

B-Engrossed House Bill 3165

Ordered by the House June 19
Including House Amendments dated April 9 and June 19

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

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.

Requires Oregon Health Authority to provide planning grants to 10 school districts or education service districts to evaluate community needs for school-based health services. Requires authority to provide operating funds to at least six school-based health center medical sponsors to open state-certified school-based health centers in grantee school districts or education service districts. Permits authority to provide operating funds to up to four school districts or education service districts to implement five-year pilot projects testing approaches to providing school-based health services as alternatives to school-based health centers.

Directs authority to work with federal agency and stakeholders to secure increased federal funding for school-based health centers.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to school-based health services; creating new provisions; amending ORS 413.225; and de-
3 claring an emergency.

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

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

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

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

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

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

22 (4) The Oregon Health Authority may contract with a statewide nonprofit organization
23 with experience in supporting school-based health centers to create tools and provide support

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 to grantees during the community engagement and planning process.

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

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

7 (b) Contingent upon available funds, the authority may select up to four school districts
8 or education service districts to each receive operating funds, for a five-year period, to pilot
9 an approach to providing school-based health services as an alternative model to the
10 school-based health center model. The alternative approach pilot programs may be designed
11 to focus services on a specific community need, such as a need for mental health services,
12 school nursing services, dental services, primary care or trauma-informed services, and may:

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

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

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

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

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

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

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

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

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

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

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

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

45 (g) Focuses on:

1 **(A) Meaningful community engagement;**

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

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

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

9 **SECTION 2.** ORS 413.225 is amended to read:

10 413.225. (1) As used in this section:

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

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

15 (A) Is located on the grounds of a school in a school district or on the grounds of a school op-
16 erated by a federally recognized Indian tribe or tribal organization;

17 (B) Is organized through collaboration among schools, communities and health providers, in-
18 cluding public health authorities;

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

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

23 (i) Primary care;

24 (ii) Preventive health care;

25 (iii) Management and monitoring of chronic health conditions;

26 (iv) Behavioral health care;

27 (v) Oral health care;

28 (vi) Health education services; and

29 (vii) The administration of vaccines recommended by the Centers for Disease Control and Pre-
30 vention;

31 (E) Provides health services to children and adolescents by licensed or certified health profes-
32 sionals; and

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

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

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

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

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

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

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

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

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

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

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

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

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

18 (5) The authority shall by rule adopt criteria for awarding grants and providing funds in ac-
19 cordance with this section.

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

22 **SECTION 3. In addition to and not in lieu of any other appropriation, there is appropri-**
23 **ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the**
24 **General Fund, the amount of \$950,000, which may be expended for providing the planning**
25 **grants and funding for pilot programs described in section 1 of this 2019 Act.**

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

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

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

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