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ABSTRACT

Under the new Federal State Children's Health Insurance Program, states have the opportunity to insure many children from low-income families without health insurance. School-based health centers (SBHCs) provide one option for states to expand the provider network to care for these newly insured children. This pamphlet and companion videotape detail the nature and benefits of SBHCs. The pamphlet's introduction notes that SBHCs are mostly off-site locations of traditional providers such as hospitals or public health departments, and offer services provided by nurse practitioners or physician assistants, overseen by a physician. The pamphlet next highlights the different funding sources, and the relationship of SBHCs to HMO (Health Maintenance Organization) insurance providers. Concerns with parental rights and reproductive health that SBHCS have had to address are then discussed. Legislative issues are then explored, specifically SBHC as a model of health care delivery that addresses barriers to access, and the cost effectiveness of primary and preventive services at SBHCs. The final section of the pamphlet outlines the role of legislators in SBHC policy, in setting standards, ensuring that SBHCs are included in Medicaid managed care networks where appropriate, and addressing funding issues. A list of resources for additional information concludes the pamphlet. The short companion video provides an expanded version of the information in the pamphlet. (HTH)

School Based Health Centers: Bringing Health Care to Kids

National Conference of State Legislatures

School-Based Health Centers

Bringing Health Care to Kids

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The National Conference of State Legislatures serves the legislators and staffs of the nation's 50 states, its commonwealths and territories. NCSL is a bipartisan organization with three objectives:

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- To ensure states a strong cohesive voice in the federal system.

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Introduction

State legislatures across the country are faced with the problem of access to health care for uninsured children (Figure A, p. 3). Under the new federal State Children's Health Insurance Program, states have the opportunity to insure many more children. School-based health centers (SBHCs) provide one option for states to expand the provider network to care for the newly insured children.

SBHCs serve all ages, are found in all types of schools—elementary and secondary; rural and urban (Figure B, p. 3)—and are mostly off-site locations of traditional providers we know—hospitals, community health centers and public health departments. These centers provide continuity of care and coordination of a full range of services, including primary and preventive medical care, health and nutrition education, dental care, mental health care and substance abuse counseling. SBHCs also help educate students about taking care of chronic diseases such as diabetes and asthma.

Services are largely provided—with physician oversight—by nurse practitioners or physician assistants, nurses, clinical social workers, and other mental health professionals who are skilled at working with children and adolescents.

During the past 10 years, school-based health centers have experienced rapid growth (Figure C, p. 4), and now are found in 45 states and the District of Columbia (Figure D, p. 4).

Funding

School-based health centers are funded by a combination of federal, state, county and private foundation money. Schools typically do not contribute funds, but offer in-kind support such as space and janitorial and phone service.

Federal

Healthy Schools, Healthy Communities is the only dedicated federal program to establish and support SBHCs. Under this program, 24,000 kids receive comprehensive primary care services in 26 SBHCs in 20 states.

Healthy Schools, Healthy Communities States

Alabama
Arkansas
California
Colorado
Florida
Georgia
Illinois
Indiana
Kentucky
Maine
Maryland
Michigan
Minnesota
Mississippi
North Carolina
Oregon
Pennsylvania
Rhode Island
Tennessee
West Virginia

State

Most states fund school-based health centers through grant programs funded by either Maternal and Child Health Services block grant money or state general funds (Figure E, p. 5). For example, New York contributes the largest amount to support SBHCs, with $10 million, and Connecticut contributes $3.8 million, the next largest amount (Table A, p. 5).

County

In many communities where state money is limited, counties have picked up the tab. For example, Oregon's Multnomah County has committed nearly $2 million to support a network of SBHCs in middle and senior high schools in Portland.

Foundations

Private foundations also provide support. The largest, The Robert Wood Johnson Foundation, has provided more than $40 million for SBHCs during the past 20 years.

