A-Engrossed

House Bill 2591

Ordered by the House April 6
Including House Amendments dated April 6

Sponsored by Representatives SOLLMAN, PRUSAK; Representatives ALONSO LEON, DEXTER, NERON, REARDON, REYNOLDS, SMITH DB, WILDE, WILLIAMS, WITT (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.

[Allows mobile school-based health centers to qualify for safety net grants from Oregon Health Authority.]

Requires Oregon Health Authority to provide planning grants to 10 school districts or education service districts to evaluate need and develop plans for school-based health services. Requires authority to provide funding to operate school-based health center or school nurse model at conclusion of two-year planning process.

Requires authority to develop requirements for up to three school districts or education service districts to receive grants for planning for and operation of mobile school-linked health centers.

Requires authority to award grants to three school-based health centers to operate pilot projects to expand student access to mental and physical health care services through use of telehealth. Specifies requirements.

Extends sunset on current program for school planning grants and technical assistance from January 2, 2026, to January 2, 2028.

Declares emergency, effective July 1, 2021.

A BILL FOR AN ACT

Relating to school-based health center grants; creating new provisions; amending section 5, chapter 601, Oregon Laws 2019; and declaring an emergency.

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

SECTION 1. (1) As used in this section:

(a) “School-based health center” has the meaning given that term in ORS 413.225.

(b) “School nurse model” means a model for providing school-based health services that is in accord with guidance from the division of the Oregon Health Authority that addresses adolescent health.

(2) The authority, in consultation with the Department of Education, shall select 10 school districts or education service districts to receive planning grants for district planning and technical assistance. Each district receiving a grant, beginning on or after July 1, 2021, and concluding before July 1, 2023, shall:

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

(b) Develop a school-based health services plan that addresses the need identified in paragraph (a) of this subsection.

(3) The authority shall contract with a nonprofit organization with experience in facilitating school health planning initiatives and supporting school-based health centers to facilitate and oversee the planning process and to provide technical assistance to grantees to
reduce costs and ensure better coordination and continuity statewide. To the greatest extent practicable, the nonprofit organization shall engage with culturally specific organizations, in the grantees' communities, that have experience providing culturally and linguistically specific services in schools or after-school programs.

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

(5) At the conclusion of the two-year planning process each grantee shall receive funding to operate a school-based health center or school nurse model in each respective grantee school district or education service district.

SECTION 2. (1) As used in this section, “mobile school-linked health center” means a mobile medical van that:

(a) Provides primary care services, and may provide other services, to children on or near school grounds by licensed or certified health care providers; and

(b) Is sponsored by a school district or an educational service district.

(2) The Oregon Health Authority shall develop grant requirements and ongoing operations criteria for mobile school-linked health centers and may award up to three grants to school districts or education service districts for planning, technical assistance and operations to implement a mobile school-linked health center.

(3) A mobile school-linked health center operated using grants provided under this section shall comply with the billing, electronic medical records and data reporting requirements established for grantees under section 1 (5), chapter 601, Oregon Laws 2019, but is not subject to the school-based certification requirements or funding formulas established for school-based health centers under ORS 413.225.

SECTION 3. (1) As used in this section:

(a) “Distant site” means the site where a physician licensed under ORS chapter 677, or other licensed health care practitioner, who provides health care services through telehealth is located at the time the physician or licensed health care practitioner provides the health care service through telehealth.

(b) “Originating site” means the site where the patient is located at the time the patient receives health care services provided through telehealth.

(c) “School-based health center” has the meaning given that term in ORS 413.225.

(d) “School nurse” means:

(A) A school nurse as defined in ORS 342.455; or

(B) A registered nurse who is an employee or contractor of a school district and who practices nursing in a school setting.

(e) “Telehealth” means the use of electronic and telecommunication technologies to deliver health care services to a patient.

(2)(a) The Oregon Health Authority shall award grants to three school-based health centers to operate pilot projects to expand student access to mental and physical health care services and to improve the health and education outcomes of students through the use of telehealth.

(b) To be eligible for a grant under this subsection, a school-based health center shall enter into a pilot project agreement with a school district. The pilot project agreement must
provide that:

(A) The school-based health center is the distant site that provides telehealth in con-
junction with a school nurse located at the originating site; and

(B) The school-based health center will allocate to the school district a portion of funds
received under this subsection to increase school nurse capacity and assist in offsetting costs
incurred by the school district as a result of the school district’s participation in the pilot
project.

(c) Funds described in this subsection may be used to:

(A) Compensate the following individuals for services provided pursuant to a pilot project:

(i) A school nurse;

(ii) A licensed health care practitioner located at a school-based health center; and

(iii) Administrative or technical staff at a school-based health center;

(B) Cover the costs of:

(i) Technical equipment necessary to provide telehealth; and

(ii) Technical assistance related to the use and function of equipment necessary to pro-
vide telehealth; and

(C) Cover other costs related to the pilot project’s provision of telehealth.

(3) The authority shall:

(a) Assist school-based health centers and school districts that enter into pilot project
agreements in the efficient use of funds distributed under subsection (2) of this section.

(b) Coordinate with a statewide nonprofit organization that has experience in supporting
school-based health centers and school nurses to carry out this section.

(4) A school-based health center that operates a pilot project shall report, on an interval
determined by the authority, to the authority on the progress of the pilot project in a man-
ner that allows the authority to determine the effectiveness of the pilot project.

(5) The authority shall establish a process to evaluate at least the following information
regarding a pilot project established under this section:

(a) Billing practices and reimbursements;

(b) Access to health care services;

(c) Impact on student absence from schools; and

(d) Workflow practices.

(6) Not later than December 31, 2025, the authority shall submit a report, in the manner
provided in ORS 192.245, to an interim committee of the Legislative Assembly related to
health care, on the effectiveness and success of pilot projects established under this section.
The authority may include in the report submitted under this subsection recommendations
for legislation.

SECTION 4. Section 5, chapter 601, Oregon Laws 2019, is amended to read:

Sec. 5. Section 1, [of this 2019 Act] chapter 601, Oregon Laws 2019, is repealed on January
2, [2026] 2028.

SECTION 5. There is appropriated to the Oregon Health Authority, for the biennium be-
ginning July 1, 2021, out of the General Fund, the amount of $2,555,000 to be used as follows:

(1) $995,000 for grants to school districts or education service districts and for technical
assistance under section 1 of this 2021 Act.

(2) $285,000 for grants to school districts and education service districts under section 2
of this 2021 Act.
(3) $975,000 for grants and technical assistance to school-based health centers under section 3 of this 2021 Act.

(4) $300,000 for the costs of the authority in carrying out sections 1 to 3 of this 2021 Act.

SECTION 6. (1) Sections 1 and 2 of this 2021 Act are repealed on January 2, 2028.

(2) Section 3 of this 2021 Act is repealed on January 2, 2026.

SECTION 7. (1) Sections 1 and 3 of this 2021 Act become operative on October 1, 2021.

(2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by sections 1 and 3 of this 2021 Act.

SECTION 8. This 2021 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect July 1, 2021.