

House Bill 2636

Sponsored by Representative LEVY B, Senator HANSELL; Representative HIEB (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires every school district to ensure that school-based mental health professional and school-based nurse is located at every school of school district. Allows school-based nurse to make recommendations for visit to health care professional or specialist and directs nurse to assist student or student's parent or guardian in visiting professional or specialist at no cost or reduced cost.

Allows education service districts to have health care professionals work in schools of component school districts, if agreed to by school district. Prescribes requirements of health care provided at school by education service district health care professional.

Expands purposes of school-based health centers to include provision of services to all members of community and to provide training opportunities for students interested in careers in health care professions.

A BILL FOR AN ACT

1
2 Relating to student health; amending ORS 329.603, 334.175, 336.201 and 413.223.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 329.603 is amended to read:

5 329.603. (1) Each school district must provide a coordinated comprehensive school counseling
6 program to support the academic, career[, *personal and social*] **and social-emotional** development
7 of each student and to develop the sense of community involvement for each student.

8 (2) A coordinated comprehensive program may be designed, delivered or otherwise implemented
9 by:

10 (a) A person who is licensed by the Teacher Standards and Practices Commission as a school
11 counselor;

12 (b) A person who is licensed by the commission as a school social worker; or

13 (c) Any combination of persons qualified to implement the program, as determined under rules
14 adopted by the State Board of Education.

15 **(3) Under a coordinated comprehensive school counseling program, a school district must**
16 **ensure that each school of the school district has at least one school-based mental health**
17 **professional who is licensed as a school counselor or a school social worker.**

18 [(3)] (4) Nothing in this section may be construed to allow a person, including but not limited
19 to a licensed school social worker:

20 (a) Who is licensed by the commission to practice outside of the scope of the person's license;
21 or

22 (b) To practice within the scope of a license not held by that person.

23 **SECTION 2.** ORS 336.201 is amended to read:

24 336.201. (1) As used in this section:

25 (a) "Licensed practical nurse" means an individual who is licensed as a licensed practical nurse
26 under ORS 678.010 to 678.410.

27 (b) "Medically complex students" means students who may have an unstable health condition

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 and who may require daily professional nursing services.

2 (c) "Medically fragile students" means students who may have a life-threatening health condition
3 and who may require immediate professional nursing services.

4 (d) "Nursing-dependent students" means students who may have an unstable or life-threatening
5 health condition and who may require daily, direct and continuous professional nursing services.

6 (e) "Registered nurse" means an individual who is licensed as a registered nurse under ORS
7 678.010 to 678.410.

8 (f) "School nurse" has the meaning given that term in ORS 342.455.

9 (2) Each school district shall ensure that the district has access to a sufficient level of nursing
10 services to provide:

11 (a) One registered nurse or school nurse for every 225 medically complex students.

12 (b) One registered nurse or school nurse for every 125 medically fragile students.

13 (c) One registered nurse or school nurse, or one licensed practical nurse under the supervision
14 of a registered nurse or school nurse, for each nursing-dependent student.

15 **(d) One school-based registered nurse or school nurse at every school of the school dis-**
16 **trict.**

17 (3) In addition to the requirements of subsection (2) of this section, each school district is en-
18 couraged to have one registered nurse or school nurse for every 750 students in the school district.

19 (4)(a) A school district may satisfy the requirements of subsection (2) of this section by using
20 the most cost-effective means available.

21 (b) A school district may satisfy the requirements described in subsection (2)(a) of this section
22 and the recommendations described in subsection (3) of this section by:

23 (A) Providing personnel trained and supervised by a registered nurse or school nurse; and

24 (B) Complying with the requirements of ORS 678.010 to 678.448.

25 (5)(a) A registered nurse or school nurse is responsible for coordinating the school nursing ser-
26 vices provided to an individual student. The registered nurse or school nurse shall work in part-
27 nership with the student's parent or guardian, health care provider and appropriate school staff to
28 the extent allowed by law. **A registered nurse or school nurse may recommend a student**
29 **consult with a health care professional or specialist and shall assist the student and the**
30 **student's parent or guardian in visiting the professional or specialist at no cost or reduced**
31 **cost.**

32 (b) Decisions related to when or where a student receives school nursing services must jointly
33 be made by the registered nurse or school nurse, the parent or guardian of the student and any
34 appropriate school staff. This paragraph does not apply to students who have an individualized ed-
35 ucation program and for whom special education and related services are determined by an indi-
36 vidualized education program team.

37 (6) The Department of Education shall submit to the State Board of Education and the interim
38 legislative committees related to education an annual report no later than October 1 of each year
39 that is based on the previous school year and that provides information on:

40 (a) The availability of licensed practical nurses, registered nurses and school nurses in each
41 school district; and

42 (b) The number of medically complex students, medically fragile students and nursing-dependent
43 students in each school district.

44 **SECTION 3.** ORS 334.175 is amended to read:

45 334.175. (1) An education service district shall provide regionalized core services to component

1 school districts. The goals of these services are to:

2 (a) Assist component school districts in meeting the requirements of state and federal law;

3 (b) Improve student learning;

4 (c) Enhance the quality of instruction provided to students;

5 (d) Enable component school districts and the students who attend schools in those districts to
6 have equitable access to resources; and

7 (e) Maximize operational and fiscal efficiencies for component school districts.

