

## SENATE AMENDMENTS TO SENATE BILL 436

By COMMITTEE ON HEALTH CARE AND HUMAN SERVICES

April 23

1 On page 1 of the printed bill, line 2, after the first semicolon delete the rest of the line and in-  
2 sert “and declaring an emergency.”.

3 After line 2, insert:

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

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

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

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

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

14 “Whereas appropriate integration of systems and programs of health and education will benefit  
15 community health and educational achievement; now, therefore,”.

16 Delete lines 4 through 31 and delete pages 2 through 4 and insert:

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

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

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

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

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

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

32 **“(c) Take into consideration whether integration of school-based health centers with the  
33 larger health system or system of community clinics would further advance the goals of the  
34 plan;**

35 **“(d) Improve the integration of all services provided to meet the needs of children, ado-**

1 lescents and families;

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

3 “(f) Address promotion of health and prevention and early intervention in the treatment  
4 of children and adolescents.

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

8 “(a) The Early Learning Council;

9 “(b) The Youth Development Council in the region;

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

11 “(d) The Health Care for All Oregon Children program and other medical assistance  
12 programs;

13 “(e) Relief nurseries in the region;

14 “(f) Community health centers;

15 “(g) Oral health care providers;

16 “(h) Community mental health providers;

17 “(i) Administrators of county health department programs that offer preventive health  
18 services to children;

19 “(j) Hospitals in the region; and

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

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

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

33 “SECTION 2. Section 1 of this 2013 Act is repealed on the date of the convening of the  
34 2015 regular session of the Legislative Assembly as specified in ORS 171.010.

35 “SECTION 3. This 2013 Act being necessary for the immediate preservation of the public  
36 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect  
37 on its passage.”.