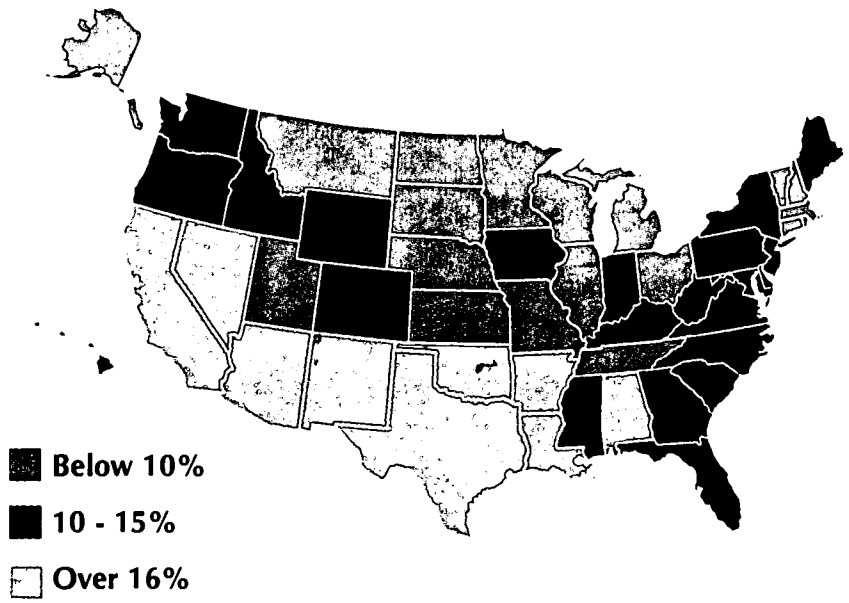
7

Managed Care

Although SBHCs got their start through private foundations and state money, they rely increasingly on insurance

Figure A

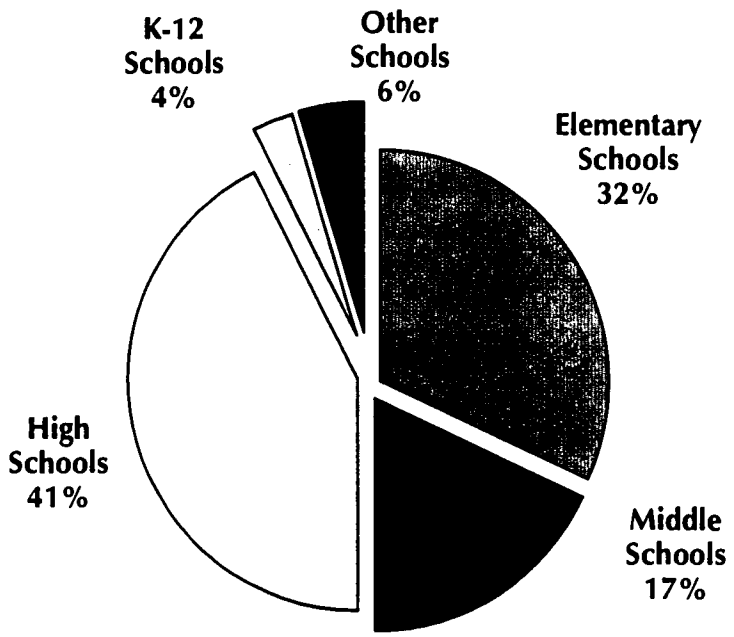
Percent of Uninsured Children by State



Source: U.S. General Accounting Office, July 9, 1996.

Figure B

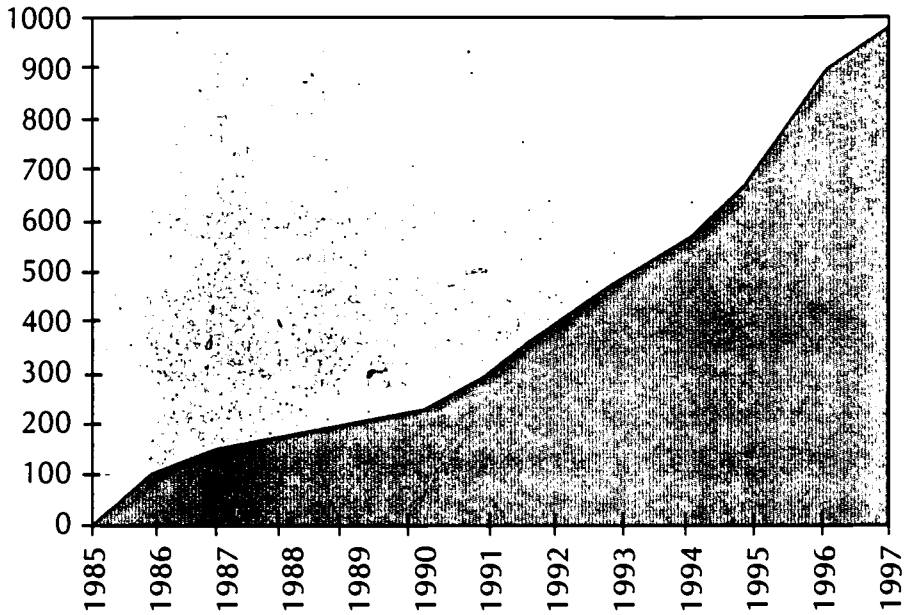
Types of Schools that House School-Based Health Centers



Source: Making the Grade, Survey of State School-Based Health Center Initiatives, 1996.

