SUBJECT: Requiring school district consideration of minimum health-care standards

COMMITTEE: Public Education — committee substitute recommended

VOTE: 6 ayes — Sadler, Dutton, Dunnam, Hardcastle, Oliveira, Olivo

0 nays

1 present not voting — Smith

2 absent — Grusendorf, Hochberg

WITNESSES: For — Mark Hanna, Texas Association of School Nurses, Texas Nurses Association, Texas Nursing Legislative Coalition; Jacki Shobe, Texas Association of School Nurses

Against — None

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

In April 1999, the Board adopted rules (25 Administrative Code, sec. 37.350) establishing a 16-member School Health Advisory Committee (SHAC) to continue the efforts of the workgroup. The SHAC advises the Board and TDH on support for, and delivery of, school health services.

The SHAC establishes recommended procedures and minimum standards for the two types of health care providers currently working in the public school system: school nurses (who are not necessarily RNs), 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 medicine prescribed a doctor 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 is similar to a health clinic and is staffed by a doctor or nurse practitioner. A school-based health clinic provides such services as physical exams, prescriptions, and other general health care.

Government Code, ch. 2110 requires state agencies to adopt rules regarding 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 automatically abolished unless the governing body of the agency votes to continue the committee.

DIGEST:

CSHB 1095 would add Section K to Health and Safety Code, ch. 12, codifying into statute the existence and composition of the SHAC. The SHAC would be composed of 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 dentists, and six public members, including parents of school-aged children, with at least one required to be the parent of a child with special health-care needs.

CSHB 1095 would require the SHAC to recommend procedures and minimum standards for providing health-care services to school-aged children in public elementary and secondary schools. Further, it would require TDH to notify each school district of the availability of these procedures and standards at least once each biennium. Finally, CSHB 1095 would require the governing body of each school district to consider implementing the procedures and standards. CSHB 1095 would not require a school district to implement the procedures and standards recommended by the SHAC.

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:

CSHB 1095 would address the current lack of minimum standards for quality health-care services in the public schools. For example, there is no requirement that public schools hire nurses, or even a recommendation from

a governmental agency that they do so. There is no requirement that student medication be kept in a locked cabinet. In some schools, staff without health 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. A lack of standards and procedures puts Texas school-aged children at risk.

CSHB 1095 would provide school districts with guidance 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 provide 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 a specific pattern of illness or symptoms to seek further health care. Some school nurses facilitate grief support groups for children who have lost a family member or provide nutrition information and support groups for overweight, anemic, or bulemic 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.

CSHB 1095 would help provide parents with the minimum standards they need in order 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 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 are meeting their burden of care under federal law. Federal law requires health care services for disabled children attending public school.

Supporting standards for health care in the school-based clinics would be equivalent to supporting access to quality health care in rural areas. Many school-based clinics are located in rural areas experiencing a shortage of physicians. A school-based health clinic may be the only medical service provider available to rural residents.

Establishing the SHAC in statute would recognize the need for an on-going advisory committee and 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 quality health services for schoolchildren.

Neither TDH nor the Board would incur any additional costs because developing the minimum standards and recommended procedures already is part of the agency's strategic plans and was considered in its appropriations requests. This would not be an unfunded mandate.

This bill would save school districts time and money. Districts could choose to adopt the recommended procedures and minimum standards for school health care instead of spending time and money creating their own procedures and standards.

This bill would not erode local control. School districts could opt not to use the procedures and standards, but they would at least have the benefit of some guidelines in developing their own procedures and standards.

The bill would create a balanced membership to the SHAC, allowing for adequate representation of parents, schools, and health care professionals.

OPPONENTS SAY:

This bill would confuse the mission of public schools. School districts should focus on educating children, not 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 avenue 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.

CSHB 1095 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 adoption and 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 that campus and central administrative positions are becoming increasingly 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. This is inappropriate as public schools should not interfere with the values 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:

In light of the increase in school violence, the SHAC membership should include mental health professionals rather than dental health professionals. Mental health representatives could assist the SHAC in creating appropriate preventive procedures for de-escalating potentially dangerous student behavior and dealing with a student's threat to harm himself. Further, more schoolchildren today are taking prescribed psychotropic medications, including antidepressants and anti-anxiety drugs.

The SHAC should include four members from groups or agencies that deal with the health of school children. This is 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 just health professionals.

Instead of substituting two mental health professionals for two of the four members from groups or agencies dealing with health of school children, the bill should add two mental health professionals. This would ensure participation by people from a wider array of groups and agencies, while still addressing mental health.

NOTES:

The bill as filed would have required inclusion of four SHAC members representing entities involved with the health of school-aged children. The committee substitute replaced two of these members with two dentists who provide services to school-aged children.

The companion bill, SB 579 by Van de Putte, was reported favorably, as substituted by the Senate Education committee on March 26. The committee substituted two mental-health professionals for two of the four representatives of entities involved with the health of school-aged children.