Secretary of State

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority- Public Health Division

333

Agency and Division

Administrative Rules Chapter Number

Update the School-Based Health Center (SBHC) certification process and requirements

Rule Caption

In the Matter of: Permanently adopting and amending administrative rules in chapter 333, division 28 pertaining to School-Based Health Center (SBHC) certification requirements.

Statutory Authority: ORS 413.223

Other Authority:

Stats. Implemented: ORS 413.223, 413.225

Need for the Rule(s):

The School-Based Health Center (SBHC) Program supports communities to promote the health and well-being of school-age populations through evidence-based best practice within a public health framework. These rules (OAR 333-028-0220 through 333-028-0260) outline the procedure and criteria the Oregon Health Authority (OHA) shall use to certify, suspend and decertify SBHCs. Certification of a SBHC by the SBHC state program is voluntary; a SBHC is free to choose not to participate in certification and still operate. Only certified SBHCs are eligible for funding from the OHA.

Requirements for certified SBHCs are currently outlined in the SBHC Standards for Certification, Version 4 (2017). Beginning in 2022, the SBHC Program convened youth, SBHC staff, partner agencies, and community members in a multi-year modernization process to reexamine the Standards for Certification, Version 4. This extensive engagement process functioned to (1) identify and address any areas in need of clarification; (2) update sections to align with current best practice: and (3) continue to adapt the Standards for Certification to support operations and advance quality healthcare in a school setting. The engagement process produced a revised Standards for Certification, Version 5, which will go into effect July 1, 2026. The SBHC rules (OAR 333-028-0220 through 333-028-0260) need to be revised alongside the implementation of the new Standards structure and content.

Documents Relied Upon, and where they are available:

- SBHC Standards for Certification, Version 4 (2017):
 https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/SCH OOLBASEDHEALTHCENTERS/Documents/SBHC% 20Certification/SBHCstandardsforcertification/V4.pdf
- 2. 2022 SBHC Literature Review and Background Research documents: available by contacting publichealth.rules@odhsoha.oregon.gov.
- 3. 2022-2023 Internal OHA SBHC Standards for Certification Review Workgroup meeting documents: available by contacting publichealth.rules@odhsoha.oregon.gov.
- 4. 2023 SBHC Youth Listening Session meeting documents: available by contacting publichealth.rules@odhsoha.oregon.gov.

- 5. 2023-2024 SBHC Standards for Certification Review Workgroup meeting documents: available by contacting publichealth.rules@odhsoha.oregon.gov.
- 6. 2024 SBHC Partner Advisory Committee meeting documents: available by contacting publichealth.rules@odhsoha.oregon.gov.
- 7. 2024 SBHC Listening Session meeting documents: available by contacting publichealth.rules@odhsoha.oregon.gov.
- 8. 2024-2025 SBHC Site Visit Workgroup meeting documents: available by contacting publichealth.rules@odhsoha.oregon.gov.
- 9. 2025 SBHC Behavioral Health Agency interview documents: available by contacting publichealth.rules@odhsoha.oregon.gov.

Statement Identifying How Adoption of Rule(s) Will Affect Racial Equity in This State:

Among other health disparities, Oregon youth are facing unprecedented levels of poor mental and behavioral health, and existing programs and systems are struggling to meet their needs. These challenges are not experienced equally. Students who experience disabilities, those from rural communities, and youth who identify as BIPOC and LGBTQIA+ disproportionately report higher levels of depression and unmet health needs.

SBHCs serve as trusted and accessible safety net health care providers that are uniquely positioned to respond to the ongoing and emerging needs of school-aged youth, specifically those most affected by health inequities. As of July 1, 2024, 66% of certified SBHCs are located in primary care health provider shortage areas (HPSAs). During the 2023-2024 service year, 71% of SBHC clients were school-aged youth. During this time, 40% of SBHC school-aged clients identified as youth of color and SBHC school-aged clients reported speaking 80 different languages. In the 2023-2024 service year, Medicaid was the payment source for 61% of school-aged clients at the first visit.

