



To: House Committee on Education

From: Christine Otto, Senior Educational Services Administrator / Bridges Director, Multnomah Education Service District

Date: 2/24/25

Subject: Support for HB 3063 (Hospital Education Programs)

Chair Neron, Vice-Chair McIntire, Vice-Chair Dobson, and Members of the Committee:

My name is Christine Otto and I serve as the Senior Educational Services Administrator for Multnomah Education Services District (MESD). MESD provides education, through a contract with the Oregon Department of Education to the majority of youth who are hospitalized in Oregon. Our educational programs are housed in Doernbecher Children's Hospital, Randall Children's Hospital, Shriners, Providence Willamette Falls, Unity Center for Behavioral Health, and Fresenius Kidney Care. Our programs are fully accredited and so any credit youth earn while in our programs, may count toward graduation requirements.

When most people think of youth in hospitals, they might not think of youth continuing schooling in these spaces. However, for many youth continuing education while in treatment provides a positive and stabilizing experience in an otherwise very stressful time.

When youth enter one of these hospitals, our teachers reach out to them to offer educational services. Our teachers are embedded in the hospital and can provide instruction. Most youth and families appreciate the outreach and take advantage of these services.

When students enter our program, we immediately contact the youth's current/last known school - with parent permission - to identify whether the youth needs individualized instruction through an IEP and/or other educational needs. In serving youth, we create personalized instructional plans depending on the needs of the youth. These plans may be to help them continue the work they are doing at their home school. This is particularly valuable if the youth is expected to return soon to that school. In other cases, we develop an instructional plan specific to their credit, academic, and/or special education needs using curriculum approved through our district.



When youth are enrolled in our program, youth are typically withdrawn from their home school. Even if they are not enrolled in our school program, their home district is required to drop them if they miss 10 or more days of school. This can be destabilizing and create disruptions when youth are hoping to stay connected to school. Knowing that the youth will be returning, some schools will continue to stay connected; however, in most cases, the youth's access to online curriculum and resources is dropped when they are withdrawn from school. This means a student taking an online course will lose access to the curriculum and may have to start over when they return to school, even if their time away was only a few weeks. This bill seeks to rectify that by specifying that schools continue to allow students in hospitals be allowed to access their online materials.

In my role, I frequently have conversations with districts about how to continue to support youth from their community who have experienced hospitalization. House Bill 3063 will help clarify how schools may do that.

Thank you.