



March 26, 2019

TO: Co-Chair Beyer, Co-Chair Nosse, and Members of the Joint Committee on Ways and Means Subcommittee on Human Services  
FROM: Patrick Allen, Director, Oregon Health Authority  
SUBJECT: March 20, 2019, Committee Questions

Dear Co-Chair Beyer, Co-Chair Nosse, and Members of the Joint Committee,

Thank you for the opportunity to present before the Joint Committee on Ways and Means Subcommittee on Human Services on March 20, 2019, regarding public health. Please find below responses to questions raised during that presentation. Please do not hesitate to contact me or my office if you have further questions.

**1. Senator Beyer asked, Can the state ban nicotine in inhalant delivery systems (e-cigarettes)?**

Federal tobacco law preempts some state actions, including setting manufacturing standards for tobacco products. However, it does not preempt states from prohibiting the sale of inhalant delivery system containing nicotine. Recently, San Francisco proposed (but has not yet approved) banning e-cigarettes containing nicotine.

**2. Senator Heard asked, What is the total population of all Oregon children who are not fully immunized? What is the total population of Medicaid-eligible children who are not fully immunized? Do we have information on why parents choose not to have their kids immunized?**

For all Oregon children, the following figures are based on annual school reports from 2017-2018:

Category	Number	Percentage
Total K-12 student population	605,276	100.0%
Complete for all school-required vaccines	566,007	93.5%
Up-to-date, but not yet complete – in process of getting vaccinated so no exemption is required	6,627	1.1%
Medically exempt for one or more vaccines	782	0.1%
Nonmedically exempt for one or more vaccines	31,583	5.2%
No immunization or exemption record	277	<0.1%

For Medicaid-eligible children, we are not able to calculate this population as precisely, because our school vaccination data does not include information specifically about Medicaid eligibility. Other data suggests that vaccination rates between Medicaid and non-Medicaid populations tend to be similar; [in this example](#), immunization rates among very young children enrolled in Medicaid (“DMAP” or Division of Medical Aid Programs) have been consistently within 2% of those not

enrolled in Medicaid. About 45% of children in Oregon are Medicaid-eligible. Therefore, we estimate the number of Medicaid-eligible children who are not fully immunized to be roughly 45% of the numbers above, including about 14,000 nonmedically exempt.

We do not collect data on why parents decide to not have their kids immunized or why they chose to pursue a non-medical exemption. A [large meta-analysis](#) (a review of many other studies) published in 2016 separated the reasons for parental refusals into four broad categories:

- Safety concerns – Potentially the most common reasons listed by parents are concerns based upon information parents discover in the media or receive from acquaintances. These concerns lead many parents to determine that side effects may be more extensive than reported by physicians, and that the risks of vaccination may outweigh the benefits. Many of these safety concerns are based upon rare events, or events that occur at similar rates in vaccinated and unvaccinated individuals.
- Religious reasons – These most commonly include concerns about specific vaccine components such as animal derived gelatin or human fetal tissue cell lines.
- Personal or philosophical reasons – These include beliefs that natural immunity is better, that diseases pose minimal risk, that potential vaccine side effects are too great, that healthy diet and lifestyle reduce the risk of infectious disease, that diseases are easily treatable, or that parents would prefer not to put chemicals into their children’s bodies.
- Desire for additional education – Many parents desire to have more detailed information regarding side effects and benefits associated with vaccination expressed to them in an unbiased way. Nearly one-third of parents indicated that they did not have sufficient information.

### **3. Representative Stark and Representative Salinas asked for more information about what services had been funded under the Reproductive Health Equity Act (RHEA)?**

From January 2018 to February 2019, the Reproductive Health Program paid for the following services using RHEA funds:

- Clinic-based abortion services
  - 486 abortion procedures
  - 324 abortion-related clinic visits (pre- and post-procedure visits)
- Outpatient clinic-based reproductive health services (RHEA reimbursement began April 2018)
  - 6,112 total clinic-based reproductive health visits, including visits for contraception services, well-woman visits, Pap tests, STI screening and counseling
- Postpartum care
  - 326 long acting reversible contraception insertions
  - 18 sterilization procedures
  - 160 post-partum clinic visits

RHEA also pays for some hospital-based abortion procedures, but reliable data on the number is unavailable.

After the first several months, the use of RHEA services was lower than we originally projected, so we obtained approval to use some of the unspent RHEA funds to conduct outreach activities. Specifically, we provided grants using RHEA funds to support community-based organizations providing outreach and referral to the RHEA population, in conjunction with SB 558 (Cover All Kids) outreach work.

