Board of Commissioners
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MINUTES

BENTON COUNTY BOARD OF COMMISSIONERS' MEETING
Health Administration and Community Health Centers Director

August 7, 2025
9:00 a.m. – 11:00 a.m.

Present: Sam Bailey – *Health Department Administrative Specialist*, Patricia Conklin – *Community Health Center Department Administrative Specialist*, Shelly Heilweil – *Behaviorist*, April Holland – *Health Department Director*, Pat Malone – *Commissioner*, Rachel McEneny *Benton County Administrator*, Lacey Mollel – *Community Health Center Director*, Gabe Shepard - *Commissioner*, Jasper Smith – *Developmental Diversity Division Manager*, Anne Thwaits – *Public Information Officer*, and Nancy Wyse – *Commissioner*

Excused: None

The meeting was called to order at 9:03 a.m.

1. Approval of Minutes for October 3, 2024, January 22, 2025, and April 21, 2025

   Wyse called for a motion to approve the minutes from October 3, 2024, January 22, 2025, and April 21, 2025. Malone moved to approve the minutes; Shepherd seconded the motion. The motion carried.

2. Health Department Update and Celebrations

   April Holland provided the Health Department update, highlighting developments across programs since the last meeting:

   Facility Openings
   Barbara Ross Building: The Grand opening was celebrated in late April. The building houses Children and Family programs in a welcoming, family-friendly space.
   Crisis Center: Ribbon-cutting and grand-opening events were held in June; the center is now operational.

   Behavioral Health and Crisis Center Operations
   Behavioral Health (BH) is updating its service rates to ensure reimbursement levels reflect current costs and has retained an agency to conduct a complete assessment. Once rates have been modernized, BH will be in a stronger position to receive better

reimbursement for the services we provide. Discussions with InterCommunity Health Network (IHN) about operational funding for the Crisis Center and its programming are ongoing.

Homeless Response and Housing
Flexible Housing Subsidy Pool exceeded its goal by housing 53 households (over 100 individuals). Coordinated efforts are underway to close sheltering gaps and align contracts with state and city partners.

Training and Equity Efforts
Courageous Conversations equity training was completed, and included multiple sessions, feedback opportunities, and one-on-one guidance to embed equity practices in daily operations.

Communications Plan
The Healthy Communities team is developing a department-wide communications plan to engage internal and external partners, with training planned over the biennium to broaden communications capacity.

Behavioral Health Funding Changes
Behavioral Health is facing changes to the state's agreement. Previously, funding was tied to specific service elements, but the state is shifting to broader program domains, as outlined by the Oregon Health Authority (OHA). The primary concern is whether counties will be required to provide services even when adequate funding is not available.
To allow time for discussion and planning, OHA has extended the current agreement for six months. During this period, counties must develop plans and budgets based on the new domains, even though the points of contention remain unresolved.

- County Advocacy: the Association of Oregon Counties (AOC) is leading negotiations on behalf of counties. 30 of the 32 affected counties are holding off on signing a new agreement until there is more clarity around funding and service requirements.
- Behavioral Health staff will continue planning under the extension while awaiting further guidance from AOC and the state. The hope is to have agreements ready for implementation once a resolution is reached.

Public Health Reaccreditation
The Public Health Reaccreditation is underway, and a virtual site visit has been scheduled. The commissioners will participate in exit interviews as part of the process.

3. Community Health Centers Update and Celebrations

National Health Center Week
Mollel expressed appreciation for the proclamation recognizing National Health Center Week on August 5, 2025. The Community Health Center (CHC) was grateful to have Grace Robinson, CHC Board Secretary, attend and read the proclamation at the Board of Commissioners meeting.

National Health Center Week is celebrating its 60th year nationwide from August 3–9, 2025. Community Outreach Activities in August include:

- Participation at farmers' markets in Benton and Linn Counties.
- Sports Physical clinics at the school-based health centers, and
- Presence at the Sweet Home Community Health Fair earlier in the month.

Health Resources and Services Administration (HRSA) Operational Site Visit (OSV):
The CHC HRSA OSV is scheduled for September 9–11, 2025. Auditors, including three consultants and a HRSA representative, will be on site for this review. This will be the first on-site visit under the new federal administration. Preparations for the visit have been thorough. Commissioner Shepherd has been invited to attend the Board of Directors lunch with the site auditors and the exit conference as the board liaison.

Staffing Updates:

- Primary Care Division Director: Christine Mosbaugh has been appointed as the interim Primary Care Division Director (work-out-of-class) effective August 2025. This role was formerly titled Deputy Director of Clinical Operations. Recruitment for a permanent replacement is underway.
- Health Finance Officer: Ahmed Zibare, the former Health Finance Officer, went on leave in March and resigned in June. Debbie Sessions stepped in during his leave and is currently serving as the Health Finance Officer. Recruitment for a permanent replacement is in progress. The Board of Commissioners acknowledged Sessions for her leadership, problem-solving, and extensive support, particularly her deep engagement in Health Center finance.
- Dental Services: Dr. Tara Bawel joined the CHC in June as a new dentist. She comes from community dentistry in the Midwest and most recently worked in Lebanon. Her experience and dedication to community health services were highlighted as a valuable addition to the team.

