



# **Senate Bill 844**

## **OHA Technical Fixes**

Presented to the Senate Committee on Health Care

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# Sections of SB 844

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## **Overdose reporting**

- Change the due date for the overdose report to the interim committees of the Legislative Assembly related to health care to allow the Injury and Violence Prevention Program at OHA to finalize the datasets and produce the report with finalized data. OHA will release the legislative report each January using the most up to date available data and provide periodic updates via our online data dashboards as new information becomes available.

## **Hemodialysis technicians**

- Amend ORS Chapter 688 to clarify the definition of a “hemodialysis technician” ensuring that only those with a valid certification provide hemodialysis services.

## **Clinical Laboratories**

- Align state regulations related to clinical laboratory certification to comply with federal law and add that a clinical laboratory may not operate in this state without a CLIA certificate.

## **Psilocybin Services**

- Update Oregon Psilocybin Services statute in order to make information related to investigations confidential and exempt from public records requests. This change aligns with already existing statutes for health licensing boards in Oregon.

# Sections of SB 844, continued

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## **Environmental Health Registration Board**

- Broaden registration qualifications for the Environmental Health Registration Board, which will help more people who are interested in the field to qualify for a registration.

## **School-Based Health Centers**

- Amend ORS Chapter 413 to include youth in the list of partners who support the organization of School-Based Health Center clinics and allow OHA to contract with more than one entity for the purpose of providing assistance to School-Based Health Centers.

## **Medical Assistance**

- Amend statutes in ORS Chapter 411 to give OHA the authority to implement the federally mandated Consolidated Appropriations Act (FCAA) of 2023 and Oregon's 1115 Reentry Waiver benefit, both of which authorize Medicaid benefits for individuals who are incarcerated. Without these amendments, OHA cannot launch the Reentry Medicaid benefits under Oregon's 1115 Waiver or the Federal Consolidated Appropriations Act of 2023. This would result in the agency being out of compliance with federal law.

## **OHA Amendment Request**



# About Oregon School-Based Health Centers

## SBHC fast facts from the 2024–2025 service year

*As of July 1, 2024, there are:*

### 87 State-certified SBHCs in 28 counties

#### Types of schools



- 53** high schools
- 6** middle schools
- 12** elementary schools
- 16** combined-grade campuses

#### SBHCs by geographic location



- 41** Urban
  - 41** Rural
  - 5** Frontier
- 66% are in primary care health provider shortage areas (HPSAs)

All SBHCs are sponsored by a medical entity:

- 74% are federally qualified health centers (FQHCs)
- 3% are certified rural health clinics (RHCs)
- 44% are state recognized patient-centered primary care homes (PCPCH)

