

# Senate Bill 983

Sponsored by Senator TELFER

## 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**.

Authorizes Crook, Deschutes and Jefferson Counties to establish Central Oregon Health Council under certain circumstances. Authorizes other counties to join council under certain circumstances. Requires council to adopt regional health improvement plan and permits council to assume certain activities, services and responsibilities specified in plan. Directs council to report to Legislative Assembly on performance of council on or before dates of convening of 2013 and 2015 regular sessions of Legislative Assembly.

Sunsets on date of convening of 2015 regular session of Legislative Assembly.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to the Central Oregon Health Council; and declaring an emergency.

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

4 **SECTION 1. (1) Crook, Deschutes and Jefferson Counties may form a Central Oregon**  
5 **Health Council when the governing body of each of the counties adopts a resolution signifi-**  
6 **ing the body's intention to do so.**

7 (2) Subsequent to the formation of the Central Oregon Health Council, a county that is  
8 adjacent to Crook, Deschutes or Jefferson County may join the council if:

9 (a) The governing body of the county seeking to join the council adopts a resolution sig-  
10 nifying the body's intention to include a portion of that county in the region served by the  
11 council;

12 (b) The portion of the county to be included in the region is part of a natural health care  
13 referral pattern with the other counties on the council; and

14 (c) The Oregon Health Authority and the council approve.

15 **SECTION 2. (1) The Central Oregon Health Council shall consist of no more than 11**  
16 **members, including:**

17 (a) A formative council consisting of:

18 (A) One member from the governing body of each participating county, appointed by that  
19 body;

20 (B) The chief executive officer, or a designee of the chief executive officer, of the health  
21 care system serving the region;

22 (C) The chief executive officer, or designee of the chief executive officer, of the Medicaid  
23 payer serving the region; and

24 (b) At least three members appointed by the formative council established under para-  
25 graph (a) of this subsection. Members appointed under this paragraph shall be represen-  
26 tatives of:

27 (A) Consumers of physical and behavioral health services;

28 (B) Health care professionals;

**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 (C) School districts or educational service districts; or

2 (D) The business community.

3 (2) The term of office of the members of the council is four years.

4 (3) A majority of the members of the council constitutes a quorum for the transaction  
5 of business.

6 (4) The council shall elect a member of the council to serve as the chairperson.

7 (5) If there is a vacancy for any cause, the appointing authority shall make an appoint-  
8 ment to the vacated position to become effective immediately.

9 (6) The council may enter into necessary contracts, apply for and receive grants, hold  
10 and dispose of property and take other actions necessary to carry out the activities, services  
11 and responsibilities assumed by the council.

12 (7) The council may adopt rules necessary for the operation of the council.

13 **SECTION 3.** The Central Oregon Health Council shall appoint an advisory committee to  
14 advise the council in the performance of the duties of the council. The members of the ad-  
15 visory committee may include representatives of:

16 (1) Public health agencies serving the region ;

17 (2) Behavioral health agencies for mental health authorities serving the region repres-  
18 ented on the council;

19 (3) Hospital or integrated delivery systems serving the region represented on the council;

20 (4) Organizations managing the Medicaid population in the region represented in the re-  
21 gion served by the council;

22 (5) Safety net clinics;

23 (6) Health collaboratives;

24 (7) The dental profession;

25 (8) School and educational service districts;

26 (9) The business community;

27 (10) Primary care clinics; and

28 (11) Independent physician associations.

29 **SECTION 4.** (1) As used in this section, “regional health improvement plan” means a  
30 four-year comprehensive, coordinated regional plan encompassing all health and human ser-  
31 vice plans required by the Oregon Health Authority under ORS 430.630, 430.640, 431.385 and  
32 624.510 and by the State Commission on Children and Families under ORS 417.705 to 417.801.

33 (2)(a) The Central Oregon Health Council shall conduct a regional health assessment and  
34 adopt a regional health improvement plan to serve as a strategic population health and  
35 health care system service plan for the region served by the council. The plan must define  
36 the scope of the activities, services and responsibilities that the council proposes to assume  
37 upon implementation of the plan.

38 (b) The activities, services and responsibilities that the council proposes to assume under  
39 the plan may include, but are not limited to:

40 (A) Analysis and development of public and private resources, capacities and metrics  
41 based on ongoing regional health assessment activities and population health priorities;

42 (B) Health policy;

43 (C) System design;

44 (D) Outcome and quality improvement;

45 (E) Integration of service delivery; and

1 (F) Workforce development.

2 (3) The council shall submit the plan adopted under subsection (2) of this section to the  
3 authority for approval. The authority may approve the plan or return it to the council for  
4 modification.

5 (4) The regional health improvement plan adopted under this section shall serve as a  
6 guide for entities serving the Medicaid population, public health authorities, mental health  
7 authorities, health care systems, payer groups, provider groups and health coalitions in the  
8 counties served by the council.

9 **SECTION 5.** (1) By September 1, 2011, the Oregon Health Authority shall adopt by rule  
10 requirements for the regional health improvement plan adopted under section 4 of this 2011  
11 Act.

12 (2) The Oregon Health Authority shall adopt rules:

13 (a) Necessary to implement sections 1 to 4 of this 2011 Act; and

14 (b) That allow for the consolidation of planning and reporting requirements of the au-  
15 thority for public health and mental health authorities.

16 **SECTION 6.** No later than the dates of the convening of the 2013 and of the 2015 Legis-  
17 lative Assemblies as specified in ORS 171.010, the Central Oregon Health Council shall report  
18 to the Seventy-seventh and Seventy-eighth Legislative Assemblies in the manner provided  
19 by ORS 192.245 about the results of the implementation of the regional health improvement  
20 plan adopted under section 4 of this 2011 Act. The report shall include, but is not limited to,  
21 performance measures of improvement of health outcomes, improvement in care and re-  
22 ductions in the cost of care.

23 **SECTION 7.** Sections 1 to 6 of this 2011 Act are repealed on the date of the convening  
24 of the 2015 regular session of the Legislative Assembly as specified in ORS 171.010.

25 **SECTION 8.** This 2011 Act being necessary for the immediate preservation of the public  
26 peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect  
27 on its passage.  
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