Patient-Centered Primary Care Home (PCPCH) Attestation and Health Equity Designation:
The CHC recently completed the 2025 Patient-Centered Primary Care Home (PCPCH) attestation. Oregon's process, modeled by OHA, is more rigorous than the national standard. This year's attestation included new criteria, expanding from a

120-point system to a 325-point system, requiring extensive documentation and verification across all clinics. The CHC's managers and administrative staff played a key role in ensuring a successful submission.

- Tier 5 Achievement:
  - Tier 5 is awarded based on coordinated care, case management, and interdisciplinary team engagement, including providers, medical assistants, nurses, behavioral health staff, and health navigators, ensuring comprehensive patient-centered care.
  - Benton and Lincoln Health Centers have maintained Tier 5 status, the highest level of reimbursement.
  - Monroe and East Linn Health Centers achieved Tier 5 status this year, reflecting the focus and hard work of site managers and care teams. East Linn Health Center completed a virtual attestation process.
  - Sweet Home Health Center is expected to achieve Tier 5 in the next attestation cycle after resolving provider continuity issues.

- Health Equity Designation:
  - Benton and Lincoln Health Centers were awarded the new Health Equity Designation for 2025.
  - This designation requires meeting 20 criteria focused on access, inclusivity, language and communication, culturally responsive care, data-driven equity measures, and partnership with community and state Coordinated Care Organizations (CCOs). The CHC team's efforts demonstrate an ongoing commitment to high-quality, patient-centered, and equitable care across all clinics.

Monroe Health Center Update:
The CHC has selected an architectural firm for the new Monroe Health Center. The selection included a Request for Proposals process where three firms submitted bids, including the team that worked on the 2019 Health Services Building remodel, the team behind the Crisis Center, and Clark Kjos, a firm new to the CHC, with extensive experience in rural health centers and school-based health centers across Oregon and Washington.

Clark Kjos was selected due to their strong understanding of community health center operations and the environment in which services are provided. Staff are excited to move forward with the project. Planning and next steps are underway.

A funding gap of approximately $750,000 remains for the Monroe Health Center project. Discussions are ongoing regarding potential federal funding, including a request submitted through Senator Merkley's office. Additionally, CHC staff are exploring capital funding options with IHN. Despite the gap, the CHC is in a strong position to fund the project internally if needed. The total project cost is approximately $3 million.

Perspective Payment System (PPS) Financial Update:
The CHC received the final approval letter from the state for its new PPS rate, a process that has taken 18 months. The fiscal year ended with a positive balance for the first time in nearly a decade. Although the books are not yet fully closed, this result reflects the hard work of staff and positions the CHC well for the upcoming year and the uncertainties of the next biennium.

4. Federal Landscape

The "One Big, Beautiful Bill" (OBBBA / HR 1) became law on July 4, 2025. Guidance from federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the Health & Human Services (HHS), is still forthcoming to clarify implementation details.

Key points include:

- Medicare and Medicaid Impact: Most of the bill focuses on reductions to Medicare and introduces new eligibility requirements for Medicaid.
- Non-U.S. Citizen Eligibility: The bill includes new limitations for non-U.S. citizens accessing Medicaid.
- State Funding Flexibility: There are new restrictions on how states can use provider taxes to fund the non-federal share of Medicaid services. Some potential penalties, such as those affecting states that provide health care to undocumented individuals, were removed due to last-minute advocacy, representing a positive outcome for states.

OHA recently hosted its first stakeholder meeting regarding the implementation of federal legislation and the anticipated implications for the state. The discussion focused on timelines for rollout and immediate impacts within the current plan year, highlighting key areas of concern for health care delivery and social services.

Significant topics include gender-affirming care, which is not recognized as an essential health benefit under the new federal law. The state is evaluating whether to fund these services outside of federal Medicaid dollars. Premium tax credits and Affordable Care Act enrollment have also been affected: the special enrollment period for individuals at or below 150% of the federal poverty level (FPL) has been shortened, with mandatory shortened enrollment periods beginning in 2027.

Changes to Supplemental Nutrition Assistance Program (SNAP) benefits and work requirements were highlighted:

- Able-bodied adults without dependents must confirm they are working, studying, or actively looking for work for at least 20 hours each week to stay eligible. OHA plans to phase in these requirements starting in August 2025 in select counties.

- States will be required to cover 75% of administrative costs for SNAP starting in 2026, up from the current 50%.

Medicaid funding reductions are anticipated to be substantial:

- Emergency Medicaid reimbursement for non-eligible populations will be limited beginning in 2026.
- Total state Medicaid funding is projected to decrease by approximately $10 billion over two years due to provider tax limits, reductions in state-directed payments, and other factors.
- Work requirements for Medicaid expansion populations are expected to take effect in 2027 unless a waiver is approved; Oregon's existing 1115 waiver will remain in effect until September 2027, allowing automatic enrollment and avoiding the six-month redetermination.

