

SENATE BILL REPORT

SB 6279

As of January 29, 2020

Title: An act relating to expanding school-based health centers.

Brief Description: Expanding school-based health centers.

Sponsors: Senators Randall, Lovelett, Cleveland, Salomon, Rolfes, Saldaña, Wellman, Nguyen, Kuderer, Hasegawa, McCoy, Liias, Wilson, C., Das, Keiser, Van De Wege, Darneille and Hunt.

Brief History:

Committee Activity: Health & Long Term Care: 1/24/20.

Brief Summary of Bill

- Requires each first class school district to partner with a health care sponsor to establish at least one school-based health center within the district by the beginning of the 2025-26 school year.
- Directs school districts to adopt a policy and procedure that at a minimum incorporates the elements of a model developed by the Washington State School Directors' Association and other entities.
- Tasks educational service districts, the Department of Health, and the Health Care Authority with providing technical assistance and coordination to schools and health care sponsors.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: LeighBeth Merrick (786-7445)

Background: Current state law authorizes school district boards of directors to permit the rental, lease, or occasional use of surplus real property if certain requirements are met. In a 1989 Office of the Attorney General (AGO) opinion, the AGO concluded school districts may lease surplus school district property to public or private entities on the condition that the leased property be used for an adolescent health care clinic, where the board of directors finds that such a use is compatible with the district's other uses for its property, and where the clinic is not, directly or indirectly, operated or controlled by the school district.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

In 2019, the Legislature passed a law requiring each ESD to establish a regional school safety center to provide schools with behavioral health coordination, school-based threat assessments, training and technical assistance, and partnership development and collaboration.

According to the Washington School-Based Health Alliance, there are more than 50 school-based health centers throughout the state.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): School-Based Health Centers. Each first class school district must partner with a health care sponsor to establish at least one school-based health center within the district by the beginning of the 2025-26 school year. The school-based health center must solely be operated by the health care sponsor, provide services that are beyond the scope of the school nurse, and serve any student in the school in which the school-based health center is located. The school-based health center may serve students from other schools in the district, families of students, school staff, and community members.

Policies and Procedures. The Washington State School Directors' Association (WSDAA) and the Office of the Superintendent of Public Instruction (OSPI) must consult with the Department of Health (DOH), the Health Care Authority (HCA), health care sponsors, educational service districts (ESDs), school districts, school nurses, and organizations representing school-based health centers to develop a model school-based health center policy and procedure. The policy and procedure must:

- align with the Washington integrated student supports protocol;
- address roles and responsibilities of school districts and health care sponsors;
- address Medicaid and private insurance billing considerations;
- address sharing and protection of health care data; and
- be posted on the WSDAA and OSPI websites by July 1, 2021.

Each first class school district is required to adopt or amend the policies and procedures.

Educational Service Districts Coordination. The existing regional school safety centers are expanded to include student well-being and are required to provide school-based health center coordination that includes:

- facilitating partnerships and coordination between school districts, public schools, and health care sponsors to increase access to school-based health centers;
- identifying, sharing, and integrating, to the extent practicable, behavioral and physical health care service delivery models;
- providing Medicaid and private insurance billing-related training, technical assistance, and coordination between school-based health centers; and
- identifying available funding sources.

Department of Health and Health Care Authority Technical Assistance. DOH and HCA must provide technical assistance to health care sponsors and regional school safety and well-being centers. DOH must assist with identifying potential health care sponsors, and HCA must assist with Medicaid billing.

Beginning January 1, 2022, DOH must annually report to the legislature on the number and location of school-based health centers established. The report may include policy recommendations aimed at expanding school-based health centers in the state.

Medicaid Reimbursement. HCA must consult with school-based health centers and organizations representing them to develop a school-based health center Medicaid payment methodology. The methodology must provide reimbursement for physical and behavioral health services delivered in a school-based center model, and multidisciplinary team-based services, such as shared appointments, care conferences, and team meetings. HCA must report the methodology with proposed recommendations for implementation to the Legislature by December 1, 2020.

Appropriation: None.

Fiscal Note: Requested on January 18, 2020.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Proposed Substitute: PRO: This is the beginning of the conversation about how we can support school-based health centers. School-based health centers currently exist in communities across our state and they meet an incredible need in providing students and families better access to health care. Parents face economic pressures and can not always take time off work to take their kids to the doctor, school nurses are too few and far between, and our Healthy Youth survey indicates that students are in need of behavioral health services. When students are not suffering from health issues, they can learn better. School employees should not be supplanted by school-based health center personnel. Managed care organizations should be included in the payment methodology workgroup. The privacy of the students should be considered.

CON: This creates a one-size fits all system when some school districts might not be in a position to establish a school-based health center. Parents should be included as a stakeholder in the work groups. This would be an unfunded mandate for schools. It would direct school resources to non-academic issues when schools should focus on academics. More rights should be given to the school districts to make decisions and not government organized work groups. School-based health centers interfere with parent's rights to make health care decisions for their children. Students 13 and older would be able to receive reproductive services without their parental knowledge.

OTHER: We are excited about the momentum at this level but do have concerns. We do not think any school district should be mandated to have a school based health center, especially without adequate funding. Each school based health center is different. It is important that schools and the community work together to decide what is the right fit to meet their local needs. More stakeholder work is necessary before establishing a structure for school based health centers. We do not believe the bill should assign responsibility as it does, for example, for developing model policy and procedures and providing training and technical assistance

for school based health center operations and billing. The regional safety centers are still in their infancy and not in a position to take on the additional coordination work.

Persons Testifying: PRO: Senator Emily Randall, Prime Sponsor; Joe Neigel, Prevention Services Manager, Monroe Behavioral Health Team; Patricia Seib, Molina Healthcare of Washington; Rick Chisa, Public School Employees of Washington.

CON: Whitney Holz, citizen; Pamela Raney, citizen; Dawn Land; Sharon Hanek, citizen; Violet Cunningham, Saint Martin University.

OTHER: Lucinda Young, Washington Education Association; Katherine Mahoney, The Office of Superintendent of Public Instruction; Jessica Vavrus, Executive Director, Association of Educational Service Districts; Sandy Lennon, Washington School Based Health Alliance; Kate White Tudor, Washington Association for Community Health.

Persons Signed In To Testify But Not Testifying: CON: Mary Locke, MassResistance Washington State; Bernadette Pajer, citizen.

OTHER: Marissa Rathbone, Washington State School Directors' Association; Rich McBride, Director of Risk Management, Schools Insurance Association of Washington.