

Date of Hearing: April 26, 2017

ASSEMBLY COMMITTEE ON EDUCATION
Patrick O'Donnell, Chair
AB 882 (Arambula) – As Amended April 4, 2017

[This bill was double referred to the Assembly Health Committee and was heard on April 18th as it relates to issues in its jurisdiction].

SUBJECT: Pupil health care services: School Nursing and Pupil Health Care Services Task Force

SUMMARY: Establishes the School Nursing and Pupil Health Care Services Task Force and requires the task force to identify model school health care services programs and practices to improve the safety and quality of health care services to pupils. Specifically, **this bill:**

- 1) Expresses findings and declarations regarding the lack of health care services in California public schools and the role that school nurses can play in attending to the primary care of pupils suffering from chronic and acute health conditions.
- 2) Expresses the intent of the Legislature that each school district and county office of education (COE) maintain fundamental school health care services at a level that is adequate to preserve pupils' ability to learn, fulfill existing state requirements and policies regarding pupils' health, and contain health care costs through preventative programs and education.
- 3) Establishes the School Nursing and Pupil Health Care Services Task Force and requires the task force to identify model school health care services programs and practices that directly serve pupils that can be used by COEs and school districts to provide support and technical assistance to schools in order to improve the safety and quality of health care services to pupils.
- 4) Requires the task force to be comprised of 18 members, appointed as follows:
 - a) Senate Rules Committee to appoint one member from among the Members of the Senate.
 - b) Speaker of the Assembly to appoint one member from among the Members of the Assembly.
 - c) Governor to appoint the following members as follows:
 - One member who represents special education services;
 - One member who represents a school district that primarily serves an urban area;
 - One member who represents a school district that primarily serves a rural region;
 - One member from the State Department of Health Care Services (DHCS);

- One member from the State Department of Education (CDE) who is involved in school health;
 - One member who represents a statewide organization that is an association organized by and for California school nurses;
 - One member who represents a statewide organization that is a professional association for nurses in this state;
 - One member who represents classified school employees who work directly with school nurses;
 - One member who represents a statewide organization that is dedicated to developing school-based health centers;
 - One member who represents an organization for community clinics that provides health services in California;
 - One member who represents an organization for private insurers in this state;
 - One member who is a representative of local health officers;
 - One member who is a representative of an association organized by and for California teachers;
 - One member who is a representative of an association composed of parents and teachers intended to facilitate parental participation in the schools;
 - One member who is a representative of the association that represents school educational leaders in California;
 - One member who represents the elected officials who govern California's public school districts and county offices of education.
- 5) Requires the Governor, in appointing members to the Task Force, to consider whether the composition of the task force represents diversity in relation to race, ethnicity, language, and disability status.
- 6) Requires the CDE to convene or more meetings of the task force and to report the results of the work of the task force to the Governor and the Legislature by January 1, 2019.
- 7) Requires the School Nursing and Pupil Health Care Services Task Force to do all of the following:
- a) Examine health care funding sources, including increasing the numbers of schools and school districts who participate in the local education agency (LEA) Medi-Cal billing option and the School-Based Administrative Claiming process program.

- b) Investigate the billing of pupils' health insurance for the costs of providing medically necessary health care services at schools to determine if schools can supplement the funding received from education sources to fund school health care services.
- c) Recommend sustainable revenue sources for school health care services that could be used to fund required school health screenings and school nursing services in California's schools.
- d) Recommend standards of school nursing practices that include outcome measures related to health transformation and academic performance.
- e) Recommend ways to create a Whole School, Whole Community, Whole Child approach and to foster and promote a noncompetitive strategy that is collaborative and that directs an appropriate level of funding to school nursing and school-based health centers.

EXISTING LAW:

- 1) Defines a school nurse as a Registered Nurse (RN) currently licensed under the Nursing Practices Act, and who has completed the additional educational requirements for, and possesses a current credential in, school nursing. (EC 49426)
- 2) Specifies the qualifications for a school nurse to be a valid certificate of registration issued by the Board of Nurse Examiners of the State of California or the California Board of Nursing Education and Nurse Registration and a health and development credential, a standard designated services credential with a specialization in health, or a services credential with a specialization in health. (EC 44877)
- 3) Permits school nurses, if authorized by a local governing board, to perform the following services: (EC 49426)
 - a) Conduct immunization programs and assure that every pupil's immunization status is in compliance with the law, including parental or guardian consent, and good health practice.
 - b) Assess and evaluate the health and developmental status of pupils to identify specific physical disorders and other factors relating to the learning process, communicate with the primary care provider, and contribute significant information in order to modify the pupils' educational plans.
 - c) Interpret the health and developmental assessment to parents, teachers, administrators, and other professionals directly concerned with the pupil.
 - d) Design and implement a health maintenance plan to meet the individual health needs of the students, incorporating plans directed by a physician.
 - e) Refer the pupil and his or her parent or guardian to appropriate community resources for necessary services.