Figure C

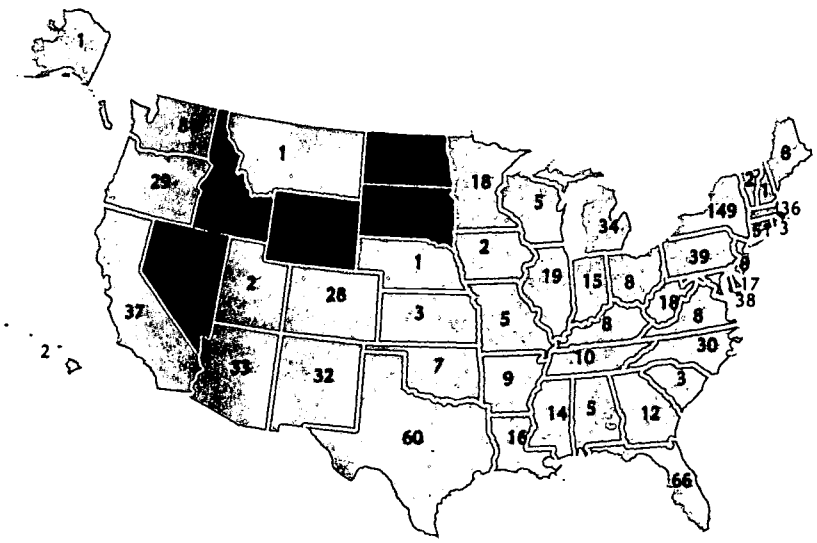
School-Based Health Centers, 1985-1997



Source: Making the Grade, 1997; and NCSL, 1997.

Figure D

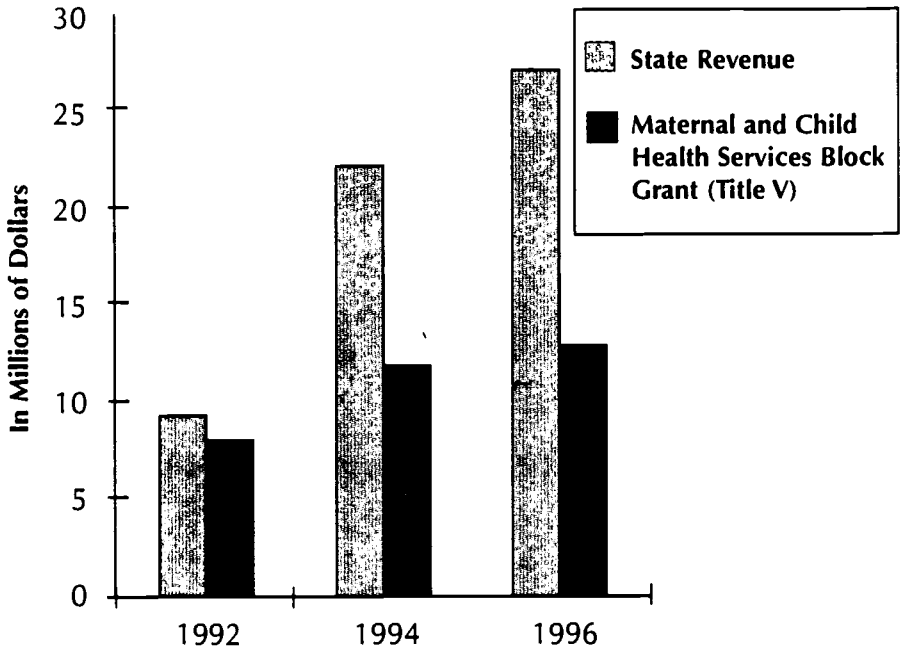
Number of School-Based Health Centers by State



Source: Making the Grade, Survey of State School-Based Health Center Initiatives, 1997.

