SB 695-1
(LC 2701)
4/2/25 (RH/ps)

Requested by Senator REYNOLDS

PROPOSED AMENDMENTS TO SENATE BILL 695

1 On page 1 of the printed bill, line 2, delete "414.572,".
2 In line 3, delete "414.577, 414.578, 414.590, 414.591, 414.598 and 414.609" and
3 insert "414.577, 414.578 and 414.598".
4 Delete lines 5 through 24 and delete pages 2 through 13 and insert:
5 "**SECTION 1. (1) As used in this section, 'coordinated care organ-**
6 **ization' and 'medical assistance' have the meanings given those terms**
7 **in ORS 414.025.**
8 **"(2) The Oregon Health Authority and a coordinated care organ-**
9 **ization shall develop and implement a whole-person maternal health**
10 **model for recipients of medical assistance that includes:**
11 **"(a) Comprehensive needs assessment and behavioral health risk**
12 **screening during a pregnant recipient's first prenatal care visit;**
13 **"(b) Interventions and supports for substance use disorder and**
14 **other behavioral health needs;**
15 **"(c) Providing a directory of local resources to help recipients apply**
16 **for and obtain:**
17 **"(A) Supplemental nutrition assistance;**
18 **"(B) Women, Infants and Children Program benefits under ORS**
19 **413.500;**
20 **"(C) Temporary assistance for needy families;**
21 **"(D) The child tax credit under ORS 315.273;**

“(E) State and federal earned income tax credits; and

“(F) Other means-tested benefits available to low-income individuals;

“(d) Maternity case management services;

“(e) Doula support, peer support and enrollment in a nurse home visiting program, if needed;

“(f) Connection to local parenting or child-focused organizations to develop a family success plan and receive other maternal and infant health supports;

“(g) Tracking and monitoring of cesarean section births, postpartum care, chronic health conditions and tobacco cessation efforts;

“(h) Contraception education, resources and support; and

“(i) Coordination of efforts with a recipient’s care team.

“SECTION 2. ORS 414.577 and 414.578 are added to and made a part of ORS chapter 414.

“SECTION 3. ORS 414.577 is amended to read:

“414.577. (1) A coordinated care organization shall collaborate with local public health authorities**, Early Learning Hubs, federally qualified health centers** and hospitals located in areas served by the coordinated care organization to conduct a community health assessment and adopt a community health improvement plan, shared with and endorsed by the coordinated care organization, local public health authorities**, Early Learning Hubs, federally qualified health centers** and hospitals, to serve as a strategic population health and health care services plan for the residents of the areas served by the coordinated care organization, local public health authorities**, Early Learning Hubs, federally qualified health centers** and hospitals. The health improvement plan must include strategies for achieving shared priorities.

“(2) The coordinated care organization shall post the health improvement

1 plan to the coordinated care organization's website.

2 "(3) The Oregon Health Authority may prescribe by rule requirements for
3 health improvement plans and provide guidance for aligning the timelines for
4 the development of the community health assessments and health improve-
5 ment plans by coordinated care organizations, local public health
6 authorities**, Early Learning Hubs, federally qualified health centers** and
7 hospitals.

8 **"SECTION 4.** ORS 414.578 is amended to read:

9 "414.578. (1) A community health improvement plan adopted by a coordi-
10 nated care organization and its community advisory council in accordance
11 with ORS 414.577 shall include a component for addressing the health of
12 children and youth in the areas served by the coordinated care organization
13 including, to the extent practicable, a strategy and a plan for:

14 "(a) Working with programs developed by the Early Learning Council,
15 Early Learning Hubs, the Youth Development Council and the school health
16 providers in the region; and

17 "(b) Coordinating the effective and efficient delivery of health care to
18 children and adolescents in the community.

