

Enrolled
Senate Bill 902

Sponsored by COMMITTEE ON HEALTH CARE

CHAPTER

AN ACT

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

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

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 Section 2, chapter 598, Oregon Laws 2013, is repealed.

SECTION 2. The repeal of section 2, chapter 598, Oregon Laws 2013, by section 1 of this 2015 Act revives section 1, chapter 598, Oregon Laws 2013. This 2015 Act shall be operative retroactively to the date of the convening of the 2015 regular session of the Legislative Assembly, and the operation and effect of section 1, chapter 598, Oregon Laws 2013, shall continue unaffected from the date of the convening of the 2015 regular session of the Legislative Assembly, to the effective date of this 2015 Act and thereafter. Any otherwise lawful action taken or otherwise lawful obligation incurred under the authority of section 1, chapter 598, Oregon Laws 2013, after the date of the convening of the 2015 regular session of the Legislative Assembly, and before the effective date of this 2015 Act, is ratified and approved.

SECTION 3. Section 1, chapter 598, Oregon Laws 2013, is amended to read:

Sec. 1. (1) A community health improvement plan adopted by a coordinated care organization and its community advisory council in accordance with [*section 13, chapter 8, Oregon Laws 2012*] **ORS 414.627**, shall include, 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 the existing school-based health [*center network*] **resources including school-based health centers and school nurses** to meet the specific pediatric and adolescent health care needs in the community;

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

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

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

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

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

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

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

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

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

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

(e) Relief nurseries in the region;

(f) Community health centers;

(g) Oral health care providers;

(h) Community mental health providers;

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

(j) Hospitals in the region; and

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

(4) The Oregon Health Authority may provide incentive grants to coordinated care organizations for the purpose of contracting with individuals or organizations to help coordinate integration strategies identified in the community health improvement plan adopted by the community advisory council. The authority may also provide funds to coordinated care organizations 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[, 2014] **of each even-numbered year**.

SECTION 4. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate April 21, 2015

.....
Lori L. Brocker, Secretary of Senate

.....
Peter Courtney, President of Senate

Passed by House June 3, 2015

.....
Tina Kotek, Speaker of House

Received by Governor:

.....M,....., 2015

Approved:

.....M,....., 2015

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M,....., 2015

.....
Jeanne P. Atkins, Secretary of State