**4. Senator Beyer asked, What determines which schools get a school based health center (SBHC)? Who funds the SBHCs? Is there a map of SBHCs in Oregon?**

Schools self-select to have an SBHC. The state gives planning grants to communities, but they must determine how the center will be funded.

In the 2016-2017 school year, the 75 SBHCs in Oregon had combined funding of \$24.2 million. The largest sources of funds, out of a wide variety of sources, were reimbursement for Medicaid-eligible services, state public health funds, and federal grants. For every \$1 in state public health funds, SBHC brought in \$3.11 from other revenue sources.

For the 2017-19 biennium, the state awarded \$5.7 million to support the expansion of mental health in SBHCs.

The attached documents show:

- A detailed break-down of SBHC funding by source
- The school name and medical sponsor (the entity that provides the medical liability coverage, ownership of medical records, and designation of an SBHC medical director) of each SBHC
- A map of SBHCs in Oregon

**5. Representative Hayden asked, Do CCOs get “credit” toward their metrics provided at school based health centers?**

In short, yes, CCOs get credit for improvements in metrics among their enrolled members regardless of what provider a member uses including SBHCs. We do not require that they use specific providers; instead, we are focused on the outcomes at the CCO level.

For claims-based metrics, the “credits” are typically attributed to the ‘plan (CCO)’ that submitted the claim, regardless of the provider. Over the years the CCOs have been encouraged to work with all possible providers in the area, including SBHCs, to bill the CCO or submit zero-paid encounters, so when the CCO submits the record to OHA, they get the credit. The incentive program was designed at the CCO level, since CCOs are accountable for coordinating care among their patients, and need to find a most appropriate, effective and efficient way to deliver care for them.

Examples of metrics that will likely include data from SBHCs are adolescent well care (where sports physicals do count) and dental sealants. If we don’t give CCOs credit for services provided at SBHCs, it would likely create an unintended consequence of CCOs encouraging kids to seek care in other less accessible settings (which may result in more money spent for the same services, or reduced access for students).

One way to address the concern that CCOs are getting rewarded for the work of SBHCs is to encourage CCOs to share their incentive dollars with their provider networks. The new CCO contract makes that expectation much more explicit.

**6. Representative Schouter asked, How many families do we project would be served by the universal home visiting POP?**

For the 2019-2021 biennium, we plan to serve 10,000 families. For the 2021-2023 biennium, we plan to double this number.

Ultimately, the goal is that Oregon would offer this benefit to all families of newborns, approximately 45,000 families per year, or 90,000 per biennium. Approximately half of all births are Medicaid supported. We expect 70% of the Medicaid families to choose to participate, which works out to approximately 32,200 families per biennium. The total cost is \$500-\$700 per family.

**7. Representative Nosse asked for a list of all the Public Health Division programs.**

The list is attached.

**8. Representative Schouten asked for more information about public health modernization in general, especially about the “gap” to be filled.**

Public health modernization is built around four foundational programs and seven foundation capabilities that should be available everywhere across Oregon, in every public health authority and in every community.

Foundational program are those services that are necessary to assess, protect, or improve public health:

- Communicable Disease Control
- Environmental Public Health
- Prevention and Health Promotion
- Access to Clinical Preventive Services

Foundational capabilities are the knowledge, skills, or abilities necessary to carry out a public health activity or program:

- Assessment and Epidemiology
- Emergency Preparedness and Response
- Communications
- Policy and Planning
- Leadership and Organizational Competencies
- Health Equity and Cultural Responsiveness
- Community Partnership Development

In 2016, the Public Health Advisory Board completed its Public Health Modernization Report. The report found there are meaningful gaps across the system in all governmental public health authorities. These gaps are not uniform, nor do they appear in the same places in every organization. As such, current implementation of public health modernization can be described as a “patchwork quilt.”

