

A-Engrossed
Senate Bill 846

Ordered by the Senate April 1
Including Senate Amendments dated April 1

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Tina Kotek for Oregon Health Authority)

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

Digest: The Act changes how OHA monitors the health of children served by CCOs. (Flesch Readability Score: 76.5).

Modifies the requirements for how the Oregon Health Authority monitors the progress of coordinated care organizations in improving access to and the quality of health care for children and youth in the areas served by the coordinated care organizations.

A BILL FOR AN ACT

1
2 Relating to health care of children served by coordinated care organizations; amending ORS 414.578.

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

4 **SECTION 1.** ORS 414.578 is amended to read:

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

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

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

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

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

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

22 (c) Take into consideration whether integration of school-based health centers with the larger
23 health system or system of community clinics would further advance the goals of the plan;

24 (d) Improve the integration of all services provided to meet the needs of children, adolescents
25 and families;

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 (e) Focus on primary care, behavioral health and oral health; and

2 (f) Address promotion of health and prevention and early intervention in the treatment of chil-
3 dren and adolescents.

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

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

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

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

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

11 (e) Relief nurseries in the region;

12 (f) Community health centers;

13 (g) Oral health care providers;

14 (h) Community mental health providers;

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

17 (j) Hospitals in the region; and

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

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

24 (5) Each coordinated care organization shall report to the authority, in the form and manner
25 prescribed by the authority, on the progress of the integration strategies and implementation of the
26 plan for working with the programs developed by the Early Learning Council, Early Learning Hubs,
27 the Youth Development Council and school health care providers in the region, as part of the de-
28 velopment and implementation of the community health improvement plan. *[The authority shall*
29 *compile the information biennially and report the information to the Legislative Assembly by December*
30 *31 of each even-numbered year.]* **The authority shall monitor statewide progress and the**
31 **progress of each coordinated care organization related to working with communities and**
32 **community programs toward improving equitable access to care and the quality of care for**
33 **children and youth in the areas served by coordinated care organizations. No later than De-**
34 **cember 31 of each even-numbered year, the authority shall submit a report to the Legislative**
35 **Assembly that describes the authority's findings under this subsection.**

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