Beginning in 2022, the SBHC Program convened youth, SBHC staff, partner agencies, and community members across Oregon in a multi-year modernization process to examine and rewrite program requirements. Robust engagement activities included surveys, workgroups, interviews, listening sessions, and advisory committees. This extensive engagement process functioned to (1) identify and address any areas in need of clarification; (2) update sections to align with current best practice: and (3) continue to adapt the Standards for Certification to support operations and advance quality healthcare in a school setting. Certified SBHCs were notified of the proposed changes in September of 2024 to support a two-year onramp to complying with the new requirements by the proposed effective date of July 1, 2026. To support awareness and implementation of the revised rules and Standards for Certification, the SBHC Program has and continues to conduct meetings, webinars, trainings and specialized technical assistance for certified SBHCs and partners. In addition, the Adolescent and School Health Youth Advisory Committee SBHC Subcommittee will continue to provide support and feedback on SBHC Program operations.

The adoption of these rules will have positive equity impact because it will increase engagement with communities most impacted by health inequities. All state certified SBHCs will be required to engage youth and families – especially those from communities most impacted by health inequities - in SBHC operational decisions; strengthen partnerships with schools, families, and community-based organizations, including culturally specific and responsive community service providers; use qualified health care interpreters; offer developmentally appropriate care that honors individual gender experience; provide staff training on health equity-related topics; and screen for social determinates of health and support youth/families in navigating available resources. Further, the new Standards require all state certified SBHCs to provide behavioral health services onsite, a requirement that was adopted following feedback from young people about the importance of access to behavioral health care.

Fiscal and Economic Impact:

No economic impact on state agencies or individual members of the public is expected. Entities receive OHA SBHC Program funding according to the rules outlined in OAR 333-028-0260. Becoming a state certified SBHC is entirely voluntary; any entity can operate a school-based clinic independently without being certified. No changes have been proposed to the rules regarding OHA SBHC Program funding.

The 2025 Oregon Legislature allocated an additional \$6 million to support SBHC Program operations during the 2025-2027 biennium. A portion of this funding will ensure all state certified SBHCs receive grants to support behavioral health service provision onsite at their clinics. Additional funding will be used to increase base operating grants to support state certified SBHCs to come into compliance with the revised SBHC Standards for Certification, Version 5.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): These rules do not have a direct cost of compliance on any other state agency or the public. Most currently certified SBHCs already meet the requirements outlined in the Standards for Certification, Version 5. We therefore anticipate minimal impact on most certified SBHCs. A small number of SBHCs may have a cost of compliance if they are operating an existing clinic that needs to make changes to come into compliance. However, we are unable to estimate the cost of meeting the updated Standards because it is dependent on the existing clinic's infrastructure and clinic model. Changes to the Standards were announced in Fall 2024, giving certified SBHCs two school years to bring their SBHCs into compliance, if needed, before Version 5 goes into effect.

A small number of SBHCs may be impacted by a new requirement for SBHCs located on high school and combined grade campuses to dispense contraceptives and condoms. SBHCs located at an elementary school or middle school (including K-8s) may continue to provide these services by referral. The SBHC Program estimates that 13 SBHCs out of 89 currently certified SBHCs may be impacted by these changes. Anticipated costs for these SBHCs could include staff time for community engagement and purchasing of supplies. The SBHC Program has contracted with Advocates for Youth, a national nonprofit that works with youth and adult allies to champion youth rights to bodily autonomy, to help offset some costs to impacted SBHCs by supporting community outreach and engagement efforts.

- 2. Cost of compliance effect on small business (ORS 183.336): ORS 183.310(10) defines small business as "a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated from all other businesses, and which has 50 or fewer employees."
- a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

There are no SBHCs that are operated by small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

No SBHCs are operated by small businesses and therefore there are no projected reporting, recordkeeping and other administrative activities required for compliance of small businesses.

c. Equipment, supplies, labor and increased administration required for compliance: No SBHCs are operated by small businesses and therefore there are no projected equipment, supplies, labor and increased administration required for compliance of small businesses.

How were small businesses involved in the development of this rule?

No SBHCs are operated by small businesses and therefore no small businesses were involved in the development of this rule.

Administrative Rule Advisory Committee consulted? Yes

If not, why?: N/A

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