For more details, we recommend the following resources:

- [Public Health Modernization Report](#) and [Executive Summary](#) and [Summary Report](#) : describes the gap in governmental public health system capacity, broken out by state and local public health authorities
- [Public Health Modernization Manual](#) : the expectations and requirements for foundational capabilities (how governmental public health does its work) and foundational programs (what governmental public health does)
- [Statewide Public Health Modernization Plan, 2017 Progress Report](#) : the blue print for updating the governmental public health system
- [Interim Evaluation of the 2017-2019 Legislative Investment](#) : practical progress to date across Oregon

For 2019-2021 specifically, an investment of \$13.6 million would result in the following changes to Oregon's public health system:

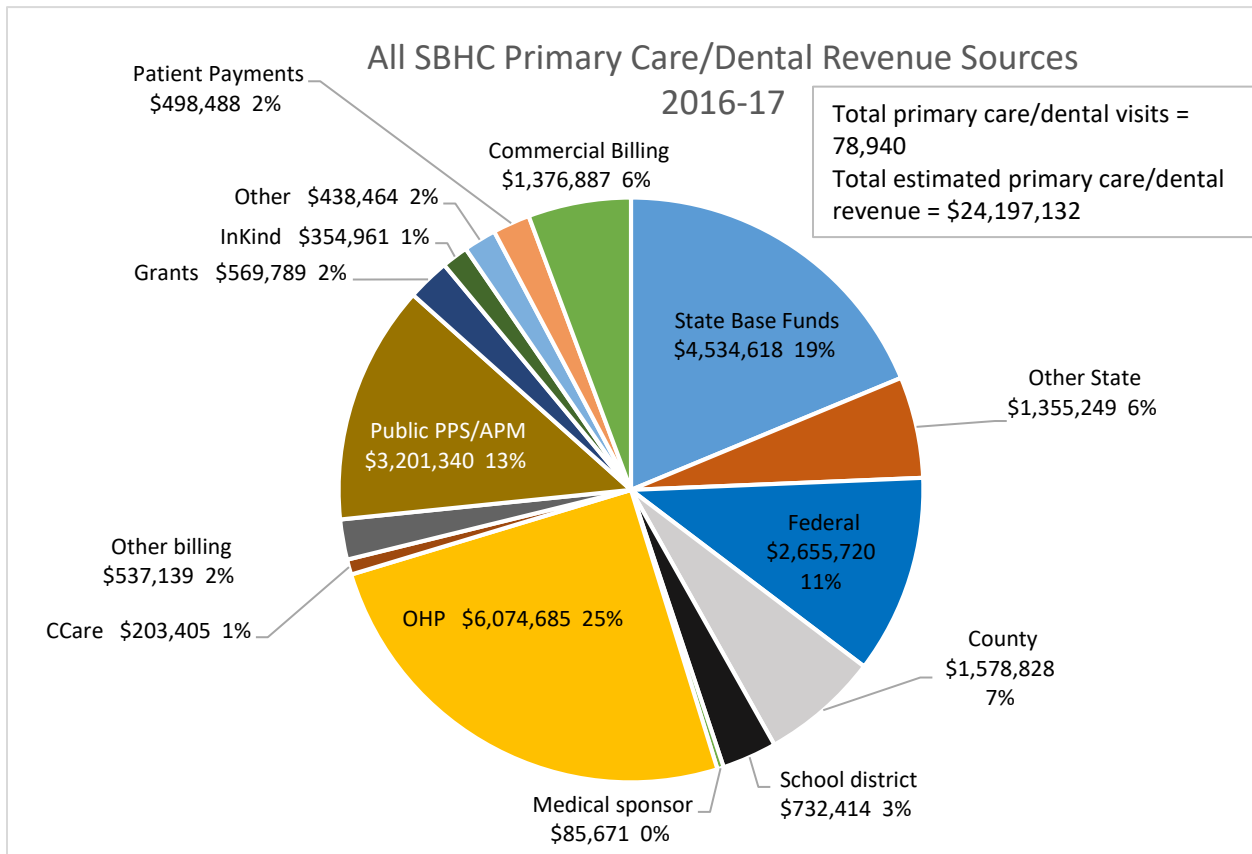
- Improvements for childhood immunization rates, increased surveillance and intervention to prevent the spread of sexually transmitted infections, and improved response to communicable disease threats:
  - Increased capacity to identify and respond to communicable disease threats
  - Implementation of local strategies for communicable disease prevention
  - Expanded partnerships with the health care sector, long-term care facilities and other stakeholders focused on prevention of communicable disease
  - Expanded state and local partnerships with federally-recognized tribes
  - Limited improvements to data set linkages and data systems to identify public health threats more quickly
- Statewide progress toward achieving health equity through Implementation of regional health equity plans to reduce communicable disease-related health disparities

Again, please contact me or my office if you have any further questions. Thank you.

**All SBHCs**



- # of SBHCs: 75\*
- # of systems: 32
- Total primary care/dental visits: 105,630
- Total primary care/dental clients: 33,170
- Total estimated primary care/dental revenue: \$24,197,132†
- Average primary care/dental revenue per SBHC: \$322,635
- For every \$1 in State public health revenue, SBHC medical sponsors brought in \$3.11 from other revenue sources to support SBHC primary care and dental services.