19 "(2) A community health improvement plan must be based on research,
20 including research into adverse childhood experiences, and must identify
21 funding sources and additional funding necessary to address the health needs
22 of children and adolescents in the community and to meet the goals of the
23 plan. The plan must also:

24 "(a) Evaluate the adequacy of the existing school-based health resources
25 including school-based health centers and school nurses to meet the specific
26 pediatric and adolescent health care needs in the community;

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

30 "(c) Take into consideration whether integration of school-based health

1 centers with the larger health system or system of community clinics would
2 further advance the goals of the plan;
3 "(d) Improve the integration of all services provided to meet the needs
4 of children, adolescents and families**, including a focus on early learning,**
5 **maternal care and the first 1,000 days of a child's life**;
6 "(e) Focus on primary care, behavioral health and oral health; and
7 "(f) Address promotion of health and prevention and early intervention
8 in the treatment of children and adolescents.
9 "(3) A coordinated care organization shall involve in the development of
10 its community health improvement plan, school-based health centers, school
11 nurses, school mental health providers and individuals representing:
12 "(a) Programs developed by the Early Learning Council and Early
13 Learning Hubs;
14 "(b) Programs developed by the Youth Development Council in the region;
15 "(c) The Healthy Start Family Support Services program in the region;
16 "(d) The Cover All People program and other medical assistance pro-
17 grams;
18 "(e) Relief nurseries in the region;
19 "(f) Community health centers;
20 "(g) Oral health care providers;
21 "(h) Community mental health providers;
22 "(i) Administrators of county health department programs that offer pre-
23 ventive health services to children;
24 "(j) Hospitals in the region; and
25 "(k) Other appropriate child and adolescent health program administra-
26 tors.
27 "(4) The Oregon Health Authority may provide incentive grants to coor-
28 dinated care organizations for the purpose of contracting with individuals
29 or organizations to help coordinate integration strategies identified in the
30 community health improvement plan adopted by the community advisory

council. The authority may also provide funds to coordinated care organizations to improve systems of services that will promote the implementation of the plan.

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

"**SECTION 5.** ORS 414.598 is amended to read:

"414.598. **(1) As used in this section, 'maternal medical home' means a model of care that coordinates and aligns services to improve outcomes for mothers and their children.**

"[*(1)*] **(2)** The Oregon Health Authority shall encourage coordinated care organizations to use alternative payment methodologies that:

"(a) Reimburse providers on the basis of health outcomes and quality measures instead of the volume of care;

"(b) Hold organizations and providers responsible for the efficient delivery of quality care;

"(c) Reward good performance;

"(d) Limit increases in medical costs; and

"(e) Use payment structures that create incentives to:

"(A) Promote prevention**, including investments in early childhood health**;

"(B) Provide person centered care; and

"(C) Reward comprehensive care coordination using delivery models such as patient centered primary care homes [*and*]**,** behavioral health homes **and**

maternal medical homes.

"[*(2)*] **(3)** The authority shall encourage coordinated care organizations to utilize alternative payment methodologies that move from a predominantly fee-for-service system to payment methods that base reimbursement on the quality rather than the quantity of services provided.

"[*(3)*] **(4)** A coordinated care organization that participates in a national primary care medical home payment model, conducted by the Center for Medicare and Medicaid Innovation in accordance with 42 U.S.C. 1315a, that includes performance-based incentive payments for primary care, shall offer similar alternative payment methodologies to all patient centered primary care homes identified in accordance with ORS 413.259 that serve members of the coordinated care organization.

"[*(4)*] **(5)** The authority shall assist and support coordinated care organizations in identifying cost-cutting measures.

"[*(5)*] **(6)** If a service provided in a health care facility is not covered by Medicare because the service is related to a health care acquired condition, the cost of the service may not be:

"(a) Charged by a health care facility or any health services provider employed by or with privileges at the facility, to a coordinated care organization, a patient or a third-party payer; or

"(b) Reimbursed by a coordinated care organization.

"[*(6)(a)*] **(7)(a)** Notwithstanding subsections [*(1) and*] (2) **and (3)** of this section, until July 1, 2014, a coordinated care organization that contracts with a Type A or Type B hospital or a rural critical access hospital, as described in ORS 442.470, shall reimburse the hospital fully for the cost of covered services based on the cost-to-charge ratio used for each hospital in setting the global payments to the coordinated care organization for the contract period.

"(b) The authority shall base the global payments to coordinated care organizations that contract with rural hospitals described in this section on

the most recent audited Medicare cost report for Oregon hospitals adjusted to reflect the Medicaid mix of services.

