

DRAFT

SUMMARY

Digest: The Act tells CCOs to make certain changes related to improving health outcomes for children. (Flesch Readability Score: 61.8).

Modifies the membership requirements for coordinated care organizations' community advisory councils. Requires coordinated care organizations to partner with Early Learning Hubs in conducting a community health assessment and adopting a community health improvement plan. Requires a community health improvement plan to evaluate the adequacy of health services for children from birth to kindergarten entry.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

Relating to medical assistance for children; creating new provisions; amending ORS 414.575, 414.577 and 414.578; and prescribing an effective date.

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

SECTION 1. ORS 414.575, 414.577 and 414.578 are added to and made a part of ORS chapter 414.

SECTION 2. ORS 414.575 is amended to read:

414.575. (1) A coordinated care organization must have a community advisory council to ensure that the health care needs of the consumers and the community are being addressed. The council must:

(a) Include representatives of the community and of each county government served by the coordinated care organization, but consumer representatives must constitute a majority of the membership; *[and]*

(b) Ensure that at least 40 percent of the consumer representatives are parents of children under 19 years of age who receive medical assistance, including at least two parents of children from newborn to

five years of age; and

[(b)] (c) Have its membership selected by a committee composed of equal numbers of county representatives from each county served by the coordinated care organization and members of the governing body of the coordinated care organization.

(2) The duties of the council include, but are not limited to:

(a) Identifying and advocating for preventive care practices to be utilized by the coordinated care organization;

(b) Overseeing a community health assessment and adopting a community health improvement plan in accordance with ORS 414.577; and

(c) Annually publishing a report on the progress of the community health improvement plan.

(3) The community health improvement plan adopted by the council should describe the scope of the activities, services and responsibilities that the coordinated care organization will consider upon implementation of the plan. The activities, services and responsibilities defined in the plan shall include a plan and a strategy for integrating physical, behavioral and oral health care services and may include, but are not limited to:

(a) Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;

(b) Health policy;

(c) System design;

(d) Outcome and quality improvement;

(e) Integration of service delivery; and

(f) Workforce development.

(4) The council shall meet at least once every three months. The council shall post a report of its meetings and discussions to the website of the coordinated care organization and other websites appropriate to keeping the community informed of the council's activities. The council, the governing body of the coordinated care organization or a designee of the council or

governing body has discretion as to whether public comments received at meetings that are open to the public will be included in the reports posted to the website and, if so, which comments are appropriate for posting.

(5) If the regular council meetings are not open to the public and do not provide an opportunity for members of the public to provide written and oral comments, the council shall hold quarterly meetings:

(a) That are open to the public and attended by the members of the council;

(b) At which the council shall report on the activities of the coordinated care organization and the council;

(c) At which the council shall provide written reports on the activities of the coordinated care organization; and

(d) At which the council shall provide the opportunity for the public to provide written or oral comments.

(6) The coordinated care organization shall post to the organization's website contact information for, at a minimum, the chairperson, a member of the community advisory council or a designated staff member of the organization.

(7) Meetings of the council are not subject to ORS 192.610 to 192.705.

SECTION 3. ORS 414.577 is amended to read:

414.577. (1) A coordinated care organization shall collaborate with local public health authorities, **Early Learning Hubs** and hospitals located in areas served by the coordinated care organization to conduct a community health assessment and adopt a community health improvement plan, shared with and endorsed by the coordinated care organization, local public health authorities, **Early Learning Hubs** and hospitals, to serve as a strategic population health and health care services plan for the residents of the areas served by the coordinated care organization, local public health authorities, **Early Learning Hubs** and hospitals. The health improvement plan must include strategies for achieving shared priorities.

(2) The coordinated care organization shall post the health improvement

plan to the coordinated care organization's website.

(3) The Oregon Health Authority may prescribe by rule requirements for health improvement plans and provide guidance for aligning the timelines for the development of the community health assessments and health improvement plans by coordinated care organizations, local public health authorities, **Early Learning Hubs** and hospitals.

SECTION 4. ORS 414.578 is amended to read:

414.578. (1) A community health improvement plan adopted by a coordinated care organization and its community advisory council in accordance with ORS 414.577 shall include a component for addressing the health of children **from birth to kindergarten entry** and **school-age** youth in the areas served by the coordinated care organization including, to the extent practicable, a strategy and a plan for:

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

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

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

(a) Evaluate the adequacy of health services for children from birth to kindergarten entry and identify opportunities to partner with community-based organizations, preschools and child care facilities to increase access to services;

[(a)] (b) Evaluate the adequacy of the existing school-based health resources including school-based health centers and school nurses to meet the specific pediatric and adolescent health care needs in the community;

[(b)] (c) Make recommendations to improve the school-based health center

1 and school nurse system, including the addition or improvement of electronic
2 medical records and billing systems;

3 [(c)] **(d)** Take into consideration whether integration of school-based
4 health centers with the larger health system or system of community clinics
5 would further advance the goals of the plan;

6 [(d)] **(e)** Improve the integration of all services provided to meet the needs
7 of children, adolescents and families;

8 [(e)] **(f)** Focus on primary care, behavioral health and oral health; and

9 [(f)] **(g)** Address promotion of health and prevention and early inter-
10 vention in the treatment of children and adolescents.

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

14 (a) Programs developed by the Early Learning Council and Early Learn-
15 ing Hubs;

16 (b) Programs developed by the Youth Development Council in the region;

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

18 (d) The Cover All People program and other medical assistance programs;

19 (e) Relief nurseries in the region;

20 (f) Community health centers;

21 (g) Oral health care providers;

22 (h) Community mental health providers;

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

25 (j) Hospitals in the region; and

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

27 (4) The Oregon Health Authority may provide incentive grants to coordi-
28 nated care organizations for the purpose of contracting with individuals or
29 organizations to help coordinate integration strategies identified in the
30 community health improvement plan adopted by the community advisory
31 council. The authority may also provide funds to coordinated care organiza-

tions to improve systems of services that will promote the implementation of the plan.

(5) Each coordinated care organization shall report to the authority, in the form and manner prescribed by the authority, on the progress of the integration strategies and implementation of the plan for working with the programs developed by the Early Learning Council, Early Learning Hubs, the Youth Development Council and school health care providers in the region, as part of the development and implementation of the community health improvement plan. The authority shall compile the information biennially and report the information to the Legislative Assembly by December 31 of each even-numbered year.

SECTION 5. The amendments to ORS 414.577 and 414.578 by sections 3 and 4 of this 2025 Act apply to community health assessments conducted and community health improvement plans adopted on or after the effective date of this 2025 Act.

SECTION 6. (1) The amendments to ORS 414.575 by section 2 of this 2025 Act become operative on January 1, 2026.

(2) A coordinated care organization may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the coordinated care organization to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the coordinated care organization by the amendments to ORS 414.575 by section 2 of this 2025 Act.

SECTION 7. This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.