

HOUSE AMENDMENTS TO HOUSE BILL 2445

By COMMITTEE ON HEALTH CARE

April 18

1 In line 2 of the printed bill, after the semicolon insert “creating new provisions; amending ORS
2 413.225;”.

3 After line 2, insert:

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
24 and educational achievement; and

25 “Whereas school-based health centers have been linked to decreased absenteeism and tardiness
26 in school; and

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

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

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

35 “Whereas the Oregon chapter of the National Assembly on School-Based Health Care provides

1 technical assistance and community-specific and ongoing training to school-based health centers;
2 now, therefore.”

3 Delete lines 4 through 12 and insert:

4 **“SECTION 1. The division of the Oregon Health Authority that is charged with public**
5 **health functions:**

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

7 **“(a) Meets the developmental needs of adolescents;**

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

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

10 **“(A) Establishing certification and performance standards;**

11 **“(B) Collecting and analyzing clinical data;**

12 **“(C) Conducting ongoing assessments and special studies; and**

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

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

18 **“(3) Shall convene work groups to recommend best practices for school-based health**
19 **centers with respect to electronic health records, billing, joint purchasing, business models**
20 **and patient centered primary care home certification or accreditation.**

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

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

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

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

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

33 **“(D) Facilitate the integration of health and education policies and programs at the local**
34 **level so that school-based health centers operate in an optimal environment.**

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

36 **“413.225. (1) As used in this section[,]:**

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

40 **“(b) ‘School-based health center’ means a health clinic that:**

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

43 **“(B) Is organized through collaboration among schools, communities and health provid-**
44 **ers, including public health authorities;**

45 **“(C) Is administered by a county, state, federal or private organization that ensures that**

1 certification requirements are met and provides project funding through grants, contracts,
2 billing or other sources of funds;

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

4 **“(i) Primary care;**

5 **“(ii) Preventive health care;**

6 **“(iii) Management and monitoring of chronic health conditions;**

7 **“(iv) Behavioral health care;**

8 **“(v) Oral health care; and**

9 **“(vi) Health education services;**

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

12 **“(F) May provide health services to children and adolescents by:**

13 **“(i) Students enrolled in a professional medical, nursing or dental program at an ac-**
14 **credited university; or**

15 **“(ii) Expanded practice dental hygienists holding permits issued under ORS 680.200.**

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

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

24 **“(4) [Notwithstanding subsections (2) and (3) of this section,] The authority shall, using funds**
25 **allocated by the Legislative Assembly:**

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

29 **“(b) Direct funds to communities with certified school-based health centers and to com-**
30 **munities planning for certified school-based health centers; and**

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

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

35 **“(B) Improve the coordination of the care of patients served by coordinated care organ-**
36 **izations and school-based health centers; and**

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

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

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

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

1 **of:**
2 **“(a) Medical sponsors of school-based health centers;**
3 **“(b) Local public health authorities;**
4 **“(c) School-based health center coordinators or staff;**
5 **“(d) Schools utilizing school-based health centers;**
6 **“(e) Coordinated care organizations; and**
7 **“(f) The Oregon Health Authority.**
8 **“(2) The work group shall develop recommendations for:**
9 **“(a) Optimizing the effective and efficient use of school-based health centers by coordi-**
10 **nated care organizations, including effective coordination of care and reimbursement;**
11 **“(b) Ensuring the coordination and disclosure of protected health information by school-**
12 **based health centers in accordance with ORS 414.679; and**
13 **“(c) Developing financial incentives described in ORS 413.225 (4) of this 2013 Act.**
14 **“(3) The Oregon Health Authority shall report on the progress of the work group to an**
15 **interim committee related to health on or before December 31, 2013.**
16 **“SECTION 4. Section 3 of this Act is repealed on January 2, 2014.”.**
17 In line 13, delete “3” and insert “5”.
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