenue impact
Prepared By:	MaryMichelle Sosne, Fiscal Analyst
Meeting Dates:	5/27, 6/6

WHAT THE MEASURE DOES:

The measure requires coordinated care organizations (CCOs) to collaborate with community mental health programs (CMHPs) and local planning committees when developing their community health improvement plans (CHIPs); directs CMHPs, CCOs, and local public health authorities to include specific behavioral health plans in their CHIP; and permits the Oregon Health Authority (OHA) to use rule to align reporting requirement timelines.

Detailed Summary

- Defines terms.
- Requires CCOs to collaborate with CMHPs and local planning committees when conducting a community health assessment (CHA) and adopting their CHIP.
- Directs local public health authorities, CMHPs, and CCOs to include behavioral health plans required by the OHA in the CHIP. Specifies behavioral health plans that must be included. Specifies that including a behavioral health plan in the CHIP does not alter responsibility for implementing the behavioral health plan.
- Permits OHA to use rule to create requirements for CHIPS, including aligning timelines for CHIPs and CHAs, and aligning requirements with other planning or reporting requirements.
- Applies to CHIPs adopted on or after the effective date of the Measure.

ISSUES DISCUSSED:

- Fiscal impact of the measure

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 than 92% of Oregon's nearly 1.5 million OHP members.

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CCOs are required to collaborate with local public health authorities and hospitals to conduct a community health assessment (CHA) and adopt a community health improvement plan (CHIP) that serves that a strategic population health plan for the community. ORS 414.577. The CHIP is also required to include a component for addressing the health of children and youth in the community. ORS 414.578(1). CCOs are required to involve providers and individuals representing specified entities including youth programs, community health centers, and oral health and community mental health providers. ORS 4141.578(3). House Bill 2208 A requires coordinated care organizations (CCOs) to collaborate with community mental health programs (CMHPs) and local planning committees when developing their community health improvement plans (CHIPs); directs CMHPs, CCOs, and local public health authorities to include specific behavioral health plans in their CHIP; and permits the Oregon Health Authority to use rule to align reporting requirement timelines.