

- SUBJECT:** Establishing school-based health centers
- COMMITTEE:** Public Education — committee substitute recommended
- VOTE:** 7 ayes — Dutton, Dunnam, Grusendorf, Hochberg, Lengefeld, Olivo, Smith  
0 nays  
2 absent — Sadler, Oliveira
- WITNESSES:** For — Robby Collins, Dallas ISD; Bill Grusendorf, Texas Association of Rural Schools; Jenni Jennings, Texans for Healthy Kids and Healthy Schools; Retta Knox, Hart ISD; Sylvia Ostos, Texas Congress of Parents and Teachers; Donald Smith, Ysleta ISD  
  
Against — Dianne Hensley, Concerned Women for America  
  
On — William Archer, Texas Department of Health
- DIGEST:** CSHB 2202 would give school districts statutory authority to create and enter into agreements or to compete for grants to fund school-based health centers to provide cooperative health-care services to students and their families.  
  
The bill would establish a grant procedure, jointly administered by the Texas Education Agency (TEA) and the Texas Department of Health (TDH). A district could receive up to \$250,000 per biennium through the grant procedure. To be eligible to receive a grant, a district would have to provide matching funds from various sources. Grants would be awarded each year through a competitive process with preference given to districts located in rural areas or that have low property wealth per student.  
  
All programs would have to be designed to meet three goals:
- reducing student absenteeism;
  - increasing students' ability to meet their academic potential; and
  - stabilizing the physical and mental well-being of students.

A school board would have to appoint an advisory council to examine the establishment of a school-based health center. That council would have to include representatives of teachers, administrators, health-care professionals, the clergy, law enforcement, the business community, senior citizens, and students. On the recommendation of this advisory council, a school board could establish a school-based health center on one or more campuses.

In order to provide services, the district would have to obtain specific written consent from the parent or legal guardian of a student specifying the types of treatment that the health center was authorized to provide. The consent form would have to include the ability to consent to or decline different types of services. The consent form could be an ongoing form or could limit services to a single occasion.

A school-based health center receiving grant funds could not provide reproductive services or counseling. For a student to receive mental health services, the clinic would have to notify the student's parent or guardian verbally and in writing of the basis for the referral. The parent or guardian would have to provide written consent for the services and provide specific written consent for each treatment occasion.

Districts could seek assistance in establishing a clinic from any public health agency in the community. Those agencies would have to cooperate with the district to the extent practicable and could operate the clinic jointly.

For counties with fewer than 50,000 people or areas designated by law as health professional shortage areas, medically underserved areas, or medically underserved communities, the clinic and the advisory council would have to coordinate with existing providers to preserve and protect current health-care systems. Before delivering a health-care service to any student served by a primary care physician under the state Medicaid program, a state children's health plan, or a private insurance plan, the clinic would have to contact the physician to share medical information and to obtain authorization for delivering medical services.

In other areas, when a student had a primary care physician, the clinic would have to provide notice of delivery of health-care services to that physician to allow for maintenance of the person's medical history.

The commissioners of education and health would have to gather statistics from every school-based health center operating in the state and to issue a joint annual report on the relative efficacy of the services delivered. The report would have to show any increased attendance, decreased drop-out rates, improved student health, and improved student performance on the Texas Assessment of Academic Skills test.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house.

**SUPPORTERS  
SAY:**

Students must be healthy to be able to perform well in school. CSHB 2202 would provide for the development of additional school-based health centers by awarding competitive grants to districts that undertook to provide a clinic within the established guidelines. Many school-based health clinics already are operating in various parts of the state in cooperation with local health-care providers, and those clinics have been very successful in helping to keep students healthier and allowing them to learn. This legislation is needed to provide a more stable funding source for those clinics and to establish some structure for new district programs.

This program would provide for local control in the development of school-based health centers and would ensure the highest level of parental control over consent for services.

In many areas, few health-care providers can offer services to students. Often public clinics cannot provide non-emergency services to students within a reasonable amount of time. Establishing a district health center would address that problem. In many areas, that center could serve as the primary health-care service provider to students and their families.

Schools are the best places to provide these health-care services because school children are the target population. Any community-based health centers established would not be established to serve students primarily and thus would not be as effective in providing care for students.

Cooperation between TEA and TDH would allow schools to develop the most efficient programs and receive the greatest amount of funding from various sources.

If the Legislature enacts and the governor signs authorization for the Children's Health Insurance Program (CHIP), many more children will have health insurance to cover the cost of medical services. However, if clinics are not available in certain areas to provide such services, the insurance provision would be wasted. CSHB 2202 would provide greater opportunities for health care to children served by the CHIP program.

OPPONENTS  
SAY:

Parents should have to be involved in the health-care decisions of their children and should not be allowed to sign a general consent form to provide ongoing services. Consent should be required for each service occasion. School-based health clinics should not provide mental health services under any circumstances.

Schools are not appropriate places to set up health clinics that could serve persons other than students. A more appropriate use of tax dollars would be to provide additional funds for community health centers that could operate apart from schools.

NOTES:

The committee substitute made numerous changes to the original bill, including:

- requiring written consent for each occasion of mental health services provided;
- providing for a maximum grant amount of \$250,000;
- providing for joint administration of the grant program through the commissioners of education and health;
- requiring an annual report on the efficacy of services provided;
- requiring notice to the student's primary care physician of the provision of services; and
- requiring pre-authorization of services in certain areas.

The companion bill, SB 1454 by West, has been referred to the Senate Education Committee.