



## **OPPOSE AB1940: School-Based Health Center Support Program.**

### **AB1940 as introduced by Assemblymember Salas**

*“AB1940 would rename ‘Public School Health Center Support Program’ as the School-Based Health Center Support Program and would redefine a school-based health center to mean a student-focused health center or clinic that is located at or near a school or schools, is organized through school, community, and health provider relationships, and provides age-appropriate, clinical health care services onsite by qualified health professionals. The bill would authorize a school-based health center to provide primary medical care, behavioral health services, or dental care services onsite or through mobile health or telehealth.*

*AB1940 would make changes to certain service requirements relating to, among other things, primary medical care, substance use disorder services, population health, and integrated and individualized support.”*

### **Need for the bill.**

- According to the author “Children are not receiving the care they need. Less than 50 percent of Medi-Cal children receive all required preventative health services. Child vaccination rates have decreased since the beginning of the pandemic. There was an estimated 27 percent decline in pediatric office visits in 2020, and students showed a 25 percent increase in rates of suicidal behavior. The COVID-19 pandemic laid bare the increasing need for health and mental health supports, as well as the low access to those services for historically marginalized communities. SBHCs provide quality, age and developmentally appropriate comprehensive health care and other support services on or near public school campuses.

- These centers give children and families easy and safe access to much-needed medical care.
- They support the whole child by providing services to meet their physical, mental, and social emotional health needs. Research also shows that SBHCs have a positive impact on absences, dropout rates, disciplinary problems, and other academic outcomes. SBHCs provide students a safe, welcoming, youth-friendly space where their holistic health needs are met through comprehensive health care services coordinated with the school and other community partners.
- AB 1940 updates and modernizes the existing school-based health center (SBHC) grant program to meet the current needs of school-based health centers in the state, clarifies the definition of “school-based health center” in statute, increases the grant amounts for facilities & start-up grants, and adds a new expansion grant category for existing SBHCs.
- AB 1940 is a vital tool to addressing the significant disparities in child and youth health and education outcomes.”

[Read Full Bill Text Here:](#)

#### **Bill facts:**

- School-based health centers (SBHCs) provide an integrated approach to delivering comprehensive physical and behavioral health services in school settings. Since first established in the 1980s, California’s SBHCs have been growing in number. The state currently has 293 SBHCs that provide access to high quality, comprehensive health care to 286,000 children in or near K-12 schools. Despite the growing number, only 3 percent of public schools in California currently have an SBHC.
- Children and youth served by SBHCs live in many of the state’s most under-resourced neighborhoods where children and families experience barriers to accessing preventative, primary, and behavioral health care and have high rates of emergency room visits, obesity, asthma, and exposure to community stress and trauma. California’s SBHCs have grown to become an important part of the health care safety net, providing access to a range of critical health care services for thousands of underserved children and adolescents.
- Children are not receiving the care they need. Less than 50 percent of Medi-Cal children receive all required preventative health services. Child vaccination rates have decreased since the beginning of the pandemic. There was an estimated 27 percent decline in pediatric office visits in 2020, and students showed a 25 percent increase in rates of suicidal behavior. The COVID-19 pandemic laid bare the

increasing need for health and mental health supports, as well as the low access to those services for historically marginalized communities.

- SBHCs provide quality, age and developmentally appropriate comprehensive health care and other support services on or near public school campuses. These centers give children and families easy and safe access to much-needed medical care. They support the whole child by providing services to meet their physical, mental, and social emotional health needs. Research also shows that SBHCs have a positive impact on absences, dropout rates, disciplinary problems, and other academic outcomes. SBHCs provide students a safe, welcoming, youth-friendly space where their holistic health needs are met through comprehensive health care services coordinated with the school and other community partners.
- Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to assist school health centers, which are defined as centers or programs, located at or near local education agencies, that provide age-appropriate health care services at the program site or through referrals.
- AB 1940 updates California's School-Based Health Center Support Program, the Program's grant structure, and redefines the centers to mean a student-focused health center or clinic that provides clinical health care services by qualified health professionals. The bill authorizes an SBHC to provide primary medical care, behavioral health services, or dental care services. The bill also improves outreach and enrollment strategies for children in different health care coverage programs. AB 1940 will go a long way to addressing the significant disparities in child and youth health and education outcomes.

### ***Questions and Concerns:***

- AB 1940 specifies that these centers must provide "reproductive health services. "That includes chemical abortions, the nation's leading form of abortion service. This brings up an ethical concern about parental contact and scope of practice for those that will be providing these services. [source](#)
- The bill authorizes school-based health centers to increase access to care, reduce health disparities, and provide potential savings through better preventive care and reduced emergency department utilization, drug utilization, and inpatient treatment services. Schools are already feeling the burden of having to provide mental health services to students and having to review policies and procedures as well as hiring counselors for tiered services. A good model includes collaboration between community resources, schools, parents, and healthcare providers. [source](#)

- AB1940 raises ethical concerns in the areas of records and student information. Information in an educational setting is limited by what is needed/required for educational purposes. AB1940 would allow schools to have access to information that may not directly impact a student's educational performance. This is concerning for parents and caregivers. Additionally HIPAA law grants protection of all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. There are school based work programs and transition services would they be able to access confidential health information.
- AB1940 states that there was a decline for medical treatment and care during 2020 as evidence for the need for school based health center support programs. In reality with the mandates and closures children were less likely to get sick, pediatrician offices scheduled less frequent appointments, mental health visits increased during these times. [source](#)