Figure E

State Directed Funds Spent on School-Based Health Centers



Source: Making the Grade, Survey of State School-Based Health Center Initiatives, 1996.

Table A

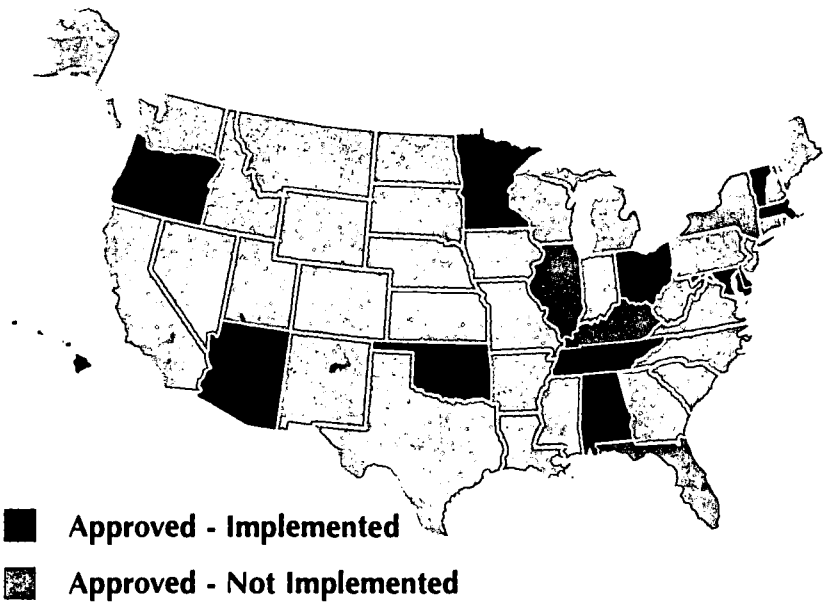
School-Based Health Center State Funding Leaders

State	1994 Funding* (in Millions)	1996 Funding* (in Millions)
New York	**$10.0**	**$10.0**
Connecticut	**4.0**	**3.8**
Michigan	2.6	2.9
Texas	2.0	2.0
Delaware	1.6	2.9
Massachusetts	1.5	2.3
Florida	1.4	1.5
Illinois	1.4	1.4
Louisiana	1.1	1.4
Arkansas	1.0	1.0
North Carolina	.9	1.0

*State General Fund or Health Block Grant Money.
Source: Making the Grade, *ACCESS Newsletter*, Summer 1996.

Figure F

Implementation of 1115 Waivers by State



Source: HCFA, July 22, 1997.

Table B

Issues Addressed in State Guidelines for School-Based Health Centers

- ✔ Access to Services
- ✔ Enrollment and Parental Consent
- ✔ Comprehensive Health Assessments
- ✔ Diagnosis/Treatment of Medical Conditions
- ✔ Immunizations
- ✔ Laboratory Testing
- ✔ Age-Appropriate Reproductive Health Care
- ✔ Health Education and Promotion
- ✔ Mental Health
- ✔ Dental Care

reimbursement. As more children move into managed care plans (Figure F, p. 6), this can be problematic if SBHCs are not included as plan providers, but are the only community-based health provider in the area. Few relationships exist between the SBHCs and managed care organizations. On the other hand, some health maintenance organizations (HMOs) and other managed care plans are finding that SBHCs are the most convenient source of care for their current or newly enrolled children. "In the future of health care, responsible HMOs have to look for innovative ways to improve the health of the population they serve. Moving care closer to the consumer, breaking barriers to care and getting care quickly are clearly advantages," emphasizes Dr. Daeke, medical director of PacifiCare Colorado. At least 14 states—Colorado, Connecticut, Deleware, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New York, North Carolina, Oregon, Rhode Island, Vermont and West Virginia—either require or encourage managed care plans to include SBHCs in their networks.

In Colorado, commercial managed care organizations work with the SBHCs to provide services. Nonprofit Kaiser Permanente's School Connections is a two-year pilot program that serves 1,300 children in 20 SBHCs in the Denver metro area. Families pay $3 per child per month and Kaiser subsidizes the rest. "Working with school-based health centers allows us to reach a population that is generally unserved," says Kaiser's Maureen Hanrahan.

Not only nonprofit HMOs work with school-based health centers. PacifiCare, formerly FHP, pays a capitated rate for 270 enrolled students to receive health care services at seven SBHCs in Denver.