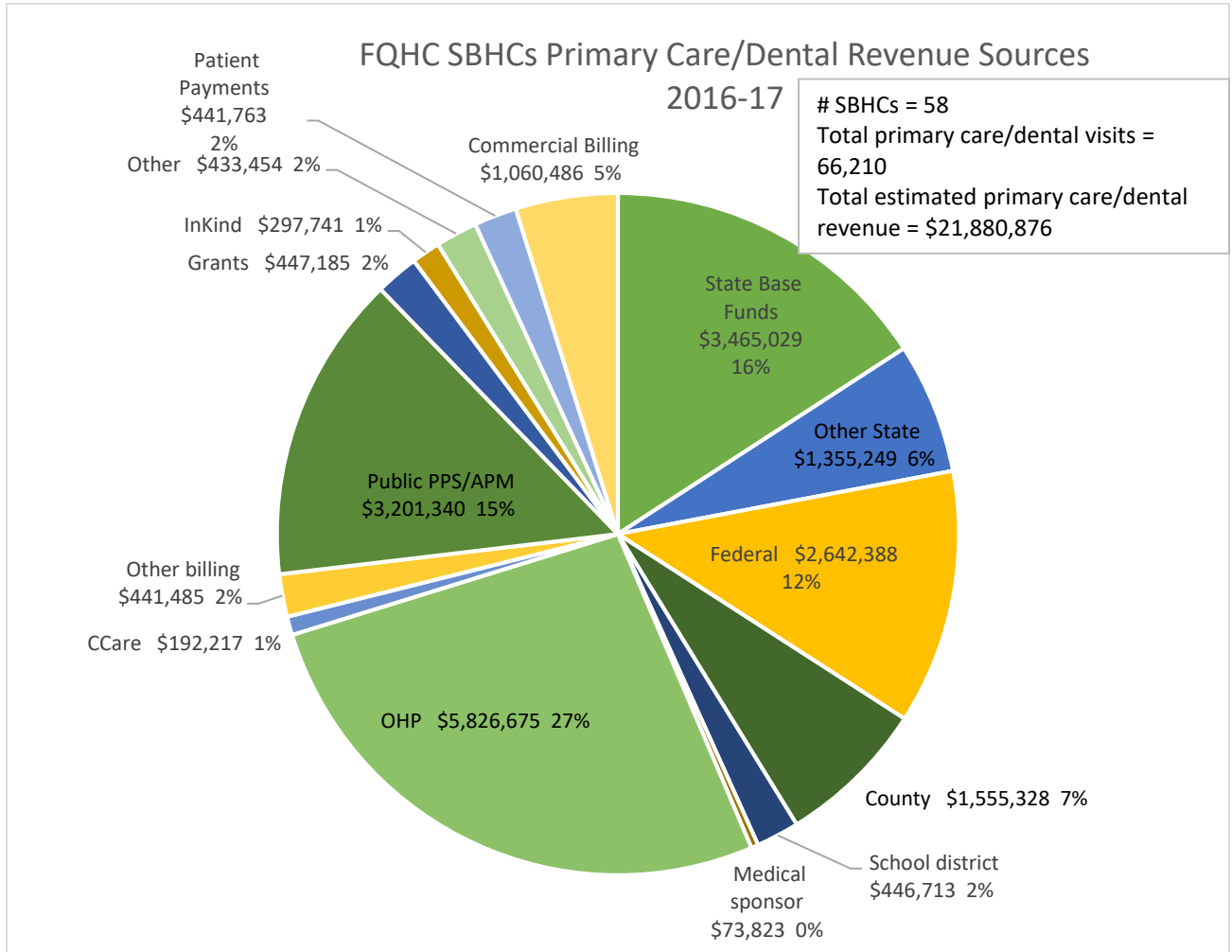
Note: These are estimated revenue dollars based on data from and interviews with SBHC medical sponsors. Every effort was made to achieve accuracy and consistency; however, revenue was counted in different ways by different medical sponsors, and dollars were sometimes hard to disentangle. For questions, please contact Sarah Knipper at [SBHC.Program@state.or.us](mailto:SBHC.Program@state.or.us).