"(c) The authority shall identify any rural hospital that would not be expected to remain financially viable if paid in a manner other than as prescribed in paragraphs (a) and (b) of this subsection based upon an evaluation by an actuary retained by the authority. On and after July 1, 2014, the authority may, on a case-by-case basis, require a coordinated care organization to continue to reimburse a rural hospital determined to be at financial risk, in the manner prescribed in paragraphs (a) and (b) of this subsection.

"(d) This subsection does not prohibit a coordinated care organization and a hospital from mutually agreeing to reimbursement other than the reimbursement specified in paragraph (a) of this subsection.

"(e) Hospitals reimbursed under paragraphs (a) and (b) of this subsection are not entitled to any additional reimbursement for services provided.

"[*(7)*] **(8)** Notwithstanding subsections [*(1) and*] (2) **and (3)** of this section, coordinated care organizations must comply with federal requirements for payments to providers of Indian health services, including but not limited to the requirements of 42 U.S.C. 1396j and 42 U.S.C. 1396u-2(a)(2)(C).

"SECTION 6. ORS 413.022 is amended to read:

"413.022. (1) As used in this section:

"(a) 'Downstream health outcome and quality measures' means:

"(A) The sets of core quality measures for the Medicaid program that are published by the Centers for Medicare and Medicaid Services in accordance with 42 U.S.C. 1320b-9a and 1320b-9b; and

"(B) If the sets of core quality measures for adults published by the Centers for Medicare and Medicaid Services do not include quality measures for oral health care for adults, quality measures of oral health care for adults adopted by the metrics and scoring subcommittee.

"(b) 'Upstream health outcome and quality measures' means quality measures that focus on the social determinants of health.

1 “(2) There is created in the Health Plan Quality Metrics Committee a
2 nine-member metrics and scoring subcommittee appointed by the Director of
3 the Oregon Health Authority. The members of the subcommittee serve two-
4 year terms and must include:

5 “(a) Three members at large;

6 “(b) Three individuals with expertise in health outcomes measures; and

7 “(c) Three representatives of coordinated care organizations.

8 “(3)**(a)** The subcommittee shall use a public process in accordance with
9 ORS 192.610 to 192.705 that includes an opportunity for public comment to
10 select the downstream health outcome and quality measures and a minimum
11 of four upstream health outcome and quality measures applicable to services
12 provided by coordinated care organizations.

13 “**(b) In selecting the health outcome and quality measures described**
14 **in paragraph (a) of this subsection, the subcommittee shall consider**
15 **the need to prioritize equity-focused measures relating to pregnancy**
16 **and early childhood.**

17 “(4) The Oregon Health Authority shall incorporate these measures into
18 coordinated care organization contracts to hold the organizations account-
19 able for performance and customer satisfaction requirements. The authority
20 shall notify each coordinated care organization of any changes in the meas-
21 ures at least three months before the beginning of the contract period during
22 which the new measures will be in place.

23 “(5) The subcommittee shall update the health outcome and quality
24 measures annually, if necessary, to conform to the latest sets of core quality
25 measures published by the Centers for Medicare and Medicaid Services.

26 “(6) All health outcome and quality measures must be consistent with the:

27 “(a) Terms and conditions of the demonstration project approved for this
28 state by the Centers for Medicare and Medicaid Services under 42 U.S.C.
29 1315; and

30 “(b) Written quality strategies approved by the Centers for Medicare and

Medicaid Services under 42 C.F.R. 438.340 and 457.1240.

"(7) The authority and the Oregon Health Policy Board shall evaluate on a regular and ongoing basis the outcome and quality measures selected by the subcommittee under this section for members in each coordinated care organization and for members statewide.

"(8) Members of the subcommittee who are not members of the Oregon Health Policy Board may receive compensation and the reimbursement of actual and necessary travel and other expenses incurred by them in the performance of their official duties in accordance with criteria adopted by the authority by rule and shall be reimbursed from funds available to the authority in the manner and amount provided in ORS 292.495.

"SECTION 7. The amendments to ORS 414.577 and 414.578 by sections 3 and 4 of this 2025 Act apply to community health assessments conducted and community health improvement plans adopted on or after the effective date of this 2025 Act.

"SECTION 8. This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.".