## During the 2023-2024 SY

July 1, 2023 – June 30, 2025



SBHCs provided **148,878 visits** for **42,965 clients**



**73,735 school-aged youth** (5–21 years) had access to an SBHC at their school<sup>5</sup>

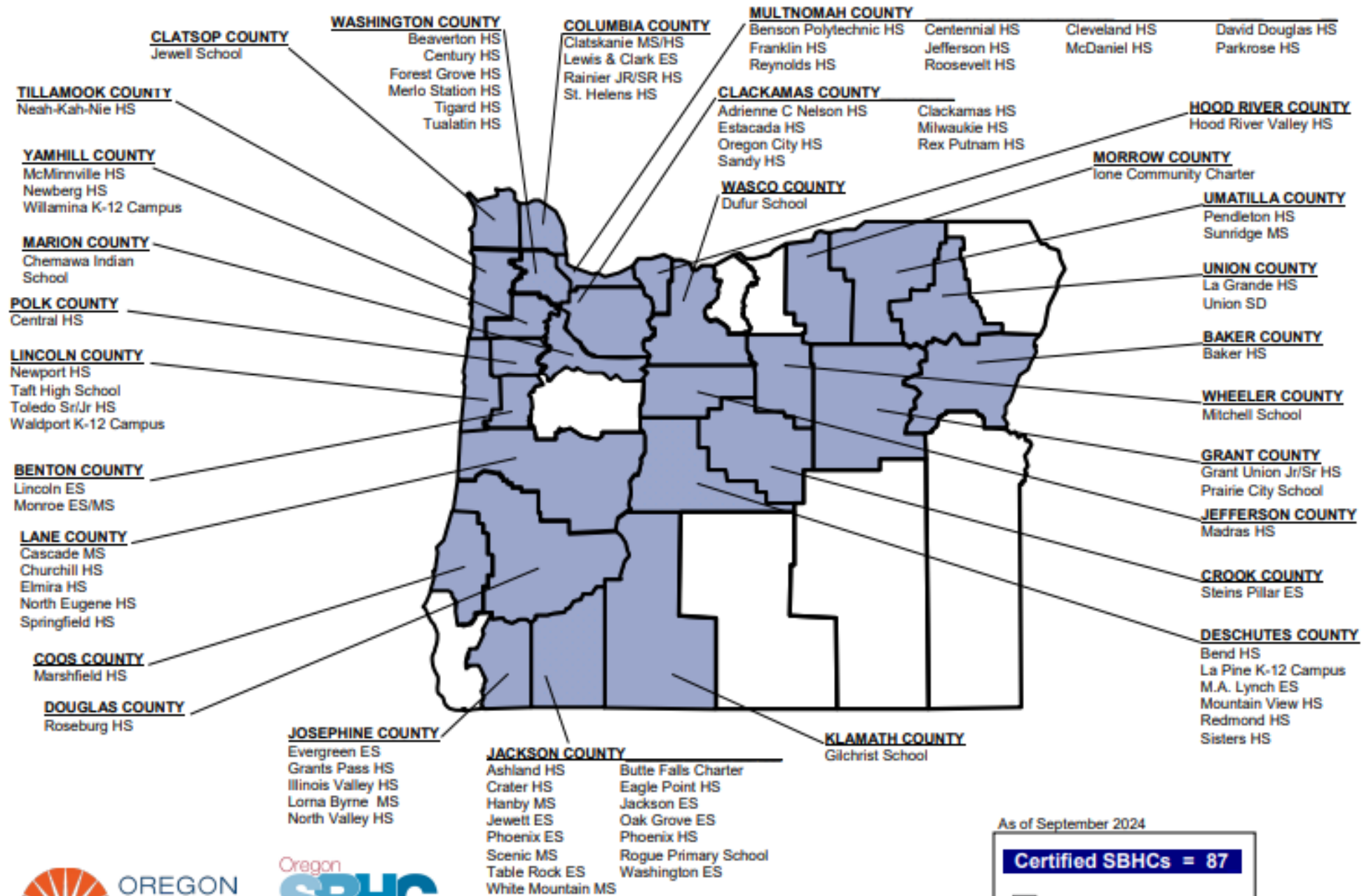


**97% of SBHCs** had a behavioral health provider onsite



**9% of SBHCs** had a dental provider onsite

# OREGON SCHOOL-BASED HEALTH CENTERS 2024



# SBHCs in SB 844

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- Amends Oregon SBHC statutory definition ([ORS 413.225](#)) to include “youth” in the list of partners who organize these clinics.
  - Supports value of centering voices most impacted by OHA’s policies and programs.
- Modifies [ORS 413.223](#) to allow OHA to contract with more than one entity for the purpose of providing technical assistance to state certified SBHCs.
  - Reflects current OHA practice and reduces confusion for community partners.

# Reentry Health Care Program

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## Federal Consolidated Appropriations Act (FCAA)

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1. Creates **requirements** to expand Medicaid coverage of some services to a subset of people who are incarcerated. Go-live is [no later than January 2026](#).
2. Who it's for: **eligible individuals who are incarcerated and post-adjudication.**
3. **Is mandatory for all states.**
4. It requires that Medicaid enrollment be offered 30 days before release to:
  - **Youth under age 21.**
  - **Former foster care youth up to age 26.**
5. It also includes certain Medicaid services like:
  - Targeted case management.
  - Medical, behavioral and dental screenings and diagnostic services.

