

# House Bill 3165

Sponsored by Representatives NATHANSON, SMITH G; Representatives ALONSO LEON, DRAZAN, PILUSO, PRUSAK, SALINAS

## 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 **as introduced**.

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 \$35,000 per year 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.

Establishes minimum grant amount for each certified school-based health center. 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 shall select 10 school districts or education**  
6 **service districts to receive planning grants of \$55,000 each to:**

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

9 (b) Develop a plan for addressing the need identified in paragraph (a) of this subsection  
10 by establishing a school-based health center or by operating a pilot program described in  
11 subsection (4) of this section to test an alternative approach.

12 (2) Each grantee shall contract with a nonprofit organization with experience in organ-  
13 izing community projects to facilitate the planning process and to provide technical assist-  
14 ance.

15 (3) Each grantee shall solicit community participation in the planning process, including  
16 the participation of any federally qualified health centers located in the district and every  
17 coordinated care organization with members residing in the district.

18 (4) At the conclusion of the planning process, the authority shall select up to four of the  
19 school districts or education service districts to each receive \$35,000 per year for a five-year  
20 period to pilot an approach to providing school-based health services as an alternative to a  
21 school-based health center model. The alternative approach may be designed to focus ser-  
22 vices on a specific community need, such as a need for mental health services, dental ser-  
23 vices, pediatric care or trauma-informed services, and must:

24 (a) Involve a partnership with a coordinated care organization, a federally qualified  
25 health center or another major medical sponsor;

26 (b) Identify a process for billing insurance, medical assistance or another third-party  
27 payer for the cost of services; and

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       **(c) By the end of the fourth year, commit to establish a school-based health center or**  
2 **propose to the authority and the Legislative Assembly an alternative model.**

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

4       413.225. (1) As used in this section:

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

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

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

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

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

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

17       (i) Primary care;

18       (ii) Preventive health care;

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

20       (iv) Behavioral health care;

21       (v) Oral health care;

22       (vi) Health education services; and

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

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

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

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

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

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

36       **(b) A grant to a school-based health center may be no less than \$60,000 annually, indexed**  
37 **each year by the increase in the cost of living as measured by the Consumer Price Index for**  
38 **All Urban Consumers, West Region (All Items), as published by the Bureau of Labor Statis-**  
39 **tics of the United States Department of Labor.**

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

44       (3) The authority shall provide outreach for the Health Care for All Oregon Children program,  
45 including development and administration of an application assistance program, and including grants

1 to provide funding to organizations and local groups for outreach and enrollment activities for the  
2 program, within the limits of funds provided by the Legislative Assembly for this purpose.

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

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

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

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

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

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

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

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

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

20 **SECTION 3. In addition to and not in lieu of any other appropriation, there is appropri-**  
21 **ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the**  
22 **General Fund, the amount of \$690,000, which may be expended for providing the planning**  
23 **grants and funding for pilot programs described in section 1 of this 2019 Act.**

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

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

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

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