\* Excludes the following 3 SBHCs: Clatskanie MS/HS, Madras HS & Yamhill-Carlton

† Primary care revenue does include select behavioral health billing revenue when it is billed through primary care

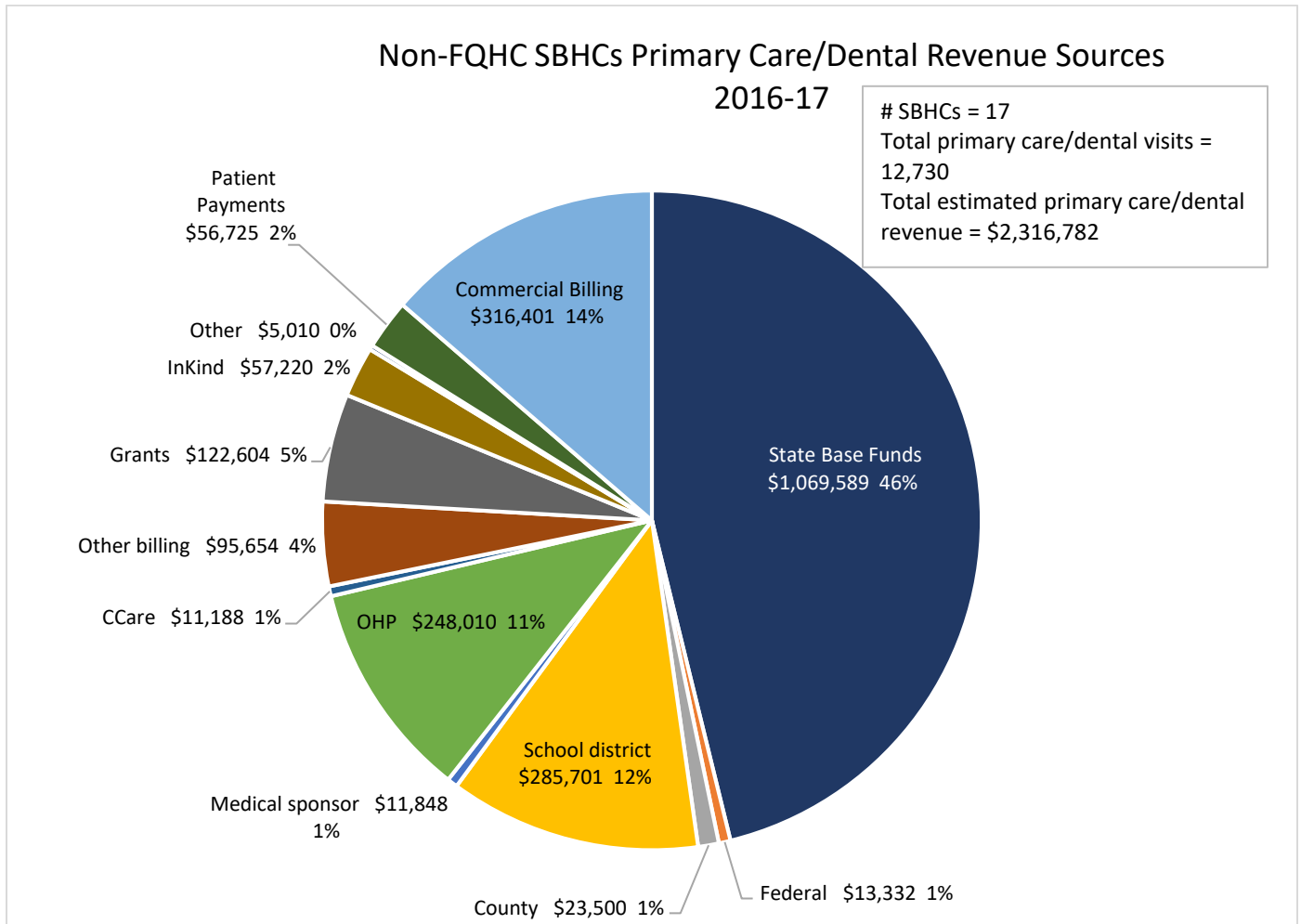
**FQHC-sponsored SBHCs**

- # of SBHCs: 58
- # of systems: 20
- Total primary care/dental visits: 66,210
- Total estimated primary care/dental revenue: \$21,880,876
- Average primary care/dental revenue per SBHC: \$377,256
- For every \$1 in State public health revenue, FQHC SBHC medical sponsors brought in \$3.54 from other revenue sources to support SBHC primary care and dental services.



### Non-FQHC-sponsored SBHCs

- # of SBHCs: 17
- # of systems: 12
- Total primary care/dental visits: 12,730
- Total estimated primary care/dental revenue: \$2,316,782
- Average primary care/dental revenue per SBHC: \$136,281
- For every \$1 in State public health revenue, non-FQHC SBHC medical sponsors brought in \$1.17 from other revenue sources to support SBHC primary care and dental services.





