

SUBJECT: Requiring school districts to consider minimum health-care standards

COMMITTEE: Public Education — favorable, without amendment

VOTE: 7 ayes — Sadler, Dutton, Dunnam, Hardcastle, Hochberg, Olivo, Smith

0 nays

2 absent — Grusendorf, Oliveira

SENATE VOTE: On final passage, May 2 — 29-0

WITNESSES: For — Lonnie Hollingsworth, Jr., Texas Classroom Teachers Association

Against — None

BACKGROUND: In January 1997, the Texas State Board of Health and the Board of Nurse Examiners met to discuss the quality of health care being provided to children in Texas schools. The health board charged the Texas Department of Health's (TDH) school health program with forming a workgroup to explore school health issues and to report its recommendations.

In April 1999, the health board adopted rules (25 Administrative Code, sec. 37.350) establishing a 16-member School Health Advisory Committee (SHAC) to continue the workgroup's efforts. The SHAC advises the board and TDH on supporting and delivering school health services and establishes recommended procedures and minimum standards for the two types of health-care providers working in the public school system: school nurses (who are not necessarily registered nurses) and school-based clinics. School districts are not required to adopt these procedures and standards.

A school nurse provides basic services such as providing immediate care for injuries, administering doctor-prescribed medicine that must be taken during school hours, and screening for head lice and scoliosis. School nurses do not perform physical exams or write prescriptions. A school-based clinic, similar to a health clinic, is staffed by a doctor or nurse practitioner and provides physical exams, prescriptions, and other general health-care services.

Government Code, ch. 2110 requires state agencies to adopt rules for advisory committees that state the committee's purpose, composition, tasks, and manner of reporting to the agency and establish a review date for the committee to be abolished automatically unless the agency's governing body votes to continue the committee.

DIGEST:

SB 579 would establish the SHAC and its composition in statute. The SHAC would have to include two physicians, two registered nurses or physician assistants, two public school administrators, two members representing entities involved with the health of school-aged children, two mental health professionals with at least a master's degree, and six public members, including parents of school-aged children, at least one of whom would have to be the parent of a child with special health-care needs.

The Board of Health would have to recommend procedures and minimum standards for providing health-care services to school-aged children in public elementary and secondary schools, including identifying appropriate funding mechanisms. At least once each biennium, TDH would have to notify each school district of the availability of these procedures and standards. Each school district's governing body would have to consider implementing the procedures and standards but would not have to implement them.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

**SUPPORTERS
SAY:**

SB 579 would address the current lack of minimum standards for health-care services in Texas' public schools. For example, there is no requirement that public schools hire nurses, nor that student medication be kept in a locked cabinet. In some schools, staff without health-care training are administering doctor-prescribed psychotropic medications (such as antidepressants, Ritalin, and antipsychotics) to children, with no knowledge of proper dosage, possible side effects, or potential interactions with other prescription and over-the-counter medications. This lack of standards and procedures puts Texas school-aged children at risk.

The bill would provide guidance to school districts for dealing with everyday school health concerns and would support school nurses in the valuable role

they play. For example, school nurses assist students with feeding tubes, report suspected child abuse, and give immediate attention to emergencies, such as shop class injuries. Nurses routinely provide emotional support for traumatized or injured schoolchildren and advise parents of children with specific patterns of illness or symptoms to seek further health care. Some school nurses facilitate grief-support groups for children who have lost a family member, and some provide nutrition information and support groups for overweight, anemic, or bulimic students. Many school nurses also serve as community resources, answering parents' questions about where to obtain medical care, how to deal with insurance concerns, and how to obtain health care if families have no insurance. However, school nurses deal with only immediate concerns and are not a substitute for medical care.

SB 579 would help give parents the standards they need to understand their rights and the rights of their children while at school. Statewide nursing organizations field questions and concerns from parents who want to know how to deal with their children's health issues or who are upset that schools are not respecting their wishes. These organizations do not have reliable answers, as there are no recommended minimum standards.

Allowing the SHAC to develop recommended procedures and minimum standards would help public schools ensure that they meet their burden of care under federal law. Federal law requires health-care services for disabled children attending public school.

Establishing the SHAC in statute would recognize the need for an ongoing advisory committee and would lend additional weight and credibility to the SHAC's recommended procedures and minimum standards. It also would make a statement about the state's commitment to high-quality health services for school children.

Neither TDH nor the health board would incur any additional costs, because developing the minimum standards and recommended procedures already is part of TDH's strategic plans and is considered in its appropriations requests. This bill would not create an unfunded mandate.

SB 579 would not erode local control. School districts could opt not to use the procedures and standards, but at least they would have the benefit of

some guidelines in developing their own procedures and standards. The SHAC would not mandate any type of health service, especially any that might be controversial on the local level, such as providing programs related to birth control or teen-aged sexuality.

This bill would save school districts time and money. Districts could choose to adopt the recommended procedures and minimum standards for school health care rather than spend time and money creating their own procedures and standards. School districts would not incur any liability in choosing to adopt or not adopt the guidelines.

**OPPONENTS
SAY:**

SB 579 would erode local control over health clinics in schools. Existing law provides that these decisions should be made by local advisory committees rather than by a statewide panel. SB 579 unnecessarily would duplicate efforts and would raise questions about liability for school districts that did not adopt the statewide standards.

This bill would confuse the mission of public schools. School districts should focus on educating children, not on providing health services. Public school money should be spent on education, not health care. While state-supported health clinics for rural areas with a shortage of health-care professionals may be desirable, public schools are an inappropriate venue for providing these services. While some may argue that sick children cannot learn, sick children should not be subjected to substandard medical care at school but should be sent home. Schools cannot provide the caliber of health care that a child would receive in a doctor's office.

SB 579 would create an additional burden for school districts already overloaded with administrative tasks by requiring that they annually review SHAC recommendations. School districts have other ongoing review obligations, including development of goals and objectives, campus improvement plans, annual performance reports, investment policies, student codes of conduct, elections, budgets, and many others. Administrative overload is one reason why campus and central administrative positions are becoming more and more difficult to fill with qualified candidates.

School-based clinics interfere with parental responsibility, choice, and values. Clinics provide information regarding sexual intercourse, and some

provide birth-control devices and abortion referral services. Public schools should not interfere with the values that responsible parents choose to instill in their children. This bill would force school districts who have chosen to support parental responsibility to review that decision on an annual basis.

OTHER
OPPONENTS
SAY:

The SHAC should include four members from groups or agencies that deal with the health of school children. This was part of the original composition of the SHAC and was meant to encompass a broad spectrum of groups and agencies, such as the Parent Teacher Association or local school boards, not only health professionals.

NOTES:

The House companion bill, HB 1095 by Dutton, failed by 74-70 to pass the House on second reading on March 27. CSHB 1095 is identical to SB 579, except that the Senate bill would include on the advisory committee two mental-health professionals rather than two dentists.