

Oregon Health Authority Public Testimony

Senate Health Care Committee

SB 846 – Children’s Health Report Transformation

Thursday, 4/24/25

Chair Nosse, Vice Chair Javadi, Vice Chair Nelson, and Members of the committee, for the record, my name is Susan Otter, and I am the Director of Health Information Technology & Analytics Infrastructure within the Health Policy and Analytics division of the Oregon Health Authority.

Thank you for taking time today to hear about the Children’s Health Report and some of the changes we hope to make.

In 2015, the legislature passed Senate Bill 902, which required the Oregon Health Authority to report on children’s health. SB 902 requires Coordinated Care Organizations (CCOs) to collaborate with child and adolescent service providers as part of their community health improvement plans (CHPs). This information on partnerships is then submitted to OHA and compiled in a report that is submitted to the legislature on a biannual basis. In its current form, the Children’s health report is a process focused document that reports what actions have taken place, without conveying whether those actions resulted in better health outcomes for Oregon’s youth. The data used for this report is not child-specific, service-based, or outcomes-based data, making it difficult for the current reporting to inform policy-making that might impact children’s health inequities.

It is for all of these reasons that we are here today. Since the current report was put into statute in 2015, more valuable, targeted, and timely data sources have become available that can better inform strategies to address inequities in children’s health. These include data from the CCO Performance Metrics Dashboard, the Medicaid Enrollment Dashboard, and

the Medicaid Demographics Dashboard. For example, the CCO metrics dashboard now displays metrics by race, ethnicity, language and disability (REALD), including 34 child-related metrics. These data can show where Oregon's Medicaid program is succeeding and where we are falling short of addressing health inequities for children.

By updating the reporting requirements to incorporate these new data sources, we would be taking a crucial step toward ensuring health equity for Oregon's youth. Senate Bill 846 proposes to revise the reporting requirements to reduce the focus on CCO processes and allow OHA to bring current, child-specific, service-focused, and outcomes-based data to bear. In its updated form, the Children's Health Report could offer richer and more useful information on children's health in Oregon and could inform future strategies to address health inequities among children. By establishing a framework for measuring, assessing, and reviewing equitable access to care and the quality of services, this updated report could inform policymakers' actions to close gaps in health care outcomes across the state.

I want to be clear that we are not looking to remove the children's health requirements that currently exist for CCOs in their Community Health Improvement Plans. OHA is merely seeking to refocus the biennial report on current data to allow for more impactful and actionable reporting. By doing this, we will move away from a process-based document, and create a report focused on children's health outcomes. By making this information available to the legislature and the public, we can work collectively toward a health system where all individuals can achieve their full health potential.

Thank you so much for your time. I would be happy to answer any questions you might have.