



## LEGISLATIVE AFFAIRS- DECISION MEMO

April 27, 2006

### ISSUE

AB 2560 [Ridley-Thomas]: Establishing a State Public School Health Center Program to coordinate, facilitate, advise and report on the activities of school health centers.

### GOAL

Improve children's access to health care.

### BACKGROUND

Many California children who are eligible for government health care assistance are not covered simply because they are not signed up. In addition, they may not access services which they are signed up for, for reasons including transportation difficulties.

School-based health centers, a.k.a. school health centers, have been created to meet some of these needs by providing children with health care in a convenient and non-threatening location: schools. These centers are health clinics located at elementary, middle and high schools. At a typical center, nurse practitioners, nurses, mental health providers and/or part-time doctors and medical students provide a variety of preventive, diagnostic and treatment services, including scoliosis, vision and hearing screenings, comprehensive physicals, acute illness treatment, prescriptions and immunizations.

45 states have school health centers (as of 2002), and there are at least 120 school health centers currently in operation in California. 25 states have more school health centers per child than California. They typically receive some reimbursement for specific services provided from programs such as Medi-Cal and Healthy Families; facility use from schools; and grant funding from federal, state and private sources. While California does not, 20 other states have state government support specifically for school health centers.

Most students at California schools with health centers are in the free lunch program; thus, health centers serve a relatively low-income population.

A study of four school centers in Cincinnati found that they generated \$3 in savings for every dollar in costs, including savings from immediate health improvement, reduced travel costs for parents, and reduced future health problems. As part of these savings, students at schools with health centers used fewer prescription drugs, resulting in lower Medicaid costs. Other research studies have found associations between school health centers and reductions in unnecessary emergency room use and in hospitalizations related to asthma.<sup>1</sup>

### SUMMARY

This bill would create the Public School Health Center Program, administered by the Department of Health Services and the State Department of Education. This program would assist with enrollment and outreach for children to be in Medi-Cal and the Healthy Families Program through school health centers; serve as a liaison between various relevant state agencies; and assist in locating potential funding for existing or potential school health centers. In addition, a 16-member School Health Center Committee of specified membership would be created, to meet twice annually to provide advice and assistance regarding school health centers. Finally, a data collection system would be created and managed by the Institute for Health Policy Studies at the University of California, San Francisco, in coordination with the Department of Health Services. The Department of Health Services, Department of Education, and University of California, San Francisco would be charged with facilitating information exchange among local education agencies regarding the steps involved in operating school health centers and with coordinating with programs in other state agencies which also support school health centers. Finally, the Public School Health Center Program would submit a biennial report to the legislature on these centers, starting in 2009.

### ANALYSIS

#### ARGUMENTS FOR:

- Would lead to improvements in children's health.
- Would facilitate usage of existing programs (including Medi-Cal and Healthy Families), allowing them to be more effective at providing health coverage for children.
- Would cost little, relative to the cost of operating school health centers and relative to the state budget.

<sup>1</sup> Research in *Pediatrics* and the *Journal of Adolescent Health* cited at <http://www.schoolhealthcenters.org/docs/AB2560/MakingTheCase.doc>.

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## **Prevent Child Abuse** California

- Would incorporate interagency coordination for efficiency, an oversight committee for ongoing improvement, and data tracking and reporting for accountability.

### **ARGUMENTS AGAINST:**

- Increases bureaucracy and has some direct costs.

### **STAFF RECOMMENDATION**

The legislative affairs division recommends **supporting** this bill, writing a letter to the author to that effect, and sending a copies of the letter to the chairs of the Assembly Education and Health Committees, and to the California School Health Centers Association with our thanks for their informative, well-organized website.