

Enrolled House Bill 3165

Sponsored by Representatives NATHANSON, SMITH G; Representatives ALONSO LEON, DRAZAN, KENY-GUYER, MITCHELL, NERON, NOBLE, PILUSO, PRUSAK, SALINAS, SCHOUTEN, SOLLMAN, WILLIAMS

CHAPTER

AN ACT

Relating to school-based health services; creating new provisions; amending ORS 413.225; and declaring an emergency.

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

SECTION 1. (1) The Oregon Health Authority, in consultation with the Department of Education, shall select 10 school districts or education service districts to receive planning grants for district planning and technical assistance. Each district receiving a grant, beginning on or after July 1, 2019, and concluding before July 1, 2021, shall:

(a) Evaluate the need for school-based health services in their respective communities; and

(b) Develop a plan that addresses the need identified in paragraph (a) of this subsection by drafting a proposal for a school-based health center as defined in ORS 413.225 or by designing a pilot program as described in subsection (5)(b) of this section to test an alternative approach to providing school-based health services.

(2) Each grantee shall consult with a nonprofit organization with experience in organizing community projects, or a local organization that coordinates with a statewide nonprofit organization, to facilitate the planning process and to provide technical assistance.

(3) Each grantee shall solicit community participation in the planning process, including the participation of the local public health authority, any federally qualified health centers located in the district, a regional health equity coalition, if any, serving the district and every coordinated care organization with members residing in the district.

(4) The Oregon Health Authority may contract with a statewide nonprofit organization with experience in supporting school-based health centers to create tools and provide support to grantees during the community engagement and planning process.

(5) At the conclusion of the two-year planning process:

(a) The authority shall select at least six school-based health center medical sponsors to each receive operating funds based on a school-based health center funding formula, to open a state-certified school-based health center in respective grantee school districts or education service districts.

(b) Contingent upon available funds, the authority may select up to four school districts or education service districts to each receive operating funds, for a five-year period, to pilot an approach to providing school-based health services as an alternative model to the school-based health center model. The alternative approach pilot programs may be designed

to focus services on a specific community need, such as a need for mental health services, school nursing services, dental services, primary care or trauma-informed services, and may:

(A) Involve a partnership with a coordinated care organization, a federally qualified health center, a local public health authority or another major medical sponsor; and

(B) Identify a process for billing insurance, medical assistance or another third-party payer, or identify other funding, for the cost of services.

(6) By the end of the fourth year of the five-year period described in subsection (5)(b) of this section:

(a) Each school district or education service district piloting an alternative approach to providing school-based health services either commits to establish a school-based health center or proposes an alternative model to the authority and the Legislative Assembly.

(b) The authority may use the data collected and the recommendations of the school districts to adopt rules establishing flexible, outcome-based criteria for certification of the alternative approaches developed and implemented by the four grantees.

(7) As used in this section, “regional health equity coalition” means a coalition that:

(a) Is independent of coordinated care organizations and government agencies, community-led, cross-sector and focused on addressing rural and urban health inequities for communities of color, Oregon’s federally recognized Indian tribes, immigrants, refugees, migrant and seasonal farm workers, low-income populations, persons with disabilities and persons who are lesbian, gay, bisexual, transgender or questioning, with communities of color as the priority;

(b) May include as member organizations a federally recognized Indian tribe, a culturally specific organization, a social service provider, a health care organization, a public health research organization, a behavioral health organization, a private foundation or a faith-based organization;

(c) Develops governance structures that include members of communities impacted by health inequities;

(d) Has a decision-making body on which more than half of the persons are self-identified persons of color and more than half of the persons experience health inequities;

(e) Prioritizes selection of organizational representatives who are self-identified persons of color or have a role related to health equity;

(f) Operates on a model that honors community wisdom by promoting solutions that build on community strengths and recognizes the impact of structural, institutional and interpersonal racism on the health and well-being of communities of color; and

(g) Focuses on:

(A) Meaningful community engagement;

(B) Coalition building, developing a governance structure for the coalition and creating operating systems for the daily and long term functioning of the coalition led by individuals with demonstrated leadership and expertise in promoting and improving health equity;

(C) Building capacity and leadership among coalition members, staff and decision-making bodies to address health equity and the social determinants of health; and

(D) Developing and advocating for policy, system and environmental changes to improve health equity in this state.

