

BILL ANALYSIS

Senate Research Center

H.B. 281
By: Anchia et al. (West)
Education
5/17/2009
Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

H.B. 2202, enacted by the 76th Legislature, Regular Session, 1999, authorized the Department of State Health Services to fund school-based health centers (center) to provide a combination of physical and mental health services to students and family members of students. The centers not only provide preventive care but assist with issues that affect a student's learning and growth. Preference is given to centers in school districts located in rural areas or school districts that have low property wealth per student. Funding is only granted to school districts for a new center and lasts only three years. Many centers that have received funding have not been able to establish other sources of revenue to sustain the centers once the initial funding ceases.

H.B. 281 sets the term of each grant at five years and authorizes grants to be used for existing centers. The bill permits other community organizations and hospitals to receive grants to establish a center in cooperation with a school district.

RULEMAKING AUTHORITY

Rulemaking authority previously granted to the commissioner of public health is transferred to the commissioner of state health services in SECTION 1 (Section 38.063, Education Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 38.063, Education Code, by amending Subsections (a), (b), (d), (e), (f), and (g) and adding Subsections (e-1) and (e-2), as follows:

(a) Requires the commissioner of state health services, rather than the commissioner of public health, to administer a program under which grants are awarded to assist school districts and local health departments, hospitals, or nonprofit organizations that contract with school districts with the costs of, rather than operating, school-based health centers in accordance with this section subject to the availability of federal or state appropriated funds.

(b) Requires the commissioner of state health services, by rules adopted in accordance with this section, to establish procedures for awarding grants. Requires that the rules provide that grants are awarded annually, rather than to school districts on an annual basis, through a competitive process to schools districts and local health departments, hospitals, or nonprofit organizations that have contracted with school districts to establish and operate school-based health centers; subject to the availability of federal or state appropriated funds, each grant is for a term of five years; and a preference is given to school-based health centers in school districts that are located in rural areas or that have low property wealth per student. Makes a conforming change.

(d) Prohibits a school district, local health department, hospital, or nonprofit organization from receiving more than \$250,000 per state fiscal biennium through grants awarded under this section.

(e) Requires a school district, local health department, hospital, or nonprofit organization to provide matching funds in accordance with rules adopted under Subsection (b) to be eligible to receive a grant. Authorizes the matching funds to be obtained from any source

available to the district, local health department, hospital, or nonprofit organization, including in-kind contributions, community or foundation grants, individual contributions, and local governmental agency operating funds.

(e-1) Prohibits a grant under this section from being given to a nonprofit entity that offers reproductive services, contraceptive services, counseling, or referrals, or any other services that require a license under Chapter 245 (Abortion Facilities), Health and Safety Code, or that is affiliated with an entity that is licensed under Chapter 245, Health and Safety Code.

(e-2) Authorizes a school district, local health department, hospital, or nonprofit organization receiving a grant under this section to use the grant funds to establish a new school-based health center, expand an existing school-based health center, or operate a school-based health center.

(f) Makes a conforming change.

(g) Requires the commissioner of state health services to require client surveys to be conducted in school-based health centers funded through grants awarded under this section, rather than requiring the results of those surveys to be included in the annual report required under Section 38.064. Makes a conforming change.

SECTION 2. Amends Section 38.064, Education Code, as follows:

Sec. 38.064. REPORT TO LEGISLATURE. (a) Requires the Department of State Health Services (DSHS), rather than the commissioner of public health, based on statistics obtained from every school-based health center in this state that receives funding through DSHS, to issue a biennial, rather than an annual, report to the legislature about the relative efficacy of services delivered by the, rather than school-based health, centers during the preceding two years and any increased academic success of students at campuses served by those centers, with special emphasis on any increased attendance, including attendance information regarding students with chronic illnesses; decreased drop-out rates; improved student health; increased student immunization rates; increased student participation in preventative health measures, including routine physical examinations and checkups conducted in accordance with the Texas Health Steps program; and improved performance on student assessment instruments administered under Subchapter B (Assessment of Academic Skills), Chapter 39 (Public School System Accountability). Makes nonsubstantive changes.

(b) Authorizes DSHS to modify any requirement imposed by Subsection (a) if necessary to comply with federal law regarding confidentiality of student medical or educational information, including the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.) and the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Section 1232g). Deletes existing text requiring the commissioner of public health, in obtaining statistics for preparation of the report required by this section, to ensure that data is collected for each county and aggregated appropriately according to geographical region.

SECTION 3. Effective date: upon passage or September 1, 2009.