

ADVOCACY DAY

VOTE NO OR ABSTAIN ON AB 1940

AB1940: Turns "school-based health centers" provided at or near local education agencies into "student-focused health clinics located at or near school campuses to provide primary medical care, behavioral health services, and dental care services on campus and/or through mobile or telehealth.

- AB1940 shifts priorities to non-education services (medicine, coordinating treatment and care), and jeopardizes parents' and guardians' legal and ethical obligations to their children.
- School and education are compulsory in California. Therefore, parents / guardians who do not want their child to receive or be exposed to medical services on-campus will not be able to avoid this risk.
- Inability to avoid risk or threats to parental rights will lead to increased unenrollment.
- Expanding Education System priorities from education to medicine, especially where learning losses are currently so great, will further jeopardize trust in the public education system.
- LAUSD underestimated the cost of COVID-19 testing *five fold* in 2021-2022, requesting \$150M in funds and spending in excess of \$500M. This was one medical service. How will already understaffed, underfunded, and under-enrolled schools pay for the cost of all the medical services anticipated for over 6M public school students?
- How will schools pay for multi-million dollar judgments that will be entered for injuries suffered as a result of medical care that is recklessly or intentionally poorly performed or exceeds to scope of consent, was performed on campus, and is not covered by MICRA?
- Expansion, reality of implementation:
 - o Are we going to be building hospitals on school campuses?
 - o How distracting will this be?
 - o How much will this cost?
 - o Will all necessary equipment, staff, protections, etc. be made available at every school clinic?
- Will all clinics be the same?
- Will all clinics provide the same standard of care?
 - o Isn't it true that schools in more affluent areas that pay more taxes will receive more funding for their clinics, thereby perpetuating disparate standards of care based on income, race, geographical location, etc.?
 - o Will funding be based upon amount of services rendered? Won't this be a perverse incentive for school clinics to provide potentially unnecessary and excessive treatments and care?
- Free public health centers already exist near local educational agencies in underserved areas.
 - o Why do the clinics need to be on campus?
 - o Why aren't our limited resources being spent improving existing centers, than diluting these funds across more clinics, some of which do not need the support?

UNINTENDED CONSEQUENCES:

- F Removing parents from the decision-making as the primary caregiver and responsibly party for their child's health and well-being, which will also continue to erode trust in public education.
- G Increase unenrollment by parents who see the priorities of the school systems shifting and are concerned about the availability of medical treatment on campus without their knowledge or consent.
- H Although some children will finally be given access to medical care, the majority of children will be exposed to new medical risks they would not otherwise be exposed to without their parent or guardian signing multiple Waivers of Liability and Consent Forms.
- I When combined with other bills currently being considered by the California Legislature and current minor consent laws, these health clinics may seal minors' medical records from parents/guardians, coordinate services without parental knowledge or consent, and place children's medical information into permanent state databases.
 - æ **SB66** (reducing the age of consent to vaccines), **SB1419** (allowing minors to seal medical records where receive treatment without parents' knowledge or consent), **SB1296** (viral surveillance), **SB1479** (perpetual testing), **AB1797** (mandatory, state-wide immunization registry), **AB2098** (medical misconduct)
- J Financial incentives for campus clinics will lead to compromising the purpose of education as schools to coerce and pressure students to receive services to obtain additional funding.
- K Increase the risk of medical malpractice lawsuits as medical care is provided on campus without parental knowledge or consent.
- L Widespread medical malpractice lawsuits as medical care is provided on campus without parental knowledge or consent.

A BETTER SOLUTION:

Provide funding to improve access and support of existing medical clinics to improve overall public health, education, and trust.