Responding to Concerns

Although school-based health centers are growing in popularity, they are not without controversy. Opponents have focused on two main issues—parental rights and reproductive health. The parental rights concern focuses mainly on the issue of parental responsibility.

"The more we allow government to take over duties, the less we have parental involvement and that disintegrates the family," asserts Colorado Senator MaryAnne Tebedo.

Another major area of concern for opponents is dealing with the issue of sexuality in school. "Dealing with the issue of sexuality, which is a highly charged moral issue, in an atmosphere where morals cannot be talked about, you're sending the message to young people that morals don't matter, and that's just not the case. Morals matter greatly, and especially in the issue of sexuality," says Focus on the Family representative Glenn Stanton.

Most SBHCs have addressed opponents' concerns by letting communities decide which services to offer. Stanton thinks this is a good idea. "We are advocates for the parents and if they have a voice, if they feel their concerns are being heard, that's all we're asking for." One example is Harford Heights Elementary School in Baltimore. The school brought in a group of parents and asked them what kinds of services they would like to see provided in a school-based health center. The school took that information and designed a program that took into consideration everything the parents said.

Reproductive health was at the heart of a divisive debate in the Louisiana Legislature over whether to continue funding SBHCs. In 1996, Louisiana appropriated almost $2.7 million for 22 SBHCs. The centers faced accusations of violating Louisiana's ban on abortion referrals and distribution of contraceptives on school grounds. After a governor-appointed study, the Department of Health and Hospitals cleared the centers of any wrongdoing and the governor approved the budget.

Supporters of SBHCs contend that SBHCs are growing because parents do feel in control. Parents can even specify which services they would like their child to take advantage of—and those they don't—through use of required parental consent forms.

Legislative Issues

School-based health centers have come to the attention of legislators for several reasons, including access to health care, low-cost providers, and primary and preventive health care.

Access

Although 1997 congressional action offers the possibility of health insurance for many more children, health insurance without a provider does nothing for children. SBHCs offer a model of health care delivery that addresses barriers to access.

Barriers are particularly prevalant in rural areas. Often, children are isolated in rural mountainous or frontier areas where transportation is a problem. Or perhaps mom and dad are working and cannot take off because one more day off work may cause them to lose their jobs. But children can ride a school bus to get to school, where they have access to the SBHC.

Advocates promote SBHCs as an efficient model to deliver health care to children who do not have access because the centers are located in high-need areas. For example, half the children in Sheridan, Colorado, live in poverty and 60 percent are uninsured. The community had no physicians, health clinics or pharmacies. In 1995 an SBHC was opened in Sheridan Middle School to serve the entire community of 5,500 residents.

Primary and Preventive Care

SBHCs provide primary and preventive services cost-effectively. For example, Colorado requires all seventh graders to be immunized against Hepatitis B. The immunization consists of a series of three shots over the course of about six months. The vaccines are not cheap and if all three injections are not completed, the immunization will not be effective. A parent may well have to miss a half day of work to take a child to the doctor. On the other hand, it is easy for a student to go to the SBHC.

SBHCs provide care at a time when prevention can make the most difference—early on.

Low-Cost Providers

SBHCs can be low-cost providers—much cheaper than a hospital emergency room—where many uninsured families seek nonemergency services. A Colorado Kaiser Permanente study of emergency room usage patterns over a three-year period found that students who had access to SBHCs used the emergency room for after-hours urgent care an average of a half-day less per year than other patients.

Legislative Action

Legislators play several roles in SBHC policy—setting standards of care, including centers in Medicaid managed care networks and allocating funds.

Standards

Legislators can play an important role in SBHC design and can set standards for operation (Table B, p. 6). Standards provide continuity of care and a baseline for quality. An increasing number of state health departments have become involved in the process by establishing program goals, describing service and staffing standards, and defining prototypes for replication. As of 1995, 22 states had established standards and nine states had guidelines under development, according to Making the Grade.

Medicaid Managed Care

Legislators can play an important role in ensuring that school-based health centers are included in Medicaid managed care networks where appropriate. As listed earlier, at least 14 states either require or encourage managed care plans to include school-based health centers in their networks.

