

A-Engrossed
House Bill 2445

Ordered by the House April 18
Including House Amendments dated April 18

Sponsored by Representative NATHANSON; Representative REARDON (Presession filed.)

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 [*reimburse school-based health centers on fee-for-service basis for services provided to students who qualify for medical assistance if center is not part of coordinated care organization and is not patient centered primary care home.*] **adopt by rule procedures and criteria for certification, suspension and decertification of school-based health centers. Allows authority to contract with entity to coordinate efforts of school-based health centers. Defines "school-based health center" for purposes of grants and other financial assistance.**

Requires authority to convene work group to make recommendations regarding school-based health centers. Specifies issues to be addressed by work group recommendations and specifies membership of work group.

Declares emergency, effective on passage.

A BILL FOR AN ACT

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

4 Whereas school-based health centers are an evidence-based model of care that contain the cost
5 of health care; and

6 Whereas school-based health centers utilize a cost-effective interdisciplinary team approach to
7 delivering coordinated primary health care across physical, behavioral, emotional and social dimen-
8 sions, within the context of family and community; and

9 Whereas school-based health centers can reduce inappropriate emergency room use, increase
10 use of primary care and result in fewer hospitalizations among regular users; and

11 Whereas children who are uninsured are more likely to suffer from health problems; and

12 Whereas school-based health centers provide care to uninsured children; and

13 Whereas school-based health centers help uninsured children obtain comprehensive insurance
14 coverage; and

15 Whereas school-based health centers are the first, and occasionally the only, access point for
16 continuous and comprehensive care for young people with a variety of complex medical, behavioral
17 and social needs; and

18 Whereas school-based health centers promote positive youth development by helping reduce
19 risky behaviors associated with more serious social conditions, such as alcohol and drug abuse, ju-
20 venile crime, teen pregnancy, teen suicide and violent behaviors; and

21 Whereas school-based health centers support educational outcomes; and

22 Whereas educational achievement is a strong predictor of a person's long-term health; and

23 Whereas evidence shows that there is a profound connection between a student's health status

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 and educational achievement; and

2 Whereas school-based health centers have been linked to decreased absenteeism and tardiness
3 in school; and

4 Whereas school-based health centers have been linked to increased grade point averages among
5 users of mental health services provided by the centers; and

6 Whereas the development of budget priorities, the establishment of funding formulas and the
7 contracting for state allocations to support school-based health centers is a leading priority of this
8 state; and

9 Whereas the Oregon chapter of the National Assembly on School-Based Health Care advocates
10 for local, state and national policies, programs and funding to expand and strengthen school-based
11 health centers; and

12 Whereas the Oregon chapter of the National Assembly on School-Based Health Care provides
13 technical assistance and community-specific and ongoing training to school-based health centers;
14 now, therefore,

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

16 **SECTION 1. The division of the Oregon Health Authority that is charged with public**
17 **health functions:**

18 (1) **Shall develop and continuously refine a system of care that:**

19 (a) **Meets the developmental needs of adolescents;**

20 (b) **Promotes evidence-based practices for children; and**

21 (c) **Prioritizes public health through activities such as:**

22 (A) **Establishing certification and performance standards;**

23 (B) **Collecting and analyzing clinical data;**

24 (C) **Conducting ongoing assessments and special studies; and**

25 (D) **Defining a statewide planning and development process.**

26 (2) **Shall adopt by rule the procedures and criteria for the certification, suspension and**
27 **decertification of school-based health centers. The procedures must allow certified school-**
28 **based health centers a reasonable period of time to cure any defects in compliance prior to**
29 **the suspension or decertification of the school-based health center.**

30 (3) **Shall convene work groups to recommend best practices for school-based health cen-**
31 **ters with respect to electronic health records, billing, joint purchasing, business models and**
32 **patient centered primary care home certification or accreditation.**

33 (4)(a) **May, in addition to the duties described in subsection (1) of this section, enter into**
34 **a contract with an entity that coordinates the efforts of school-based health centers for the**
35 **purpose of providing assistance to school-based health centers that receive grant moneys**
36 **under ORS 413.225.**

37 (b) **A contract entered into under this subsection must require the entity to:**

38 (A) **Provide technical assistance and community-specific ongoing training to school-based**
39 **health centers, school districts and education service districts;**

40 (B) **Assist school-based health centers in improving business practices, including prac-**
41 **tices related to billing and efficiencies;**

42 (C) **Assist school-based health centers in expanding their relationships with coordinated**
43 **care organizations, sponsors of medical care for school-age children and other community-**
44 **based providers of school-based health and mental health services; and**

45 (D) **Facilitate the integration of health and education policies and programs at the local**

1 **level so that school-based health centers operate in an optimal environment.**

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

3 413.225. (1) As used in this section[,]:

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

7 (b) "School-based health center" means a health clinic that:

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

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

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

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

16 (i) Primary care;

17 (ii) Preventive health care;

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

19 (iv) Behavioral health care;

20 (v) Oral health care; and

21 (vi) Health education services;

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

24 (F) May provide health services to children and adolescents by:

25 (i) Students enrolled in a professional medical, nursing or dental program at an accred-
26 ited university; or

27 (ii) Expanded practice dental hygienists holding permits issued under ORS 680.200.

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

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

36 (4) *[Notwithstanding subsections (2) and (3) of this section,]* The authority shall, **using funds al-**
37 **located by the Legislative Assembly:**

38 (a) Provide funds for the expansion and continuation of school-based health centers **that are**
39 **operating on the effective date of this 2013 Act and that become certified under section 1 of**
40 **this 2013 Act;**

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

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

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

1 centered primary care homes;

2 (B) Improve the coordination of the care of patients served by coordinated care organ-
3 izations and school-based health centers; and

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

6 (5) The authority shall by rule adopt criteria for awarding grants and providing funds [*under*]
7 in accordance with this section.

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

10 **SECTION 3.** (1) The Oregon Health Authority shall convene a work group to develop
11 recommendations for the effective and coordinated use of school-based health centers for
12 children who qualify for medical assistance. The work group shall consist of representatives
13 of:

- 14 (a) Medical sponsors of school-based health centers;
- 15 (b) Local public health authorities;
- 16 (c) School-based health center coordinators or staff;
- 17 (d) Schools utilizing school-based health centers;
- 18 (e) Coordinated care organizations; and
- 19 (f) The Oregon Health Authority.

20 (2) The work group shall develop recommendations for:

- 21 (a) Optimizing the effective and efficient use of school-based health centers by coordi-
22 nated care organizations, including effective coordination of care and reimbursement;
- 23 (b) Ensuring the coordination and disclosure of protected health information by school-
24 based health centers in accordance with ORS 414.679; and
- 25 (c) Developing financial incentives described in ORS 413.225 (4) of this 2013 Act.

26 (3) The Oregon Health Authority shall report on the progress of the work group to an
27 interim committee related to health on or before December 31, 2013.

28 **SECTION 4.** Section 3 of this Act is repealed on January 2, 2014.

29 **SECTION 5.** This 2013 Act being necessary for the immediate preservation of the public
30 peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect
31 on its passage.

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