- f) Maintain communication with parents and all involved community practitioners and agencies to promote needed treatment and secure reports of findings pertinent to educational planning.
 - g) Interpret medical and nursing findings appropriate to the student's individual educational plan and make recommendations to professional personnel directly involved.
 - h) Consult with, conduct in-service training, and serve as a resource person to teachers and administrators, and act as a participant in implementing a comprehensive health instruction curriculum for students by providing current scientific information regarding nutrition, preventive dentistry, mental health, genetics, prevention of communicable diseases, self-health care, consumer education, and other areas of health.
 - i) Assist children and youth, parents, and school personnel in identifying and utilizing appropriate health delivery services, and counsel parents, pupils and school staff regarding health-related attendance problems, and helping parents, school personnel and pupils understand and adjust to physical, mental and social limitations.
 - j) Assist parents and pupils to solve financial, transportation and other barriers to needed health services.
- 4) Establishes the Medi-Cal program, administered by DHCS under which qualified low-income individuals receive health care services.
- 5) Requires that specified services provided by a LEA are covered Medi-Cal benefits, to the extent that financial federal participation is available, are subject to utilization controls and standards adopted by DHCS, and are consistent with Medi-Cal requirements for physician prescription, order, and supervision. (WIC 14132.05)
- 6) Defines the scope of covered services that an LEA may provide, which included targeted case management services for children with an Individualized Education Program (IEP) or an Individual Family Service Plan (IFSP).

FISCAL EFFECT: Unknown

COMMENTS:

Need for the bill. According to the author,

“The increasing sophistication of technology allows for more students with chronic conditions, both physical and mental, to be educated in our schools, which is how it should be. Schools have a responsibility to provide medically necessary services and programs based on state and federal laws. Does the care that is provided, and the staff providing this care meet the standards found in other community sites and does it support the health of students?”

The funding for credentialed personnel to provide health services and programs in schools is severely lacking. There is no line item in the state budget or in the local LEA budgets to address the shortages of health care personnel necessary to adequately address the health care issues of our children with specialized health care needs, to assure mandated health screenings are accomplished and to provide services and programs for the varying needs of our pupils.”

Health Conditions Impacting Student Attendance. Research supports the clear connection between health and learning through students’ ability to attend school and being ready to learn. Many students have one or more health problems that affect their ability to learn and put them at risk for chronic absenteeism. The prevalence of many of these conditions that impact both physical and behavior health have increased in the last decades. This has implications not only for children’s long-term health but also for their opportunities to learn and succeed at school.

Numerous sources point to the prevalence of certain health conditions among children and youth and the impact school attendance, including the following:

- Asthma is one of the leading causes of school absenteeism, accounting for one-third of all days of missed instruction;
- Children with poor oral health are nearly three times more likely to miss school as a result of dental pain, leading to students between 5 to 17 years missing nearly two million school days per year due to dental health related issues;
- Children who are obese are 1.7 times more likely to have 10 or more absences in a given year than their non-obese peers.

According to Kidsdata.org, sponsored by the Lucile Packard Foundation for Children’s Health, 37% of California children age 6 to 11 and 42% of those from 12 to 17, have special health care needs. These are defined as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Current levels of school health services. In order to promote overall school health and manage pupils with chronic and acute health conditions, the American Academy of Pediatrics recommends a minimum of one full-time registered nurse in every school.

According to the California School Nurses Organization (CSNO), the 2014-15 ratio of school nurses to students in California public schools is estimated to be 1:3,000. The distribution of school nurses by school district varies substantially throughout the state, with many schools having no school nurses on site.

As of 2014-15, there were 2,391 credential school nurses in California, up slightly from 2,362 in 2013-14. This clearly fails to meet the threshold of one teacher per school as there are more than 10,000 public K-12 schools in California. The Commission on Teacher Credentialing data shows that the number of services credentials to school nurses has been increasing over the past five years, from 218 credentials issued in 2011-12 to 547 in 2015-16.