# SBHC medical sponsor list, 2018–19

County Name	SBHC School Name	Medical Sponsor
Baker	Baker High School	Baker County Health Department
Benton	Lincoln Elementary School†	Community Health Centers of Benton and Linn County*
	Monroe Grade School†	Community Health Centers of Benton and Linn County*
Clackamas	Estacada High School	Orchid Health
	Milwaukie High School†	Outside In*
	Oregon City High School	Clackamas County Health Clinics*
	Rex Putnam High School	Clackamas County Health Clinics*
	Sandy High School	Clackamas County Health Clinics*
Columbia	Clatskanie Middle/High School	The Public Health Foundation of Columbia County
	Rainier Jr/Sr High School†	The Public Health Foundation of Columbia County
	Lewis and Clark Elementary School†	The Public Health Foundation of Columbia County
	Vernonia K-12	The Public Health Foundation of Columbia County
Coos	Marshfield High School†	Waterfall Community Health Center*
Crook	Pioneer High School†	Mosaic Medical*
Curry	Brookings Harbor High School	Curry Community Health
Deschutes	Bend Senior High School	Mosaic Medical*
	Ensworth Elementary School	Mosaic Medical*
	LaPine K-12 School†	La Pine Community Health Centers*
	M.A Lynch Elementary School	Mosaic Medical*
	Redmond High School	Mosaic Medical*
	Sisters High School	St. Charles Health System
Douglas	Roseburg High School	Umpqua Community Health Center*
Grant	Grant Union High School	Grant County Health Department
Hood River	Hood River Valley High School	One Community Health*
Jackson	Ashland High School†	Rogue Community Health*
	Butte Falls Charter School†	Rogue Community Health*
	Crater High School†	La Clinica*
	Eagle Point High School†	Rogue Community Health *
	Hanby Middle School	La Clinica*
	Jackson Elementary School†	La Clinica*
	Jewett Elementary School†	La Clinica*
	Oak Grove Elementary School†	La Clinica*
	Phoenix Elementary School†	La Clinica*
	Scenic Middle School†	La Clinica*
	Table Rock Elementary School	Rogue Community Health*
	Washington Elementary†	La Clinica*
	White Mountain Middle School	Rogue Community Health*
Jefferson	Madras High School	Mosaic Medical*
Josephine	Evergreen Elementary School†	Siskiyou Community Health Center*
	Illinois Valley High School†	Siskiyou Community Health Center*
	Lorna Byrne Middle School†	Siskiyou Community Health Center*
Klamath	Gilchrist School†	La Pine Community Health Centers*
Lane	Cascade Middle School	Bethel Health Center/PeaceHealth Medical Group
	Churchill High School	PeaceHealth Medical Group
	North Eugene High School	PeaceHealth Medical Group
	Springfield High School†	Lane Community Health Center*
Lincoln	Newport High School	Lincoln County Health & Human Services*
	Taft High 7-12	Lincoln County Health & Human Services*

	Toledo Jr/Sr High School	Lincoln County Health & Human Services*
	Waldport High School	Lincoln County Health & Human Services*
Morrow	Ione Community Charter School	Morrow County Health District
Multnomah	Benson High School	OHSU Family Medicine Richmond*
	Centennial High School†	Multnomah County Health Department*
	Cesar Chavez School†	Multnomah County Health Department*
	Cleveland High School†	Multnomah County Health Department*
	David Douglas High School†	Multnomah County Health Department*
	Franklin High School†	Multnomah County Health Department*
	George Middle School†	Multnomah County Health Department*
	Jefferson High School†	Multnomah County Health Department*
	Madison High School†	Multnomah County Health Department*
	Parkrose High School†	Multnomah County Health Department*
Roosevelt High School†	Multnomah County Health Department*	
Polk	Central High School†	Salem Health
Umatilla	Pendleton High School	Columbia River Health*
	Sunridge Middle School	Columbia River Health*
Union	La Grande High School	Union County Center for Human Development, Inc.
	Union School District	Union County Center for Human Development, Inc.
Washington	Beaverton High School	Virginia Garcia Memorial Health Center*
	Century High School	Virginia Garcia Memorial Health Center*
	Forest Grove High School	Virginia Garcia Memorial Health Center*
	Merlo Station High School	Neighborhood Health Center*
	Tigard High School	Virginia Garcia Memorial Health Center*
	Tualatin High School	Virginia Garcia Memorial Health Center*
Wheeler	Mitchell School	Asher Community Health Center*
Yamhill	Willamina High School†	Virginia Garcia Memorial Health Center*
	Yamhill Carlton High School	Yamhill Carlton School-Based Health Center

\*Indicates School-Based Health Center is a federally qualified health center site.