## 1115 Reentry Demonstration Waiver

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Builds on FCAA requirements and will provide a method for Carceral Facilities (CF) to build and pay for systems to offer new services.

1. Adds that all **OHP eligible youth and adults** who are incarcerated can be offered Medicaid enrollment 90 days before release.
2. Includes select Medicaid services such as medication assisted treatment (MAT), care coordination, and medication administration.
3. Becomes effective [January 1, 2026](#).
4. **Eligible CF must opt-in to participate.**
5. Offers capacity building funds to prepare facilities for implementation.



# Reentry Health Care Program Benefits

There is a substantial gap in health outcomes and health care quality experienced by individuals who are incarcerated. SB 844 Section 42 supports OHA's efforts to **improve health outcomes** for people while they are incarcerated and to **provide continuous, coordinated care** in the release transition.



## Health

Disproportionate adverse health outcomes

- **12.7 times** mortality rate two weeks post release from prison.
- **58% of people in state prison** and **63% of people in jail** meet the criteria for drug dependence or abuse.
- **10x more likely** to overdose on opioids.



## Equity

Gaps in care exacerbate racial inequities

- **10% of incarcerated individuals in Oregon are Black**, while Black individuals make up less than 2% of the state's total population.
- **6x as many** Black youth are incarcerated in Oregon as are white youth.



## Social

Social risk factors are exacerbated by incarceration

- **10x homeless rates** for formerly incarcerated people.
- **41% of children** in in Oregon's foster care system have at least one parent who is incarcerated.
- **70% of youth** that exit foster care as adults are arrested at least once by age 26 nationally.



## Financial

Preventable negative outcomes create significant costs

- **Major cost expenditures** are associated with incarceration, recidivism, overdose, and other related negative outcomes.



Services	Service Level	Impact to Correctional Facilities
<ul style="list-style-type: none"> <li>• OHP coverage screening and application assistance</li> <li>• Incarceration date notification</li> <li>• Release date notification to support unsuspension/reactivation of benefits</li> <li>• Targeted case management</li> <li>• Screenings and diagnostics</li> </ul>	<p>Service Level 1 (FCAA)</p>	<p><b>Required</b> for all facilities. Eligible population: Post adjudicated youth up to age 21 and former foster care youth up to age 26</p>
<ul style="list-style-type: none"> <li>• Pre-release planning and additional case management services</li> <li>• Medication-assisted treatment (MAT) through medications to treat substance use disorders in addition to behavioral, counseling, or peer support</li> <li>• 30 days of medications in hand at release</li> </ul>	<p>Service Level 2 (1115 Reentry Demonstration Required)</p>	<p><b>Optional</b>, but <b>required</b> for facilities to be eligible for capacity building funds. Eligible population: All individuals who are currently incarcerated and eligible for OHP (<i>level 2 &amp;3</i>)</p>
<ul style="list-style-type: none"> <li>• Lab and radiology services</li> <li>• Community Health Worker services</li> <li>• Limited medical services</li> <li>• Traditional Health Workers</li> <li>• Medication/Med administration</li> <li>• Family Planning Services &amp; Supplies</li> </ul>	<p>Service level 3 (1115 Reentry Demonstration optional)</p>	<p><b>Optional</b> services in addition to service level 2</p>

# Medical Assistance Section

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These technical fixes enable OHA to implement 2023 Federal Consolidated Appropriations Act (FCAA) and 1115 Waiver Reentry Demonstration program for implementation on January 1, 2026:

1. Allows OHA/DHS to **enroll an individual into Medicaid if they are in a correctional facility** and are eligible for pre-release medical assistance.
2. Requires OHA/DHS to **reinstate Medicaid coverage** to the level of benefits an individual is eligible for at release.
3. Permits correctional facility designee to **apply for pre-release medical assistance on someone's behalf** while individual is incarcerated.

**Fiscal Impact of SB 844:**  
N/A

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Policy Option Package 408 requests service budget for the Reentry Health Care program.

This budget will be necessary to launch the program authorized under SB 844.

# Thank you

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