

D R A F T

SUMMARY

Revives section 1, chapter 598, Oregon Laws 2013. Requires coordinated care organization to work with children's programs in developing community health improvement plan.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to cooperation of coordinated care organizations with providers of
3 services to children in developing plans; creating new provisions; amend-
4 ing section 1, chapter 598, Oregon Laws 2013; repealing section 2, chapter
5 598, Oregon Laws 2013; and declaring an emergency.

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

7 **SECTION 1. Section 2, chapter 598, Oregon Laws 2013, is repealed.**

8 **SECTION 2. The repeal of section 2, chapter 598, Oregon Laws 2013,**
9 **by section 1 of this 2015 Act revives section 1, chapter 598, Oregon**
10 **Laws 2013. This 2015 Act shall be operative retroactively to the date**
11 **of the convening of the 2015 regular session of the Legislative Assem-**
12 **bly, and the operation and effect of section 1, chapter 598, Oregon**
13 **Laws 2013, shall continue unaffected from the date of the convening**
14 **of the 2015 regular session of the Legislative Assembly, to the effective**
15 **date of this 2015 Act and thereafter. Any otherwise lawful action taken**
16 **or otherwise lawful obligation incurred under the authority of section**
17 **1, chapter 598, Oregon Laws 2013, after the date of the convening of**
18 **the 2015 regular session of the Legislative Assembly, and before the**
19 **effective date of this 2015 Act, is ratified and approved.**

20 **SECTION 3. Section 1, chapter 598, Oregon Laws 2013, is amended to**

1 read:

2 **Sec. 1.** (1) A community health improvement plan adopted by a coordi-
3 nated care organization and its community advisory council in accordance
4 with [*section 13, chapter 8, Oregon Laws 2012*] **ORS 414.627**, shall include, to
5 the extent practicable, a strategy and a plan for:

6 (a) Working with **programs developed by** the Early Learning Council,
7 **Early Learning Hubs**, the Youth Development Council and the school
8 health providers in the region; and

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

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

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

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

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

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

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

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

31 (3) A coordinated care organization shall involve in the development of

1 its community health improvement plan, school-based health centers, school
2 nurses, school mental health providers and individuals representing:

3 (a) **Programs developed by the Early Learning Council and Early**
4 **Learning Hubs;**

5 (b) **Programs developed by the Youth Development Council in the re-**
6 **gion;**

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

8 (d) The Health Care for All Oregon Children program and other medical
9 assistance programs;

10 (e) Relief nurseries in the region;

11 (f) Community health centers;

12 (g) Oral health care providers;

13 (h) Community mental health providers;

14 (i) Administrators of county health department programs that offer pre-
15 ventive health services to children;

16 (j) Hospitals in the region; and

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

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

25 (5) Each coordinated care organization shall report to the authority, in
26 the form and manner prescribed by the authority, on the progress of the in-
27 tegration strategies and implementation of the plan for working with **the**
28 **programs developed by the Early Learning Council, Early Learning**
29 **Hubs**, the Youth Development Council and school health care providers in
30 the region, as part of the development and implementation of the community
31 health improvement plan. The authority shall compile the information

1 **biennially** and report the information to the Legislative Assembly by De-
2 cember 31[, 2014] **of each even-numbered year.**

3 **SECTION 4. This 2015 Act being necessary for the immediate pres-**
4 **ervation of the public peace, health and safety, an emergency is de-**
5 **clared to exist, and this 2015 Act takes effect on its passage.**

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