†Recognized by the state as a Patient-Centered Primary Care Home



# OREGON SCHOOL-BASED HEALTH CENTER MAP

**WASHINGTON COUNTY**

Beaverton HS  
Century HS  
Forest Grove HS  
Merlo Station HS  
Tigard HS  
Tualatin HS

**YAMHILL COUNTY**

Willamina HS  
Yamhill Carlton HS

**POLK COUNTY**

Central HS

**LINCOLN COUNTY**

Newport HS  
Taft High 7-12  
Toledo JR/SR HS  
Waldport HS

**BENTON COUNTY**

Lincoln ES  
Monroe ES/MS

**LANE COUNTY**

Cascade MS  
Churchill HS  
N. Eugene HS  
Springfield HS

**COOS COUNTY**

Marshfield HS

**DOUGLAS COUNTY**

Roseburg HS

**CURRY COUNTY**

Brookings-Harbor HS

**COLUMBIA COUNTY**

Clatskanie MS/HS  
Lewis & Clark ES  
Rainier JR/SR High  
Vernonia K-12

**MULTNOMAH COUNTY**

Benson Polytechnic HS	Centennial HS	César Chávez K-8	Cleveland HS
David Douglas HS	Franklin HS	George MS	Jefferson HS
Madison HS	Parkrose HS	Roosevelt HS	

**CLACKAMAS COUNTY**

Estacada HS	Milwaukie HS
Oregon City HS	Rex Putnam HS
Sandy HS	

**HOOD RIVER COUNTY**

Hood River Valley HS

**MORROW COUNTY**

Ione Community Charter

**UMATILLA COUNTY**

Pendleton HS  
Sunridge MS

**UNION COUNTY**

La Grande HS  
Union SD

**BAKER COUNTY**

Baker HS

**WHEELER COUNTY**

Mitchell School

**GRANT COUNTY**

Grant Union HS

**JEFFERSON COUNTY**

Madras HS

**CROOK COUNTY**

Pioneer HS

**DESCHUTES COUNTY**

Bend HS  
Ensworth ES  
La Pine K-12  
M.A. Lynch ES  
Redmond HS  
Sisters HS

**JOSEPHINE COUNTY**

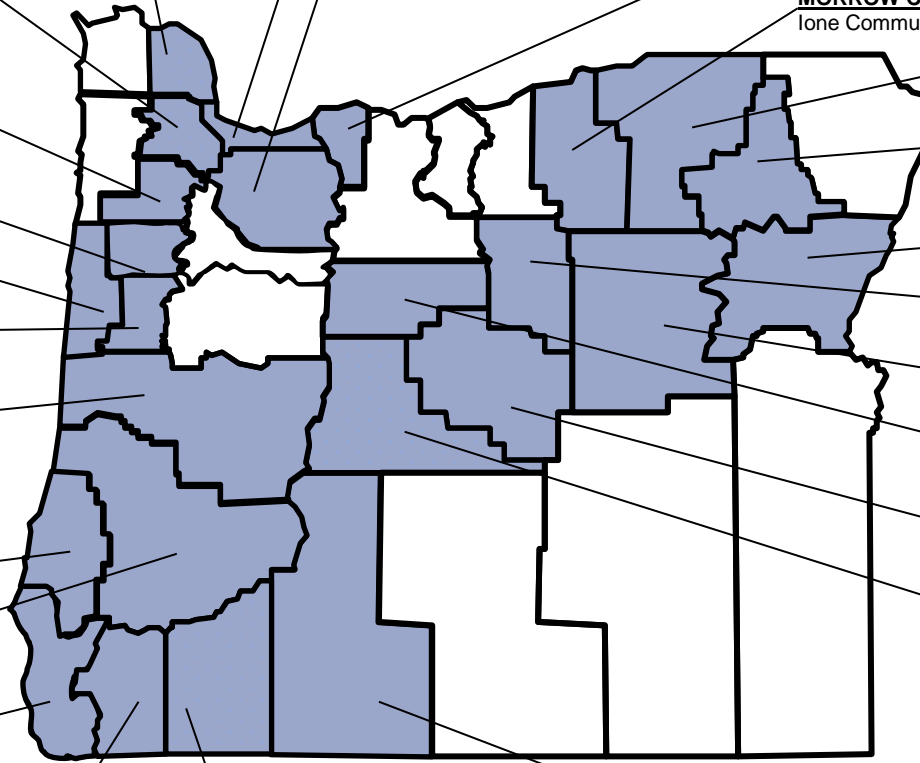
Illinois Valley HS  
Lorna Byrne MS  
Evergreen ES