Arguments in support. Supporters note that children suffering from diabetes, asthma, seizure disorders, concussions, dental caries, life threatening allergies, and other complex health care needs often face chronic absenteeism and a loss of access to instructional time due to their medical conditions. School nurses are uniquely qualified to provide direct health care and chronic disease case management services as a means to optimize student health and enhance learning. School nurses work collaboratively with teachers, administrators, community health partners, and parents, to assist in removing health barriers to student learning. Representatives of school nursing organizations around the state note that, when they are required to divide their time between multiple school sites, the struggle to meet student health needs is exacerbated.

The sponsor of the bill, the California School Nurses Organization, states that this is the time to comprehensively discuss the concerns affecting our students beginning with their physical and emotional health issues. They believe that the determination of best practices for caring for our children can be accomplished through a thorough examination of school health issues and the development of practical, safe, consistent and comprehensive approaches. AB 882 has the potential to address, in a holistic fashion, the current obstacles and formulate recommendations that recognize that the educational outcomes of our students is dependent upon them being in school, healthy and ready to learn.

Committee amendments. The Assembly Health Committee passed this bill out of committee, with the following recommended amendments:

This bill requires two members of the Legislature to serve on the task force. To guarantee full participation, **Committee staff recommends** an amendment to permit Legislative Members and/or their designees to serve on the task force. Additionally, this bill requires one member to be appointed from DHCS. Committee staff recommends an amendment to require the Director of DHCS or his/her designee to serve on the task force.

This bill requires the task force to recommend ways to create "a Whole School, Whole Community, Whole child approach." These terms are not defined and vague. **Committee staff recommends** an amendment to require the task force to recommend ways to create a collaborative approach to foster and promote a noncompetitive strategy that directs an appropriate level of funding to school nursing and school-based health centers.

Similar and prior legislation. AB 834 (O'Donnell) of this Session would establish an Office of School-Based Health Programs within the CDE to administer and support school-based health programs operated by public schools. The bill passed out of this committee and the Assembly Health Committee and is currently pending in the Assembly Appropriations Committee.

AB 481 (Thurmond) of this Session require an LEA to contract for services that are actually provided and necessary for the performance of specified oversight and monitoring activities, and would require the development of a process by which an LEA may appeal an action of the department with respect to the Medical Administrative Activities (MAA) program, among other provisions. This bill is pending in the Assembly Health Committee.

SB 123 (Liu) of the 2015-16 Session would have established a revised process for school-based and non-school-based administrative claiming, beginning January 1, 2018, authorized DHCS to administer or oversee a single statewide quarterly random moment time survey, required the DHCS and the CDE to enter into an interagency agreement or memorandum of understanding by

July 1, 2018, and establish a workgroup to provide advice on issues related to the delivery of school-based Medi-Cal services to students. This bill was vetoed by the Governor.

SB 276 (Wolk), Chapter 653, Statutes of 2015, requires the DHCS to seek federal financial participation for covered services that are provided by a LEA to a Medi-Cal eligible child regardless of whether the child has an IEP or an IFSP, or whether those same services are provided at no charge to the child or to the community at large.

AB 1955 (Pan) of the 2013-14 Session, would have required the DHCS and the CDE to cooperate and coordinate efforts in order to maximize receipt of federal financial participation under the MAA process. This bill was held in the Assembly Appropriations Committee.

AB 2608 (Bonilla), Chapter 755, Statutes of 2012, makes permanent and expands provisions relating to program improvement activities in the LEA billing option program and expands the scope of reimbursable transportation services.

AB 2454 (Torlakson) of the 2009-10 Session, would have required the governing board of a school district to employ at least one school nurse, registered nurse, or licensed vocational nurse for every 750 pupils. The bill was held in the Assembly Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

California School Nurses Organization (Sponsor)
ABC Unified School District
American Federation of State, County and Municipal Employees, AFL-CIO
American Nurses Association – California
California School Nurses Organization – San Diego/Imperial Section
California Teachers Association
Children NOW
Fresno County Superintendent of Schools
Fresno Unified School District
Las Virgenes Unified School District
Long Beach Unified School District School Nurses
Oceanside Unified School District School Nurses
Orange County School Nurses Organization
Richland School District School Nurses
Sacramento City Unified School District
San Joaquin County Office School Nurses
Teachers for Healthy Kids
Torrance Unified School District Credentialed School Nurses
Numerous individuals

Opposition

California Right to Life Committee, Inc.

Analysis Prepared by: Debbie Look / ED. / (916) 319-2087