

# HOUSE BILL REPORT

## HB 1225

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**As Reported by House Committee On:**  
Health Care & Wellness

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

**Brief Description:** Concerning school-based health centers.

**Sponsors:** Representatives Stonier, Bateman, Lekanoff, Johnson, J., Davis, Cody, Santos, Thai, Ortiz-Self, Ormsby, Valdez, Riccelli and Tharinger.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/25/21, 1/27/21 [DPS].

**Brief Summary of Substitute Bill**

- Establishes the school-based health center program office within the Department of Health.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Bateman, Vice Chair; Bronoske, Davis, Harris, Macri, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

**Minority Report:** Do not pass. Signed by 1 member: Representative Schmick, Ranking Minority Member.

**Minority Report:** Without recommendation. Signed by 2 members: Representatives Caldier, Assistant Ranking Minority Member; Maycumber.

**Staff:** Corey Patton (786-7388).

**Background:**

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

A school-based health center (SBHC) is a student-focused health center located in or adjacent to a school that typically provides integrated medical, behavioral health, and other health care services. An SBHC is usually a collaboration between the community, the school, and a health care sponsor. The health care sponsor may be a community clinic or health care system, hospital, public health department, or tribal program. Under this model, the health care sponsor staffs and manages operations of the SBHC according to the school and community's needs and resources. The SBHCs typically are staffed by a primary care provider, behavioral health care provider, and clinic coordinator, although dental and other health professionals may also provide services. According to the Washington School-Based Health Alliance, there are more than 50 SBHCs throughout the state, 30 of which are established in Seattle public middle and high schools.

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### **Summary of Substitute Bill:**

The Department of Health must establish a school-based health center (SBHC) program office with the objective to expand and sustain the availability of services to students with a focus on historically underserved populations. The program office must:

- develop, in partnership with a statewide nonprofit organization, grant funding criteria and metrics for monitoring and evaluating grant recipients;
- award grant funding for SBHCs' planning, start-up costs, and ongoing operations costs;
- monitor and evaluate SBHCs that receive grant funding;
- partner with the statewide nonprofit organization to provide training and technical assistance to SBHCs; and
- coordinate with the statewide nonprofit organization, educational service districts, the Health Care Authority, hosting school districts, and the Office of the Insurance Commissioner to provide support to SBHCs.

### **Substitute Bill Compared to Original Bill:**

The substitute bill: (1) recognizes that school-based health centers (SBHCs) have been operating in Washington for more than 30 years; (2) specifies that the SBHC program office is established with the objective of expanding and sustaining the availability of services to students with a focus on historically underserved populations; (3) requires the SBHC program office to develop funding criteria and metrics for monitoring and evaluating grant recipients; and (4) requires the SBHC program office to award grant funding for, rather than to, SBHCs.

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**Appropriation:** None.

**Fiscal Note:** Preliminary fiscal note available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) School-based health centers (SBHCs) have operated in Washington for more than 30 years and are located in more than 20 school districts across the state. Funding and support are critical to establishing and sustaining SBHCs, especially during their first few years of operation. This bill awards grant funding to school districts considering SBHCs as an option to provide affordable and accessible health care to students.

School-based health centers are important for screening and treating COVID-19 symptoms and curbing the spread of the disease as more students return to in-person instruction. School-based health centers are beneficial to students and families in school districts that are geographically isolated from health care providers. Students who struggle to access health care due to lack of transportation or inability to pay are forced to take days off from school to travel to distant providers. These barriers to access are more acute in communities of color. Students from communities that have been historically underserved and disproportionately impacted deserve equitable access to health care. School-based health centers give all students convenient access to health care providers.

High school students in particular may benefit from SBHCs that provide reliable access to mental and behavioral health services. Rates of anxiety, depression, and suicide in youth have been rapidly increasing statewide. That trend has been further exacerbated by the ongoing pandemic. Students should be able to access a trusted counselor or other mental and behavioral health professionals for immediate support and services.

(Opposed) School districts should maintain the discretion to decide whether to establish SBHCs. This bill takes away local control and gives the Department of Health (DOH) too much decision-making authority. It is unclear why nonprofit organizations need to be involved in establishing or supporting SBHCs. The DOH's process for awarding grants should take place in a subcommittee where there will be full transparency and opportunities for public comments. School districts should have final decision-making authority and be able to turn down grant funding without any ramifications.

Families should be in charge of their children's health care. School-based health centers cannot take the place of existing providers that families already trust to administer care to their children. Some families do not want allopathic physicians as their children's primary care providers. School-based health centers push allopathic-only providers, which conflicts with some families' values and preferred medical paradigms. School-based health centers take advantage of the lack of parental oversight and administer services without parental involvement or knowledge, especially with regard to students that are 13 years of age or older who can consent to treatment without a parent.

**Persons Testifying:** (In support) Representative Stonier, prime sponsor; Tom Seigel, Bethel School District; Sandy Lennon, Washington School-Based Health Alliance; Laura Aguilar-Flores; Peter Asante, Community Health of Central Washington and Washington Chapter American Academy of Pediatrics; Jennifer Young, Sedro-Woolley School District and School Nurse Organization of Washington; Michelle Timmerman, Community Health Association of Spokane Health School Based Health Center; Marina Gray; Jill Patnode, Kaiser Permanente Washington, Thriving Schools; and John Boyd, Quincy School District.

(Opposed) Sharon Hanek; Jennifer Heine-Withee; Dawn Land; Bernadette Pajer, Informed Choice Washington; and Susie Olson Corgan.

**Persons Signed In To Testify But Not Testifying:** Christy Krutulis, Walla Walla Public Schools; Brenda Rogers, Washington State School Directors' Association; Laura Peterson and Heidi Zamora, Washington State Parent Teacher Association; Julie Salvi, Washington Education Association; Robert Runnells; Gary Wilson; Beth Daranciang; Leah Houser, Initiatives for Family Health; Sarah Davenport-Smith, Family Policy Institute of Washington and Human Life of Washington; and Heidi Sandall.