

House Bill 2217

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)

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**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells CCOs to make certain changes related to improving health outcomes for children. (Flesch Readability Score: 61.8).

Modifies the membership requirements for coordinated care organizations' community advisory councils. Requires coordinated care organizations to partner with Early Learning Hubs in conducting a community health assessment and adopting a community health improvement plan. Requires a community health improvement plan to evaluate the adequacy of health services for children from birth to kindergarten entry.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to medical assistance for children; creating new provisions; amending ORS 414.575, 414.577
3 and 414.578; and prescribing an effective date.

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

5 **SECTION 1. ORS 414.575, 414.577 and 414.578 are added to and made a part of ORS chap-**
6 **ter 414.**

7 **SECTION 2.** ORS 414.575 is amended to read:

8 414.575. (1) A coordinated care organization must have a community advisory council to ensure
9 that the health care needs of the consumers and the community are being addressed. The council
10 must:

11 (a) Include representatives of the community and of each county government served by the co-
12 ordinated care organization, but consumer representatives must constitute a majority of the mem-
13 bership; *[and]*

14 **(b) Ensure that at least 40 percent of the consumer representatives are parents of chil-**
15 **dren under 19 years of age who receive medical assistance, including at least two parents of**
16 **children from newborn to five years of age; and**

17 *[(b)]* (c) Have its membership selected by a committee composed of equal numbers of county
18 representatives from each county served by the coordinated care organization and members of the
19 governing body of the coordinated care organization.

20 (2) The duties of the council include, but are not limited to:

21 (a) Identifying and advocating for preventive care practices to be utilized by the coordinated
22 care organization;

23 (b) Overseeing a community health assessment and adopting a community health improvement
24 plan in accordance with ORS 414.577; and

25 (c) Annually publishing a report on the progress of the community health improvement plan.

26 (3) The community health improvement plan adopted by the council should describe the scope
27 of the activities, services and responsibilities that the coordinated care organization will consider

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 upon implementation of the plan. The activities, services and responsibilities defined in the plan
 2 shall include a plan and a strategy for integrating physical, behavioral and oral health care services
 3 and may include, but are not limited to:

4 (a) Analysis and development of public and private resources, capacities and metrics based on
 5 ongoing community health assessment activities and population health priorities;

6 (b) Health policy;

7 (c) System design;

8 (d) Outcome and quality improvement;

9 (e) Integration of service delivery; and

10 (f) Workforce development.

11 (4) The council shall meet at least once every three months. The council shall post a report
 12 of its meetings and discussions to the website of the coordinated care organization and other
 13 websites appropriate to keeping the community informed of the council's activities. The council, the
 14 governing body of the coordinated care organization or a designee of the council or governing body
 15 has discretion as to whether public comments received at meetings that are open to the public will
 16 be included in the reports posted to the website and, if so, which comments are appropriate for
 17 posting.

18 (5) If the regular council meetings are not open to the public and do not provide an opportunity
 19 for members of the public to provide written and oral comments, the council shall hold quarterly
 20 meetings:

21 (a) That are open to the public and attended by the members of the council;

22 (b) At which the council shall report on the activities of the coordinated care organization and
 23 the council;

24 (c) At which the council shall provide written reports on the activities of the coordinated care
 25 organization; and

26 (d) At which the council shall provide the opportunity for the public to provide written or oral
 27 comments.

28 (6) The coordinated care organization shall post to the organization's website contact informa-
 29 tion for, at a minimum, the chairperson, a member of the community advisory council or a desig-
 30 nated staff member of the organization.

31 (7) Meetings of the council are not subject to ORS 192.610 to 192.705.

32 **SECTION 3.** ORS 414.577 is amended to read:

33 414.577. (1) A coordinated care organization shall collaborate with local public health authori-
 34 ties, **Early Learning Hubs** and hospitals located in areas served by the coordinated care organ-
 35 ization to conduct a community health assessment and adopt a community health improvement plan,
 36 shared with and endorsed by the coordinated care organization, local public health authorities,
 37 **Early Learning Hubs** and hospitals, to serve as a strategic population health and health care ser-
 38 vices plan for the residents of the areas served by the coordinated care organization, local public
 39 health authorities, **Early Learning Hubs** and hospitals. The health improvement plan must include
 40 strategies for achieving shared priorities.

41 (2) The coordinated care organization shall post the health improvement plan to the coordinated
 42 care organization's website.

43 (3) The Oregon Health Authority may prescribe by rule requirements for health improvement
 44 plans and provide guidance for aligning the timelines for the development of the community health
 45 assessments and health improvement plans by coordinated care organizations, local public health

1 authorities, **Early Learning Hubs** and hospitals.

2 **SECTION 4.** ORS 414.578 is amended to read:

3 414.578. (1) A community health improvement plan adopted by a coordinated care organization
4 and its community advisory council in accordance with ORS 414.577 shall include a component for
5 addressing the health of children **from birth to kindergarten entry** and **school-age** youth in the
6 areas served by the coordinated care organization including, to the extent practicable, a strategy
7 and a plan for:

8 (a) Working with programs developed by the Early Learning Council, Early Learning Hubs, the
9 Youth Development Council and the school health providers in the region; and

10 (b) Coordinating the effective and efficient delivery of health care to children and adolescents
11 in the community.

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

16 (a) **Evaluate the adequacy of health services for children from birth to kindergarten**
17 **entry and identify opportunities to partner with community-based organizations, preschools**
18 **and child care facilities to increase access to services;**

19 [(a)] (b) Evaluate the adequacy of the existing school-based health resources including school-
20 based health centers and school nurses to meet the specific pediatric and adolescent health care
21 needs in the community;

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

24 [(c)] (d) Take into consideration whether integration of school-based health centers with the
25 larger health system or system of community clinics would further advance the goals of the plan;

26 [(d)] (e) Improve the integration of all services provided to meet the needs of children, adoles-
27 cents and families;

28 [(e)] (f) Focus on primary care, behavioral health and oral health; and

29 [(f)] (g) Address promotion of health and prevention and early intervention in the treatment of
30 children and adolescents.

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

34 (a) Programs developed by the Early Learning Council and Early Learning Hubs;

35 (b) Programs developed by the Youth Development Council in the region;

36 (c) The Healthy Start Family Support Services program in the region;

37 (d) The Cover All People program and other medical assistance programs;

38 (e) Relief nurseries in the region;

39 (f) Community health centers;

40 (g) Oral health care providers;

41 (h) Community mental health providers;

42 (i) Administrators of county health department programs that offer preventive health services
43 to children;

44 (j) Hospitals in the region; and

45 (k) Other appropriate child and adolescent health program administrators.

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

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

13 **SECTION 5. The amendments to ORS 414.577 and 414.578 by sections 3 and 4 of this 2025**
 14 **Act apply to community health assessments conducted and community health improvement**
 15 **plans adopted on or after the effective date of this 2025 Act.**

16 **SECTION 6. (1) The amendments to ORS 414.575 by section 2 of this 2025 Act become**
 17 **operative on January 1, 2026.**

18 **(2) A coordinated care organization may take any action before the operative date spec-**
 19 **ified in subsection (1) of this section that is necessary to enable the coordinated care or-**
 20 **ganization to exercise, on and after the operative date specified in subsection (1) of this**
 21 **section, all of the duties, functions and powers conferred on the coordinated care organiza-**
 22 **tion by the amendments to ORS 414.575 by section 2 of this 2025 Act.**

23 **SECTION 7. This 2025 Act takes effect on the 91st day after the date on which the 2025**
 24 **regular session of the Eighty-third Legislative Assembly adjourns sine die.**

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