Funding

Legislatures use several mechanisms to increase access to health care for children, including: expanding Medicaid; allocating state funds; subsidizing insurance for children in private programs; financing health

services directly through community or school-based health centers; and working to increase access to the Medicaid program through public awareness campaigns and administrative simplification.

Conclusion

Children are our nation's most precious asset. If we want them to be productive citizens, they need to be healthy. "Every one of us in the legislative and executive branch ought to say this is one of our goals and we have to keep it high on our list of priorities," points out Colorado Governor Roy Romer.

Resources for Additional Information

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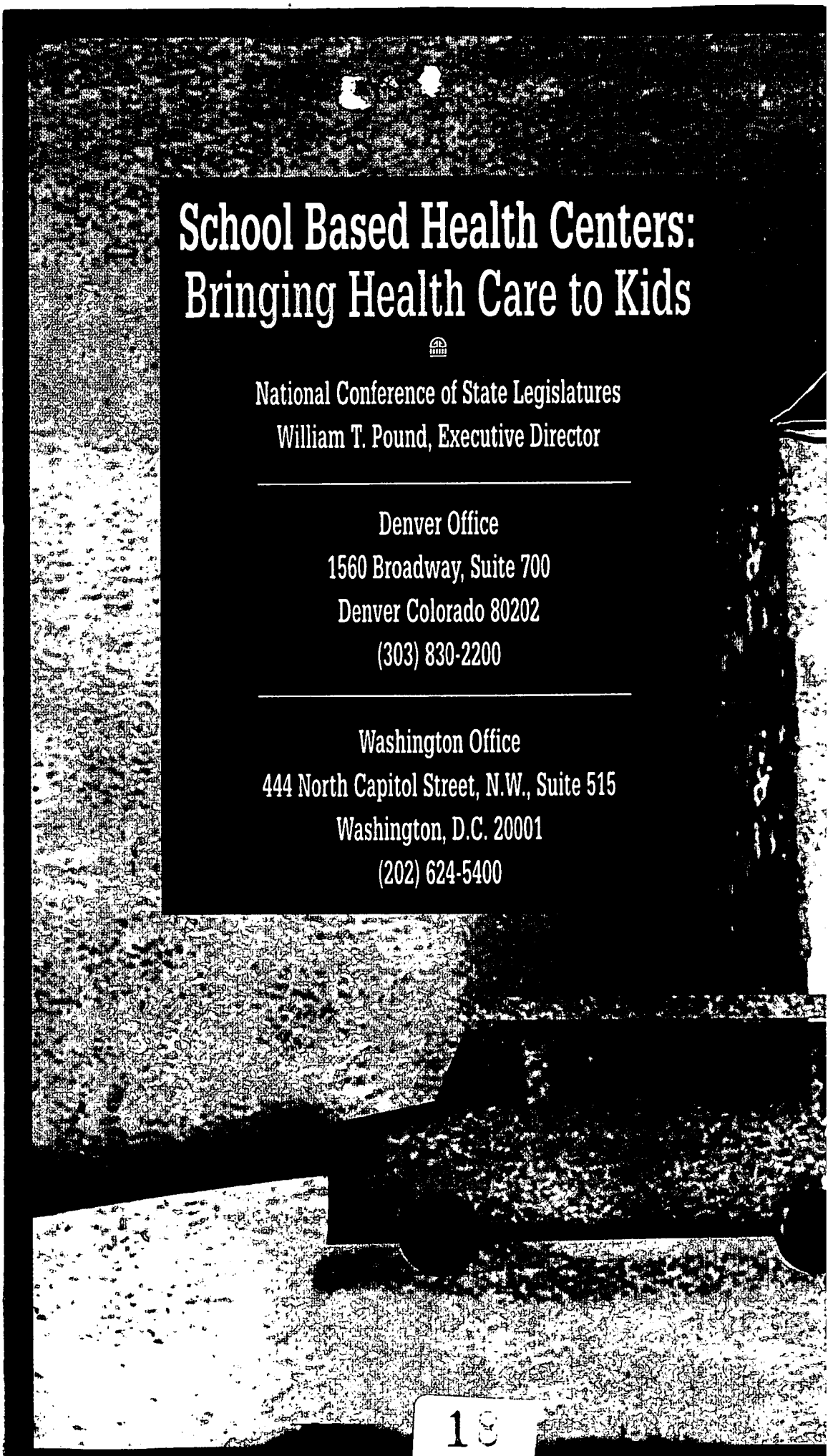

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