

SENATE BILL REPORT

SHB 1225

As of March 26, 2021

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

Brief Description: Concerning school-based health centers.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Stonier, Bateman, Lekanoff, Johnson, J., Davis, Cody, Santos, Thai, Ortiz-Self, Ormsby, Valdez, Riccelli and Tharinger).

Brief History: Passed House: 2/26/21, 60-36.

Committee Activity: Health & Long Term Care: 3/15/21, 3/19/21 [DP-WM, DNP].
Ways & Means: 3/30/21.

Brief Summary of Bill

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

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Conway, Keiser, Randall, Robinson and Van De Wege.

Minority Report: Do not pass.

Signed by Senators Muzzall, Ranking Member; Holy, Padden, Rivers and Wilson, J.

Staff: LeighBeth Merrick (786-7445)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Corban Nemeth (786-7736)

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.

Background: A school-based health center (SBHC) is located in or adjacent to a school and typically provides medical, behavioral health, and other health care services to students. 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 operates the SBHC. 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.

State law authorizes school district boards of directors to permit 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 to operate adolescent health care clinics as long as the board of directors finds this is compatible with the district's other uses for its property, and the clinic is not operated or controlled by the school district.

Summary of Bill: The Department of Health must establish a SBHC program office. The objective of the program office is to expand and sustain the availability of SBHC services to K-12 public school students with a focus on historically underserved populations.

Subject to appropriations, the program office must:

- develop grant funding criteria and metrics for monitoring and evaluating grant recipients in partnership with a statewide nonprofit organization that provides training and technical assistance to SBHCs;
- award grant funding for SBHCs' planning, start-up costs, and ongoing operating costs;
- monitor and evaluate SBHCs that receive grant funding;
- partner with a 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.

SBHC is defined as a collaboration between the community, the school, and a sponsoring agency that operates the school-based health center, which is a student-focused health center located in or adjacent to a school that provides integrated medical, behavioral health, and other health care services such as dental care.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Available.

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 (Health & Long Term Care): PRO: This bill is product of a work group that identified barriers for communities to create and sustain SBHCs. SBHCs operate across the state have been in existence for over 30 years. There are over 55 SBHCs in the state. They provide youth and families with better access to health services. This bill passed with bipartisan support out of the house because of the SBHCs understand community partnerships are what is best and engage in community conversations about what makes most sense for that community. This bill will help provide funding for SBHCs during three critical stages. SBHCs are well-utilized and there has been increasing interest from communities about establishing more. Evidence shows that healthy kids learn barrier and often barriers to health care exist in communities of color where health disparities already exist. The COVID-19 pandemic has only made these disparities worse. SBHCs bring services to students living in medical deserts where they struggle to access medical, behavioral health and dental services. By separating the schools and the clinics, this bill will help lessen the liability concerns that some school districts have about establishing SBHCs. SBHCs work collaboratively with school nurses and guidance counselors. Most schools do not have a dedicated school nurse or counselor so many refer students to the SBHC. The majority of the students seek behavioral health services from the SBHC. SBHCs help families connect to community resources, provide both short and long-term counseling and respond to students in urgent need. SBHCs are a proven way to remove barriers to care and improve academic performance. They have been shown to decrease absenteeism, increase grades, and reduce lost instructional time. SBHCs must follow consent laws already established for health care. Students must be enrolled by their families with parental consent, minor consent laws apply to reproductive health and mental health similar to what they would access in the community. The need for SBHC services is high and funding is challenging because much of the care is uncompensated. Students often receive more time with the provider than they would in a community setting. The bill provides for local and school-district control over their SBHC.

CON: We are concerned the SBHC program will be under the Department of Health (DOH) and that DOH will take a one-size-fits all approach. This will take control away from local communities about what happens in their schools. The bill gives too much power and money to DOH. It is not transparent what processes, procedures and other requirements DOH will mandate under this program. Public funds should not be provided for a state program and should not be taken away from other local programs. No case has been made for a state office to implement this local program.

Persons Testifying (Health & Long Term Care): PRO: Representative Monica Jurado Stonier, Prime Sponsor; Sandy Lennon, Washington School-Based Health Alliance; Tom Seigel, Bethel School District; Heidi Zamora, Washington State PTA; Christy Krutulius, Walla Walla Public Schools; Mike Wiser, CHAS Health; Laura Aguilar-Flores, Student;

Jennifer Kreidler-Moss, Peninsula Community Health Services; Brenda Rogers, Washington State School Directors' Association; Talia See, Justice For Girls; Julie Salvi, Washington Education Association.

CON: Sharon Hanek; Margaret Lee; Robert Runnells.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.