HB 2445-6 (LC 1401) 4/9/13 (LHF/ps)

## PROPOSED AMENDMENTS TO HOUSE BILL 2445

In line 2 of the printed bill, after the semicolon insert "creating new provisions; amending ORS 413.225;".

3 After line 2, insert:

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

13 "Whereas children who are uninsured are more likely to suffer from14 health problems; and

15 "Whereas school-based health centers provide care to uninsured children;16 and

17 "Whereas school-based health centers help uninsured children obtain18 comprehensive insurance coverage; and

<sup>19</sup> "Whereas school-based health centers are the first, and occasionally the <sup>20</sup> only, access point for continuous and comprehensive care for young people <sup>21</sup> with a variety of complex medical, behavioral and social needs; and

22 "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

4 "Whereas school-based health centers support educational outcomes; and
5 "Whereas educational achievement is a strong predictor of a person's
6 long-term health; and

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

9 "Whereas school-based health centers have been linked to decreased ab-10 senteeism and tardiness in school; and

11 "Whereas school-based health centers have been linked to increased grade 12 point averages among users of mental health services provided by the cen-13 ters; and

14 "Whereas the development of budget priorities, the establishment of 15 funding formulas and the contracting for state allocations to support 16 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,".

Delete lines 4 through 12 and insert:

<sup>24</sup> "<u>SECTION 1.</u> The division of the Oregon Health Authority that is <sup>25</sup> charged with public health functions:

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

- 27 "(a) Meets the developmental needs of adolescents;
- <sup>28</sup> "(b) Promotes evidence-based practices for children; and
- 29 "(c) Prioritizes public health through activities such as:
- 30 "(A) Establishing certification and performance standards;

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- 1 "(B) Collecting and analyzing clinical data;
- <sup>2</sup> "(C) Conducting ongoing assessments and special studies; and
- 3 "(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 relation ships 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

## 1 in an optimal environment.

2 "SECTION 2. ORS 413.225 is amended to read:

3 "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.

8 "(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, communi ties 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:

- 20 "(i) Primary care;
- 21 "(ii) Preventive health care;

<sup>22</sup> "(iii) Management and monitoring of chronic health conditions;

23 "(iv) Behavioral health care;

24 "(v) Oral health care; and

- 25 "(vi) Health education services;
- "(E) Provides health services to children and adolescents by li censed or certified health professionals; and
- <sup>28</sup> "(F) May provide health services to children and adolescents by:

"(i) Students enrolled in a professional medical, nursing or dental
 program at an accredited university; or

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## "(ii) Expanded practice dental hygienists holding permits issued under ORS 680.200.

"(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.

8 "(3) The authority shall provide outreach for the Health Care for All 9 Oregon Children program, including development and administration of an 10 application assistance program, and including grants to provide funding to 11 organizations and local groups for outreach and enrollment activities for the 12 program, within the limits of funds provided by the Legislative Assembly for 13 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 schoolbased health centers to be certified as patient centered primary care
homes;

"(B) Improve the coordination of the care of patients served by co ordinated care organizations and school-based health centers; and
 "(C) Improve the effectiveness of the delivery of health services

1 through school-based health centers to children who qualify for med-

2 ical 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:

11 "(a) Medical sponsors of school-based health centers;

- 12 "(b) Local public health authorities;
- 13 "(c) School-based health center coordinators or staff;

14 "(d) Schools utilizing school-based health centers;

- <sup>15</sup> "(e) Coordinated care organizations; and
- 16 "(f) The Oregon Health Authority.

17 "(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) of
 this 2013 Act.

"(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.

"<u>SECTION 4.</u> Section 3 of this Act is repealed on January 2, 2014.".
In line 13, delete "3" and insert "5".

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