

A-Engrossed
Senate Bill 436

Ordered by the Senate April 23
Including Senate Amendments dated April 23

Sponsored by Senator STEINER HAYWARD; Senators KRUSE, MONNES ANDERSON, ROSENBAUM, SHIELDS
(Presession filed.)

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.

Requires coordinated care organizations[, *by December 1, 2017, to maximize*] **to include in community health improvement plan strategy** for use of school-based health centers [*and to coordinate care with certain programs and entities*].

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 children's health care; and declaring an emergency.

3 Whereas there is a strong, well-established link between health and learning; and

4 Whereas a student's health impacts the student's school attendance, test scores and ability to
5 pay attention in class; and

6 Whereas emotional, oral and physical health problems can become barriers to learning, making
7 it difficult for students to be academically or behaviorally successful in school; and

8 Whereas higher levels of education are associated with longer life and an increased likelihood
9 of obtaining or understanding basic health information and services needed to make appropriate
10 health decisions; and

11 Whereas less education predicts higher levels of health risks, such as obesity, substance abuse
12 and violence; and

13 Whereas appropriate integration of systems and programs of health and education will benefit
14 community health and educational achievement; now, therefore,

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

16 **SECTION 1. (1) A community health improvement plan adopted by a coordinated care**
17 **organization and its community advisory council in accordance with section 13, chapter 8,**
18 **Oregon Laws 2012, shall include, to the extent practicable, a strategy and a plan for:**

19 **(a) Working with the Early Learning Council, the Youth Development Council and the**
20 **school health providers in the region; and**

21 **(b) Coordinating the effective and efficient delivery of health care to children and ado-**
22 **lescents in the community.**

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

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 (a) Evaluate the adequacy of the existing school-based health center network to meet the
2 specific pediatric and adolescent health care needs in the community;

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

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

8 (d) Improve the integration of all services provided to meet the needs of children, ado-
9 lescents and families;

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

11 (f) Address promotion of health and prevention and early intervention in the treatment
12 of children and adolescents.

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

16 (a) The Early Learning Council;

17 (b) The Youth Development Council in the region;

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

19 (d) The Health Care for All Oregon Children program and other medical assistance pro-
20 grams;

21 (e) Relief nurseries in the region;

22 (f) Community health centers;

23 (g) Oral health care providers;

24 (h) Community mental health providers;

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

27 (j) Hospitals in the region; and

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

29 (4) The Oregon Health Authority may provide incentive grants to coordinated care or-
30 ganizations for the purpose of contracting with individuals or organizations to help coordi-
31 nate integration strategies identified in the community health improvement plan adopted by
32 the community advisory council. The authority may also provide funds to coordinated care
33 organizations to improve systems of services that will promote the implementation of the
34 plan.

35 (5) Each coordinated care organization shall report to the authority, in the form and
36 manner prescribed by the authority, on the progress of the integration strategies and im-
37 plementation of the plan for working with the Early Learning Council, the Youth Develop-
38 ment Council and school health care providers in the region, as part of the development and
39 implementation of the community health improvement plan. The authority shall compile the
40 information and report the information to the Legislative Assembly by December 31, 2014.

41 **SECTION 2.** Section 1 of this 2013 Act is repealed on the date of the convening of the 2015
42 regular session of the Legislative Assembly as specified in ORS 171.010.

43 **SECTION 3.** This 2013 Act being necessary for the immediate preservation of the public
44 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect
45 on its passage.