SECTION 2. ORS 413.225 is amended to read:

413.225. (1) As used in this section:

(a) “Community health center or safety net clinic” means a nonprofit medical clinic or school-based health center that provides primary physical health, vision, dental or mental health services to low-income patients without charge or using a sliding scale based on the income of the patient.

(b) “School-based health center” means a health clinic that:

(A) Is located on the grounds of a school in a school district or on the grounds of a school operated by a federally recognized Indian tribe or tribal organization;

(B) Is organized through collaboration among schools, communities and health providers, including public health authorities;

(C) Is administered by a county, state, federal or private organization that ensures that certification requirements are met and provides project funding through grants, contracts, billing or other sources of funds;

(D) Is operated exclusively for the purpose of providing health services such as:

(i) Primary care;

(ii) Preventive health care;

(iii) Management and monitoring of chronic health conditions;

(iv) Behavioral health care;

(v) Oral health care;

(vi) Health education services; and

(vii) The administration of vaccines recommended by the Centers for Disease Control and Prevention;

(E) Provides health services to children and adolescents by licensed or certified health professionals; and

(F) May provide one or more health services to children and adolescents by:

(i) A student enrolled in a professional medical, nursing or dental program at an accredited university if the health service is within the student's field of study and training; or

(ii) An expanded practice dental hygienist holding a permit issued under ORS 680.200 for oral health care.

(2)(a) The Oregon Health Authority shall award grants to community health centers or safety net clinics, including school-based health centers, to ensure the capacity of each grantee to provide health care services to underserved or vulnerable populations[, *within the limits of funds provided by the Legislative Assembly for this purpose*].

(b) The authority shall work with the Centers for Medicare and Medicaid Services and stakeholders to identify additional sources of funding for school-based health center expenditures for which federal financial participation is available under Title XIX or Title XXI of the Social Security Act.

(3) The authority shall provide outreach for the Health Care for All Oregon Children program, including development and administration of an application assistance program, and including grants to provide funding to organizations and local groups for outreach and enrollment activities for the program, within the limits of funds provided by the Legislative Assembly for this purpose.

(4) The authority shall, using funds allocated by the Legislative Assembly:

(a) Provide funds for the expansion and continuation of school-based health centers that are operating on July 29, 2013, and that become certified under ORS 413.223;

(b) Direct funds to communities with certified school-based health centers and to communities planning for certified school-based health centers; and

(c) Create a pool of funds available to provide financial incentives to:

(A) Increase the number of school-based health centers certified as patient centered primary care homes without requiring school-based health centers to be certified as patient centered primary care homes;

(B) Improve the coordination of the care of patients served by coordinated care organizations and school-based health centers; and

(C) Improve the effectiveness of the delivery of health services through school-based health centers to children who qualify for medical assistance.

(5) The authority shall by rule adopt criteria for awarding grants and providing funds in accordance with this section.

(6) The authority shall analyze and evaluate the implementation of the Health Care for All Oregon Children program.

SECTION 3. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the

General Fund, the amount of \$950,000, which may be expended for providing the planning grants and funding for pilot programs described in section 1 of this 2019 Act.

SECTION 4. Section 1 of this 2019 Act and the amendments to ORS 413.225 by section 2 of this 2019 Act become operative on July 1, 2019.

SECTION 5. Section 1 of this 2019 Act is repealed on January 2, 2026.

SECTION 6. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.

Passed by House June 24, 2019

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Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate June 29, 2019

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2019

Approved:

.....M.,....., 2019

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2019

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Bev Clarno, Secretary of State