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Colt Gill

Deputy Superintendent of Public Instruction

HB 2591 & -1 Amendment - School-Based Health Center Grants

House Health Care Committee

March 25, 2021

Chair Prusak, Vice-Chairs Salinas and Hayden, and members of the committee, I am Nicole Peterson, Legislative Coordinator for the Oregon Department Education (ODE). Thank you for the opportunity to submit additional information for HB 2591 and the -1 amendment for your review. ODE has no position on this bill.

Issue:

HB 2591 seeks to remedy the problem that many students lack access to consistent sources of high-quality health care. School-based health centers (SBHCs) address this challenge through the provision of primary care, mental health care, and other health services. A mobile SBHC may allow for service to a greater number of students across geographical areas.

This proposal also attempts to address a shortage of health service/mental health personnel in the school setting that persists alongside a parallel increase in student need for health services. In addition, the current pandemic saw a rapid shift to distance learning, which put telehealth at the forefront as a means of providing required school health services remotely.

It must be noted in this discussion:

- Telehealth has been underutilized in Oregon schools and is presented as a solution because it may increase access for students and provide flexibility for staffing licensed school health providers, reduce travel costs and time, and increase efficiency by allowing licensed staff to provide services from one central location.
- Oregon School districts experience significant shortages of licensed health providers (see: [Oregon School Nurse Report](#) and [2020 Report to Oregon Legislature on SB 111 School Medicaid Pilot Project.](#))

Equity Impact:

School-based health centers are public health primary care clinics that are located in a school building or on a school campus. They diagnose and treat acute and chronic illnesses and injuries. Other services may include: prescriptions, immunizations, well-child checks and sports

physicals, as well as health screenings, age appropriate reproductive health services, and promotion of healthy behaviors.

SBHCs are staffed by licensed health care providers, which may include physicians, nurse practitioners, physician assistants, nurses, mental health professionals, and health assistants. SBHCs collaborate with parents, youth advisory councils, local providers and community partners to provide health services that benefit students and the school community. Students and their parents appreciate missing less class time for health care needs. SBHCs bring youth-centered medical care to the school so school nurses and staff can refer students quickly for the care they need, regardless of their ability to pay. Allowing SBHC to be “mobile” may increase access to SBHC (primary care) services to underserved student populations.

The expansion of access to SBHC services through telehealth may improve access to health services for communities of color, those who are navigating poverty and/or experiencing homelessness, rural Oregonians, and other underrepresented communities who have limited access to health care. In addition, increased telehealth capacity for rural districts will increase access to a larger pool of providers than currently exists in many communities.

Additionally, having health services available in school-based settings that are attuned to racial inequities and can respond to the historical harm on BIPOC communities in the healthcare field can help build trusting relationships with communities. Decreasing barriers to school and community health services that are student-centered and trauma-informed, via telehealth, will promote equity and justice.

Additional Considerations:

- This proposal focuses on ***school-based health services***. Due to the inclusion of the term “school nurse,” this may imply that school districts will see an increase in the provision of ***school health services***. The two terms are not interchangeable. HB 2591 may increase the number of SBHCs, and increase their capacity to provide additional services, but may not increase school district capacity to provide school health services.

For many students, health services are required to access their public education. The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 require that school districts provide health services if needed by a student to access their public education. The requirement for school districts to ensure every student access to a Free Appropriate Public Education (FAPE) provides the guarantee that every student can learn regardless of ability or health need. In addition, school staff,

school nurses play a critical role in leading the health promotion, disease prevention, health education, school health policy, health coordination, etc. The health services provided must be at no-cost to parents. FAPE is a school district responsibility. Many school districts struggle to meet federally mandated health services needed by students in order to access their education.

The health services provided by a SBHC are different than those provided by a school district in order for a child to access their education. A nursing service identified on a student's IEP is different from nursing services that the same student would receive at a SBHC.

- The proposal states that the OHA shall establish a process to evaluate at least the following information: (a) Billing practices and reimbursements; (b) Access to health care services; (c) Impact on student absence from schools. The rules governing privacy differ depending on the type of health service being provided. This will also impact the data that may be collected, and sample size could also be an issue. Data provided may not inadvertently identify a student who is receiving health services.

Possible Solution: This proposal may benefit from clearly defining what services will be provided—a school health service (per IDEA, 504, student health plan, prevention, and health education programming) or a community health service (SBHC)—and what that means for the regulations that must be followed (i.e., FERPA, HIPAA) and documentation that must be kept.

- The language indicates that a “School Nurse Model” is a model for providing school-based health services that is in accordance with guidance from the OHA addressing adolescent health. This wording implies that there is a defined “School Nurse Model;” however, there is not at this time. The wording also references only adolescent health. School nurses, defined at ORS 342.455, provide school health services to all ages of students.

Possible Solution: Create a definition or potentially remove “School Nurse Model” from the drafted language.

- This bill contains a requirement that a school nurse participate in the telehealth pilot. *“(A) The school-based health center is the distant site that provides telehealth in conjunction with a school nurse located at the originating site; and...”* Unfortunately, not

all districts have a school nurse or capacity to add duties to existing FTE. Additional nurses are already needed in our schools to meet required ratios and student needs. It is important to acknowledge the unmet needs that persist in our system.

Current language indicates that the SBHC is the distant site, which means that it is the site that will be providing services. The school nurse will be located at the originating site with the student receiving the service. This may be incompatible. Medical staff at the SBHC will be providing a variety of telehealth services. This does not necessitate a school nurse being present with the child. This is further complicated by the fact that many school districts are still in comprehensive distance learning providing distance learning, and students may be participating from home. Provision of telehealth services has increased significantly during the COVID pandemic and are often provided without a nurse present.

Possible Solution: Remove the requirement that a school nurse participate or expand the list of district staff who may coordinate telehealth services. Note, any requirement related to district staff being present at the originating site may complicate and prevent service provision. This is especially true for students who may be receiving services via telehealth in their home or another non-district location.

- Two of the pilot projects require access to a mobile or fixed SBHC. The vast majority of school districts do not have a SBHC and their students are unable to access these services. At the same time, the majority of districts do not have the required school health service capacity. As such, it may improve the proposal to include opportunity to fund models that increase capacity for school health services rather than implementing a new SBHC.

Possible Solution:

- Clarify the mobile SBHC service requirements and limitations in relation to provided services to students from multiple districts.
- Consider expansion of the grant program to include funding for school district health service programs. School districts continue to experience severe shortages of health service providers (Registered Nurses, Speech Language Pathologists, Occupational Therapists, Physical Therapists, Licensed Mental Health Therapists, etc.) in the school setting. These services are often required to be provided by federal and state regulations and are in need of additional support.

- Eligibility for the telehealth pilot grant is narrow. SBHCs are sponsored by unique medical providers and are governed by an individual agreement with each school district that they operate in. As such, there may be inconsistency in areas such as operations, services available, referral options, and policies and procedures. In addition, a third party (SBHC for example) is not needed for a school to utilize telehealth services. School districts can (and do) provide health services to students via telehealth.

Possible Solution: Expand language beyond SBHCs to allow additional entities to be eligible for participation in the telehealth pilot portion of this proposal. Other agencies/entities may include OHSU or other hospitals, an education service district, or a school district itself.

Although ODE does not have a position on this bill, we applaud efforts to expand access to consistent sources of high-quality health care to our students. We thank you for your continued work in this arena, and we are happy to continue to serve as a thought partner in promoting the well-being of students across Oregon.

Thank you,
Nicole Peterson

Legislative Coordinator