

# A-Engrossed House Bill 3165

Ordered by the House April 9  
Including House Amendments dated April 9

Sponsored by Representatives NATHANSON, SMITH G; Representatives ALONSO LEON, DRAZAN, KENY-GUYER, MITCHELL, NOBLE, PILUSO, PRUSAK, SALINAS, SOLLMAN

## 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 provide planning grants to 10 school districts or education service districts to evaluate community needs for school-based health services. **Requires authority to provide operating funds to at least six school-based health center medical sponsors to open state-certified school-based health centers in grantee school districts or education service districts.** [*Requires*] **Permits** authority to provide [*\$35,000 per year*] **operating funds** to up to four school districts or education service districts to implement five-year pilot projects testing approaches to providing school-based health services as alternatives to school-based health centers.

[*Establishes minimum grant amount for each certified school-based health center.*] Directs authority to work with federal agency and stakeholders to secure increased federal funding for school-based health centers.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

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

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

5 **SECTION 1.** (1) **The Oregon Health Authority, in consultation with the Department of**  
6 **Education, shall select 10 school districts or education service districts to receive planning**  
7 **grants for district planning and technical assistance. Each district receiving a grant, begin-**  
8 **ning on or after July 1, 2019, and concluding before July 1, 2021, shall:**

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

11 (b) **Develop a plan that addresses the need identified in paragraph (a) of this subsection**  
12 **by drafting a proposal for a school-based health center as defined in ORS 413.225 or by de-**  
13 **signing a pilot program as described in subsection (5)(b) of this section to test an alternative**  
14 **approach to providing school-based health services.**

15 (2) **Each grantee shall contract with a nonprofit organization with experience in organ-**  
16 **izing community projects, or a local organization that coordinates with a statewide nonprofit**  
17 **organization, to facilitate the planning process and to provide technical assistance.**

18 (3) **Each grantee shall solicit community participation in the planning process, including**  
19 **the participation of the local public health authority, any federally qualified health centers**  
20 **located in the district and every coordinated care organization with members residing in the**  
21 **district.**

22 (4) **The Oregon Health Authority shall contract with a statewide nonprofit organization**

**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 with experience in supporting school-based health centers to create tools and provide support  
2 to grantees during the community engagement and planning process.

3 (5) At the conclusion of the two-year planning process:

4 (a) The authority shall select at least six school-based health center medical sponsors to  
5 each receive operating funds based on a school-based health center funding formula, to open  
6 a state-certified school-based health center in respective grantee school districts or educa-  
7 tion service districts.

8 (b) The authority may select up to four school districts or education service districts to  
9 each receive operating funds, for a five-year period, to pilot an approach to providing  
10 school-based health services as an alternative model to the school-based health center model.  
11 The alternative approach pilot programs may be designed to focus services on a specific  
12 community need, such as a need for mental health services, school nursing services, dental  
13 services, primary care or trauma-informed services, and must:

14 (A) Involve a partnership with a coordinated care organization, a federally qualified  
15 health center, a local public health authority or another major medical sponsor; and

16 (B) Identify a process for billing insurance, medical assistance or another third-party  
17 payer, or identify other funding, for the cost of services.

18 (6) By the end of the fourth year of the five-year period described in subsection (5)(b) of  
19 this section:

20 (a) Each school district or education service district piloting an alternative approach to  
21 providing school-based health services either commits to establish a school-based health  
22 center or proposes an alternative model to the authority and the Legislative Assembly.

23 (b) The authority may use the data collected and the recommendations of the school  
24 districts to adopt rules establishing flexible, outcome-based criteria for certification of the  
25 alternative approaches developed and implemented by the four grantees.

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

27 413.225. (1) As used in this section:

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

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

32 (A) Is located on the grounds of a school in a school district or on the grounds of a school op-  
33 erated by a federally recognized Indian tribe or tribal organization;

34 (B) Is organized through collaboration among schools, communities and health providers, in-  
35 cluding public health authorities;

36 (C) Is administered by a county, state, federal or private organization that ensures that certi-  
37 fication requirements are met and provides project funding through grants, contracts, billing or  
38 other sources of funds;

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

40 (i) Primary care;

41 (ii) Preventive health care;

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

43 (iv) Behavioral health care;

44 (v) Oral health care;

45 (vi) Health education services; and

1 (vii) The administration of vaccines recommended by the Centers for Disease Control and Pre-  
2 vention;

3 (E) Provides health services to children and adolescents by licensed or certified health profes-  
4 sionals; and

5 (F) May provide one or more health services to children and adolescents by:

6 (i) A student enrolled in a professional medical, nursing or dental program at an accredited  
7 university if the health service is within the student's field of study and training; or

8 (ii) An expanded practice dental hygienist holding a permit issued under ORS 680.200 for oral  
9 health care.

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

14 **(b) The authority shall work with the Centers for Medicare and Medicaid Services and**  
15 **stakeholders to identify additional sources of funding for school-based health center expen-**  
16 **ditures for which federal financial participation is available under Title XIX or Title XXI of**  
17 **the Social Security Act.**

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

22 (4) The authority shall, using funds allocated by the Legislative Assembly:

23 (a) Provide funds for the expansion and continuation of school-based health centers that are  
24 operating on July 29, 2013, and that become certified under ORS 413.223;

25 (b) Direct funds to communities with certified school-based health centers and to communities  
26 planning for certified school-based health centers; and

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

28 (A) Increase the number of school-based health centers certified as patient centered primary  
29 care homes without requiring school-based health centers to be certified as patient centered primary  
30 care homes;

31 (B) Improve the coordination of the care of patients served by coordinated care organizations  
32 and school-based health centers; and

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

35 (5) The authority shall by rule adopt criteria for awarding grants and providing funds in ac-  
36 cordance with this section.

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

39 **SECTION 3. In addition to and not in lieu of any other appropriation, there is appropri-**  
40 **ated to the Oregon Health Authority, for the biennium beginning July 1, 2019, out of the**  
41 **General Fund, the amount of \$950,000, which may be expended for providing the planning**  
42 **grants and funding for pilot programs described in section 1 of this 2019 Act.**

43 **SECTION 4. Section 1 of this 2019 Act and the amendments to ORS 413.225 by section 2**  
44 **of this 2019 Act become operative on July 1, 2019.**

45 **SECTION 5. Section 1 of this 2019 Act is repealed on January 2, 2026.**

1        **SECTION 6. This 2019 Act being necessary for the immediate preservation of the public**  
2        **peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect**  
3        **on its passage.**

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