

**A-Engrossed**  
**House Bill 2580**

Ordered by the House April 20  
Including House Amendments dated April 20

Sponsored by Representatives RAYFIELD, FAHEY; Representatives OLSON, SANCHEZ (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.

*[Exempts foster children and homeless youth from requirement to enroll in coordinated care organization in order to receive medical assistance.]*

**Requires Oregon Health Authority to take specified steps to ensure enrollment without delay and continued enrollment in coordinated care organization of child placed by Department of Human Services in substitute care.**

**A BILL FOR AN ACT**

1  
2 Relating to medical assistance.

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

4 **SECTION 1. (1) As used in this section:**

5 (a) **"Coordinated care organization" has the meaning given that term in ORS 414.025.**

6 (b) **"Substitute care" has the meaning given that term in ORS 419A.004.**

7 (2) **The Oregon Health Authority shall enroll in a coordinated care organization a child**  
8 **who is:**

9 (a) **In the legal custody of the Department of Human Services;**

10 (b) **Eligible for medical assistance; and**

11 (c) **Placed, by the department, in substitute care in this state.**

12 (3) **The authority and the department shall have procedures in place to ensure that:**

13 (a) **A child described in subsection (2) of this section:**

14 (A) **Is enrolled in a coordinated care organization for integrated physical, behavioral and**  
15 **dental health services; and**

16 (B) **Who is enrolled in a coordinated care organization when taken into custody or when**  
17 **the child's placement changes to another geographic area in this state, remains enrolled in**  
18 **the coordinated care organization until the transition of the child's care to another coordi-**  
19 **nated care organization has been completed in accordance with paragraph (b) of this sub-**  
20 **section;**

21 (b) **The health information in the case plan, any plan for care and treatment prepared in**  
22 **accordance with ORS 419B.346, medical records and care history of a child placed in substi-**  
23 **tute care are electronically transmitted without delay to the coordinated care organization**  
24 **in which the child is or will be enrolled in order to ensure continuity in the child's care; and**

25 (c) **The child's electronic record in the medical assistance database has a code that ena-**  
26 **bles a coordinated care organization to identify the child as being in substitute care so that**

**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 the child can receive the targeted services that are designed to improve the health outcomes  
2 of children in substitute care.

3 (4) The authority shall actively encourage and facilitate the provision by coordinated care  
4 organizations to children in substitute care of the physical, behavioral and dental health  
5 services that are in accordance with guidelines and recommendations by the American  
6 Academy of Pediatrics to address the unique needs of children who are in substitute care.

7 (5) This section does not prohibit the authority from disenrolling a child from a coordi-  
8 nated care organization before the end of the next enrollment cycle if necessary to ensure  
9 continuity of care or other urgent purposes by agreement of the authority and the depart-  
10 ment.

11 **SECTION 2.** (1) As used in this section:

12 (a) "Coordinated care organization" has the meaning given that term in ORS 414.025.

13 (b) "Substitute care" has the meaning given that term in ORS 419A.004.

14 (2) The Oregon Health Authority and the Department of Human Services, in collaboration  
15 with coordinated care organizations, shall take steps necessary to allow greater sharing of  
16 data regarding their shared clients, including but not limited to developing an Internet-based  
17 universal health record database for all children in substitute care that includes demographic  
18 and clinical information maintained by substitute care providers, coordinated care organiza-  
19 tions and the department.

20 (3) No later than September 15, 2018, the authority shall report to the interim commit-  
21 tees of the Legislative Assembly related to health care on the implementation of this section.

22 **SECTION 3.** Section 2 of this 2017 Act is repealed on January 2, 2019.

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