

HB 3165 -1 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst

Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/19, 3/26, 3/28

WHAT THE MEASURE DOES:

Authorizes the Oregon Health Authority (OHA) to select 10 school or education service districts to receive planning grants of \$55,000 to evaluate the need for school-based health services. Directs each grantee to contract with a nonprofit organization with experience in organizing community projects and solicit community participation in the planning process. Directs OHA to select up to four school or education service districts to receive \$35,000 per year for a five-year pilot to offer school-based health services as an alternative to a school-based health center model. Specifies key criteria for alternative model. Specifies that an OHA grant to a school-based health center must be at least \$60,000 annually, indexed each year to the Consumer Price Index. Requires OHA to work with the Centers for Medicare and Medicaid Services to identify additional federal funding for school-based health center expenditures. Appropriates \$690,000 of the General Fund for planning grants and pilot programs. Declares emergency, effective on passage.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Replaces measure. Directs the Oregon Health Authority (OHA) to consult with the Department of Education (DOE) to select 10 school or education service districts to receive grants for planning and technical assistance. Specifies grant criteria. Requires grantees to contract with a nonprofit organization with experience in community projects to facilitate the planning process and provide technical assistance. Requires grantees to solicit community participation in the planning process including federally qualified health centers (FQHCs) and coordinated care organizations (CCOs) in the education service district. Directs OHA to contract with a statewide nonprofit organization to create tools and provide support to grantees. At completion of the two-year planning project, directs OHA to select six school-based health center (SBHC) medical sponsors to receive operating funds to open a state-certified SBHC. Allows OHA to select up to four school or education service districts for a five-year pilot program to provide services in an alternative model. Entities selected for pilot program must partner with a CCO, FQHC, a local public health authority, or another major medical sponsor, and identify funding for service costs. By end of fourth year of pilot program, selected districts must establish a school-based health center or propose an alternative model to OHA and the Legislative Assembly. Requires OHA to work with the Centers for Medicare and Medicaid Services to identify additional federal funding for school-based health center expenditures. Appropriates \$950,000 of the General Fund for planning grants and pilot programs. Declares emergency, effective on passage.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

BACKGROUND:

According to the Oregon Health Authority, school-based health centers (SBHCs) are required to provide physical, mental, and preventive services to all students regardless of the student's ability to pay. SBHCs are located within a school or on school grounds. As of July 2017, there were 78 certified SBHCs in 25 counties, 43 located in high

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schools, seven in middle schools, 12 in elementary schools, and 16 at combined-grade campuses. Approximately 77 percent of SBHCs operate as federally qualified health centers and 47 percent are recognized as patient-centered primary care homes. During the 2016-2017 school year, SBHCs provided over 114,000 individual visits for 35,000 clients with 61 percent of visits for primary care, 37 percent for behavioral health, and two percent for dental care (Oregon Health Authority, 2018 report). Among SBHC clients, approximately 49 percent were enrolled in Medicaid, 19 percent in private coverage, 27 percent unknown or uninsured, and five percent in other public insurance.

From the 2014-2015 to 2016-17 school years, SBHC utilization rose from 92,000 visits to 114,000 visits attributed to an increase in availability of mental and dental services, and the opening of eight new SHBCs (OHA, 2018 report).

House Bill 3165 provides funding to schools and education service districts to plan for and pilot school-based health services.