Additional federal and state impacts include:

- Deferred Action for Childhood Arrivals (DACA) recipients are no longer eligible for marketplace or Oregon Health Plan (OHP) Bridge programs as of August 25, 2025.
- Home equity caps for long-term care will be limited to $1 million starting in 2028.
- Cost-sharing (copays) for Medicaid begins in 2028, though services at community health centers remain exempt.

Overall, while the legislation introduces significant challenges for Medicaid, SNAP, and other programs, Oregon is actively planning waivers and implementation strategies to mitigate the most immediate impacts.

Federal Public Benefits & Grant Terms Updates (2029 and Beyond)

Looking ahead to 2029, several federal changes are expected to affect Medicaid eligibility and grant administration:

- Federal Medicaid Systems: A new system will verify individuals enrolled in multiple state Medicaid programs, and penalties will apply for erroneous or excess payments. States must maintain billing and reimbursement accuracy below 10% to avoid reductions in federal funding (the current rate is ~14%).
- Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) / Welfare Reform (1996): Defines eligibility for federal public benefits, including Medicaid, SNAP, Children's Health Insurance Program (CHIP), and housing assistance. qualified aliens are eligible, while non-qualified individuals include undocumented immigrants, DACA recipients, Temporary Protected Status (TPS) holders, and certain visa holders (H-1B, H-2A, student visas).
- Federal Public Benefit Definition Changes: Programs previously excluded, like community health centers, Head Start, and U.S. Department of Agriculture (USDA) grants, may now be considered public benefits. A public comment period ends August 13, 2025, and legal challenges and temporary injunctions are ongoing.

- Federal Grant Terms & Conditions**:** Updates to Uniform Guidance (2 CFR Part 200) emphasize compliance with program goals, potential award termination, adherence to the False Claims Act, and civil rights compliance under OCR. Religious or conscience rights, including gender-affirming care, are under active federal monitoring.

HRSA Grants and Terms Updates

Gender-Affirming Care & Title IX

- A new term references "not promoting gender ideology," tied specifically to Title IX obligations. The CHC is not a teaching health center and is therefore not subject to this restriction.
- Current operations for gender-affirming care continue under Oregon's temporary injunction, though reimbursement may be uncertain.

Diversity, Equity, and Inclusion (DEI) Requirements

- HRSA issued updated guidance referencing the HHS Grants Policy Statement (April 16), requiring grant recipients to attest they are not participating in certain DEI activities. A July 25 update redacted or deleted significant language, creating uncertainty about enforcement.
- Benton County and other Oregon CHCs are monitoring carefully and preparing for potential implications.

Federal Executive Orders and Policy Changes

Executive Order (EO) on Homelessness and Mental Health (July 24)

- The EO focuses on addressing "crime and disorder on American streets" and emphasizes civil commitment for homeless individuals with substance use or mental health conditions.
- Potential conflicts with housing-first and harm-reduction approaches.
- No formal policy or implementation guidance yet; legal implications are pending.

Rural Health Transformation Program

- Provides $50 billion over five years for new rural health initiatives, including community health centers and Indian Health Services.
- States must submit a work plan to CMS by December 31.
- Funding distribution and CMS administrator discretion remain under discussion.
- Data-sharing agreements between CMS and U.S. Immigration and Customs Enforcement (ICE) raise privacy concerns; Oregon is involved in litigation to protect Medicaid recipients' personal information.

Preventive Services & U.S. Preventive Services Task Force (USPSTF) Updates

- The Affordable Care Act (ACA) required preventive services to remain covered without a copay. Recent USPSTF meeting cancellations and reappointments

could change definitions of covered preventive services, impacting annual wellness visits, mammograms, colonoscopies, etc.

Operational Takeaways

- Federal and state guidance is rapidly evolving; proactive monitoring and preparation are essential.
- Benton County is leveraging national networks and technical assistance to respond effectively.
- Coordination and interpretation at the federal level are more advanced than state-level guidance, highlighting the importance of continuous engagement with HRSA, HHS, and CMS.
- Key areas to watch: Medicaid work requirements, public benefits eligibility, DEI attestation enforcement, and rural health transformation fund allocations.

Coordination, Advocacy, and Communication

- Benton County Health Services, Oregon Primary Care Association, and other CHCs are sharing information with OHA while awaiting federal guidance.
- State partners are aligned with information but lack structured networks, creating challenges for timely responses.
- Leadership is actively collecting, organizing, and sharing information to ensure staff have a baseline understanding.

Mollel has scheduled one-on-one meetings with commissioners to discuss new guidelines.

5. Adjournment

The meeting was adjourned at 12:32 p.m.

Nancy Wyse, Chair

Pat Malone, Commissioner

Gabe Shepherd, Commissioner