

Enrolled
House Bill 2445

Sponsored by Representative NATHANSON, Senator STEINER HAYWARD; Representative REARDON (Pre-session filed.)

CHAPTER

AN ACT

Relating to school-based health centers; creating new provisions; amending ORS 413.225; appropriating money; and declaring an emergency.

Whereas school-based health centers are an evidence-based model of care that contain the cost of health care; and

Whereas school-based health centers utilize a cost-effective interdisciplinary team approach to delivering coordinated primary health care across physical, behavioral, emotional and social dimensions, within the context of family and community; and

Whereas school-based health centers can reduce inappropriate emergency room use, increase use of primary care and result in fewer hospitalizations among regular users; and

Whereas children who are uninsured are more likely to suffer from health problems; and

Whereas school-based health centers provide care to uninsured children; and

Whereas school-based health centers help uninsured children obtain comprehensive insurance coverage; and

Whereas school-based health centers are the first, and occasionally the only, access point for continuous and comprehensive care for young people with a variety of complex medical, behavioral and social needs; and

Whereas school-based health centers promote positive youth development by helping reduce risky behaviors associated with more serious social conditions, such as alcohol and drug abuse, juvenile crime, teen pregnancy, teen suicide and violent behaviors; and

Whereas school-based health centers support educational outcomes; and

Whereas educational achievement is a strong predictor of a person's long-term health; and

Whereas evidence shows that there is a profound connection between a student's health status and educational achievement; and

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

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

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

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

Whereas the Oregon chapter of the National Assembly on School-Based Health Care provides technical assistance and community-specific and ongoing training to school-based health centers; now, therefore,

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

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

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

- (a) Meets the developmental needs of adolescents;
- (b) Promotes evidence-based practices for children; and
- (c) Prioritizes public health through activities such as:
 - (A) Establishing certification and performance standards;
 - (B) Collecting and analyzing clinical data;
 - (C) Conducting ongoing assessments and special studies; and
 - (D) Defining a statewide planning and development process.

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

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

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

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

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

(B) Assist school-based health centers in improving business practices, including practices related to billing and efficiencies;

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

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

SECTION 2. ORS 413.225 is amended to read:

413.225. (1) As used in this section[.]:

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

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

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

(B) Is organized through collaboration among schools, communities and health providers, including public health authorities;

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

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

- (i) Primary care;

- (ii) Preventive health care;
- (iii) Management and monitoring of chronic health conditions;
- (iv) Behavioral health care;
- (v) Oral health care;
- (vi) Health education services; and
- (vii) The administration of vaccines recommended by the Centers for Disease Control and Prevention;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (a) Medical sponsors of school-based health centers;
- (b) Local public health authorities;
- (c) School-based health center coordinators or staff;
- (d) Schools utilizing school-based health centers;
- (e) Coordinated care organizations; and
- (f) The Oregon Health Authority.

- (2) The work group shall develop recommendations for:
- (a) Optimizing the effective and efficient use of school-based health centers by coordinated care organizations, including effective coordination of care and reimbursement;
 - (b) Ensuring the coordination and disclosure of protected health information by school-based health centers in accordance with ORS 414.679; and
 - (c) Developing financial incentives described in ORS 413.225 (4).

(3) The Oregon Health Authority shall report on the progress of the work group to an interim committee related to health on or before December 31, 2013.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2013, out of the General Fund, the amount of \$4 million, which may be expended for carrying out the provisions of this 2013 Act.

SECTION 5. Section 3 of this 2013 Act is repealed on January 2, 2014.

SECTION 6. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Passed by House June 28, 2013

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 Ramona J. Line, Chief Clerk of House

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 Tina Kotek, Speaker of House

Passed by Senate July 1, 2013

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 Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2013

Approved:

.....M.,....., 2013

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 John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2013

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 Kate Brown, Secretary of State