8 (2) The services provided by an education service district shall be provided according to a local
9 service plan developed by the education service district and component school districts. The educa-
10 tion service district and component school districts shall develop the local service plan to meet the
11 goals specified in subsection (1) of this section. The local service plan must include services in at
12 least the following areas:

13 (a) Programs for children with special needs, including but not limited to special education ser-
14 vices and services for at-risk students.

15 (b) Technology support for component school districts and the individual technology plans of
16 those districts, including but not limited to technology infrastructure services, data services, in-
17 structional technology services and distance learning.

18 (c) School improvement services for component school districts, including but not limited to:

19 (A) Services designed to support component school districts in meeting the requirements of state
20 and federal law;

21 (B) Services designed to allow the education service district to participate in and facilitate a
22 review of the state and federal standards related to the provision of a quality education by compo-
23 nent school districts;

24 (C) Services designed to support and facilitate continuous school improvement planning;

25 (D) Services designed to address schoolwide behavior and climate issues; and

26 (E) Services designed to support career and technical education.

27 (d) Administrative and support services for component school districts, including but not limited
28 to services designed to consolidate component school district business functions, liaison services
29 between the Department of Education and component school districts and registration of children
30 being taught by private teachers, parents or legal guardians pursuant to ORS 339.035.

31 (e) Other services that an education service district is required to provide by state or federal
32 law, including but not limited to services required under ORS 339.005 to 339.090.

33 (3) In addition to the services specified in subsection (2) of this section, a local service plan
34 may:

35 (a) Include other services that are designed to meet regional needs.

36 (b) **Provide for health care professionals to be located and work in the schools of a**
37 **component school district, as agreed to by the component school district. Notwithstanding**
38 **ORS 109.610, 109.640, 109.675 and 109.680 and to the extent allowed by state and federal law,**
39 **a parent of a student must be informed of all health care services provided by a health care**
40 **professional under this paragraph and must be notified immediately of any appointments and**
41 **allowed to attend the appointment. Parental notification may be made without the consent**
42 **of the student, and the health care professional is not liable for notifying the parent without**
43 **the consent of the student.**

44 (4) A local service plan shall also contain annual performance measures for the education ser-
45 vice district.

1 (5) A local service plan must:

2 (a) Be adopted by the board of the education service district.

3 (b) After being adopted by the board of the education service district, be approved on or before
 4 March 1 by resolution of two-thirds of the component school districts that are a part of the educa-
 5 tion service district and that have at least a majority of the pupils included in the average daily
 6 membership of the education service district, as determined by the reports of such school districts
 7 for the preceding year, enrolled in the schools of the school districts.

8 (6) Notwithstanding the process for approval and adoption required by subsection (5) of this
 9 section, if the component school districts approve an amendment to a local service plan pursuant
 10 to subsection (5)(b) of this section, the board of an education service district may amend a local
 11 service plan that has been previously adopted by the board and approved by the component school
 12 districts. An amendment to a local service plan may be done at any time.

13 (7) If a component school district determines that a local service plan, or the provision of ser-
 14 vices under a local service plan, does not meet the service needs of the component school district,
 15 the component school district may contract with a public entity for the provision of services.

16 (8) An education service district may provide the services required by the local service plan
 17 directly through the staff of the district. In addition, an education service district may provide ser-
 18 vices required by the local service plan through the operation of a public school, a public charter
 19 school pursuant to ORS chapter 338, an alternative school or a preschool.

20 (9) An education service district may provide the services required by the local service plan in
 21 cooperation with another education service district or with a school district. In addition, an educa-
 22 tion service district may contract with a public or private entity for the provision of services.

23 **SECTION 4.** ORS 413.223 is amended to read:

24 413.223. The division of the Oregon Health Authority that is charged with public health func-
 25 tions:

26 (1) Shall develop and continuously refine a system of care that:

27 (a) Meets the developmental needs of adolescents;

28 (b) Promotes evidence-based practices for children; and

29 (c) Prioritizes public health through activities such as:

30 (A) Establishing certification and performance standards;

31 (B) Collecting and analyzing clinical data;

32 (C) Conducting ongoing assessments and special studies; and

33 (D) Defining a statewide planning and development process.

34 (2) Shall adopt by rule the procedures and criteria for the certification, suspension and decerti-
 35 fication of school-based health centers. The procedures must allow certified school-based health
 36 centers a reasonable period of time to cure any defects in compliance prior to the suspension or
 37 decertification of the school-based health center.

38 (3) Shall convene work groups to recommend best practices for school-based health centers with
 39 respect to electronic health records, billing, joint purchasing, business models and patient centered
 40 primary care home identification.

41 (4)(a) May, in addition to the duties described in subsection (1) of this section, enter into a
 42 contract with an entity that coordinates the efforts of school-based health centers for the purpose
 43 of providing assistance to school-based health centers that receive grant moneys under ORS 413.225.

44 (b) A contract entered into under this subsection must require the entity to:

45 (A) Provide technical assistance and community-specific ongoing training to school-based health

1 centers, school districts and education service districts;

2 (B) Assist school-based health centers in improving business practices, including practices re-
3 lated to billing and efficiencies;

4 (C) Assist school-based health centers in expanding their relationships with coordinated care
5 organizations, sponsors of medical care for school-age children and other community-based providers
6 of school-based health and mental health services, **including making care provided through the**
7 **school-based health centers available to all members of the community;** [*and*]

8 **(D) Allow students interested in careers in the health care profession to have access to**
9 **training opportunities in school-based health centers; and**

10 [*D*] (E) Facilitate the integration of health and education policies and programs at the local
11 level so that school-based health centers operate in an optimal environment.

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