**JACKSON COUNTY**

Ashland HS	Butte Falls Charter
Crater HS	Eagle Point HS
Hanby MS	Jackson ES
Jewett ES	Oak Grove ES
Phoenix ES	Scenic MS
Table Rock ES	Washington ES
White Mountain MS	

**KLAMATH COUNTY**

Gilchrist School



As of July 2018

**Certified SBHCs = 76**

Counties with certified SBHCs



PUBLIC HEALTH DIVISION  
School-Based Health Center Program

**OREGON PUBLIC HEALTH DIVISION**  
**Office of the State Public Health Director – 2017 Programs from ORG charts**  
**Lillian Shirley BSN, MPH, MPA**

**Center for Prevention & Health Promotion Programs**

- Adolescent, Genetics & Reproductive Health
  - Adolescent & School Health
  - Reproductive Health
  - ScreenWise
- Maternal & Child Health
  - Home Visiting/Early Childhood/MIECHV
  - Informatics
  - Oral Health
  - Title V
  - Early Hearing Detection and Intervention
  - Assessment & Evaluation
- Nutrition and Health Screening (WIC)
  - Data Services
  - Nutrition & Local Services
  - Evaluation
  - Business & Administration Services
- Health Promotion & Chronic Disease Prevention
  - Surveillance, Evaluations and Cancer Data
  - Health Promotion Programs
    - Community Programs
    - Arthritis Program
    - Diabetes Program
    - Cancer Registry
    - Asthma Program
    - Screening & Early Detection
    - Heart Disease and Stroke Prevention Program
    - Tobacco Program
    - SNMAR program (tobacco purchases)
  - Chronic Disease Programs
  - Operations and Communications
- Injury & Violence Prevention
  - Core Injury Surveillance and Policy
  - Youth Suicide Prevention

**Center for Health Protection Programs**

- Drinking Water Services
  - Data Management, Compliance and Enforcement
  - Protection, Planning and Certification
  - Technical Services
- Environmental Public Health
  - Regulation Unit
  - Assessment Unit
  - Surveillance Unit
- Health Licensing Office
  - Administrative & Fiscal Svcs.
  - Licensing Division
- Regulatory Operations Division
- Healthcare Regulation and Quality Improvement
  - Health Facility Licensing & Certification
  - EMS/Trauma
- Oregon Medical Marijuana Program
  - Analysis
  - Compliance
  - Law Enforcement
  - Case Processing
- Radiation Protection Services
  - ER/Field Operations
  - Preparedness/Licensing

**Center for Public Health Practice Programs**

- Acute and Communicable Disease Prevention
  - PSET
  - MED EPI
  - HAI/EPI
  - ORPHEUS
  - Foodborne
  - ELC PI
- Center for Health Statistics
  - Certification
  - Amendment
  - Registration
  - Vital Statistics/OVERS
- HIV, STD and TB
  - HIV/STD Prevention & TB Program
  - HIV Care & Treatment
  - HIV Surveillance
- Health Security Preparedness & Response
  - Policy & Equity
  - Planning Training & Grants
  - Operations
- Immunization
  - Policy and Outreach
  - Training/Customer Service
  - IIS Operations
  - Data and Analysis
  - Preparedness/VPD
  - Health Education Services
  - Compliance
  - VFC Operations
  - Clinical and School Support Services

**Center for Public Health Practice Programs (Cont.)**

- Oregon State Public Health Laboratory
    - General Microbiology
    - Laboratory Compliance
      - Clia
      - Orelap
  - Laboratory Operations
  - Newborn Screening
  - Virology/Immunology
  - Client Services
  - Quality Management
- Office of the State Public Health Director Programs**
- Public Health Officer
    - PDES
    - IRB
    - Science and Evaluation
  - Policy and Partnerships
    - Rules Coordinator
    - Health Systems Transformation
    - Modernization
  - Program Operations
    - Workforce Development
    - PH Accreditation and Accountability
    - Video Producer
    - Web Team
    - Safety Coordinator
    - Travel Coordinator
  - Fiscal and Business Operations