By the Committee on Health Policy; and Senator Wilson

587-1910-07

1	A bill to be entitled
2	An act relating to school health services;
3	creating s. 381.0058, F.S., relating to
4	public-private partnerships for the provision
5	of school nurse services; providing legislative
6	intent and purpose; providing departmental
7	duties; providing a process for proposal
8	submission and review; providing for the scope
9	of services to be provided; providing for
10	review and selection criteria; providing
11	legislative intent relating to funding of the
12	act; providing an appropriation; providing an
13	effective date.
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15	Be It Enacted by the Legislature of the State of Florida:
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17	Section 1. This act may be cited as the "One School,
18	One Nurse Act."
19	Section 2. Section 381.0058, Florida Statutes, is
20	created to read:
21	381.0058 Matching funds for school nurse services;
22	<pre>public-private partnerships</pre>
23	(1) It is the intent of the Legislature that matching
24	funds, in addition to those provided under s. 381.0056 for the
25	School Health Services Act and s. 381.0057 for school health
26	services funding, be provided in those communities where
27	interest in school health services is evidenced by the
28	participation of public or private entities in the funding or
29	delivery of school nurse services. The purpose of this funding
30	is to encourage the development of those programs that offer
31	the greatest potential for promoting the health of students.

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increasing the availability of and access to nurses in the 2 school setting, and fostering greater community participation in the delivery of school nurse services. Matching funds shall 3 4 be available specifically for implementing the programs described in ss. 381.0056, 381.0057, and 402.3026 which are 5 6 designed to meet the particular needs of the community. 7 Further, it is the intent of the Legislature that 8 tobacco-settlement revenue be used to pay for health and human services for children. 9 10 (2) The Secretary of Health, or his or her designee, in cooperation with the Commissioner of Education, or his or 11 12 her designee, shall publicize the availability of matching funds for public and private entities committed to enhancing 13 the availability of school nurse services, as reflected in 14 formal agreements that are part of the local school health 15 16 services plan. 17 (3) The Secretary of Health, or his or her designees, 18 in cooperation with the Commissioner of Education, or his or her designees, in equal representation, shall form a committee 19 2.0 to determine the eliqibility of sites to receive matching 21 funds. 22 (4) Any community that seeks to receive state matching 23 funds under this section must submit a proposal to the committee established in subsection (3). The proposal must 2.4 state the goals of the program, provide specific plans for 2.5 enhancing local resources available for school nurse services, 2.6 27 and describe all of the health services to be made available 2.8 to students from matching funds provided under this section. A county health department or school district that receives 29 30 matching funds may not supplant more than 50 percent of the

1	current local contributions to school health services funding,
2	as documented in the local school health services plan.
3	(5) In addition to the merits of a proposal, the award
4	of matching funds must be based on those proposals from sites
5	that include county health departments and school districts
6	that most closely meet the following criteria:
7	(a) Have evidence of a comprehensive inservice staff
8	development plan.
9	(b) Have evidence of a cooperative working
10	relationship between the county health department and the
11	school district and have community, as well as parental,
12	support.
13	(c) Have a high percentage of subsidized school
14	lunches.
15	(d) Have a high incidence of medically underserved
16	high-risk children, low-birthweight babies, infant mortality,
16 17	high-risk children, low-birthweight babies, infant mortality, or teenage pregnancy.
17	or teenage pregnancy.
17 18	or teenage pregnancy.  (e) Have a high incidence of children who have chronic
17 18 19	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.
17 18 19 20	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health
17 18 19 20 21	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or
17 18 19 20 21 22	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or provide other direct resources for the enhanced availability
17 18 19 20 21 22 23	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or provide other direct resources for the enhanced availability of school health services.
17 18 19 20 21 22 23 24	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or provide other direct resources for the enhanced availability of school health services.  (q) Have a plan to ensure billing for Medicaid funding
17 18 19 20 21 22 23 24 25	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or provide other direct resources for the enhanced availability of school health services.  (q) Have a plan to ensure billing for Medicaid funding for services rendered under the certified school match program
17 18 19 20 21 22 23 24 25 26	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or provide other direct resources for the enhanced availability of school health services.  (q) Have a plan to ensure billing for Medicaid funding for services rendered under the certified school match program or the county health department certified match program as
17 18 19 20 21 22 23 24 25 26 27	or teenage pregnancy.  (e) Have a high incidence of children who have chronic health conditions or high-risk behavioral problems.  (f) Have documented in the local school health services plan a commitment from community entities to fund or provide other direct resources for the enhanced availability of school health services.  (q) Have a plan to ensure billing for Medicaid funding for services rendered under the certified school match program or the county health department certified match program as

31 be considered in the proposal-review process. A site's ability

to address, and interest in addressing, locally identified 2 needs and priorities must also be considered. In addition, receipt of matching funds is not intended to diminish a site's 3 4 eligibility for base funding for school health services. 5 Section 3. It is the intent of the Legislature that 6 sufficient resources be made available to fund a nurse in 7 every public school in the state, pursuant to this act. The 8 Legislature recognizes that extensive resources will be necessary to achieve this intent, and that a portion of these 9 10 resources can be found from a variety of existing resources. The Legislature recognizes that existing funding for basic and 11 12 comprehensive school health services and full-service schools, 13 as created under ss. 381.0056 and 381.0057, Florida Statutes, can be used as partial funding. The Legislature further 14 recognizes that funding earned by local school districts and 15 16 county health departments from the Agency for Health Care 17 Administration from the delivery of services to 18 Medicaid-eligible students can also be used as partial funding. Finally, the Legislature recognizes that another 19 source of funding is local funding currently being used for 2.0 21 school health services, which can now be eliqible for matching 2.2 funds under school nurse services provided through 23 public-private partnerships as created by this act. It is the intent of the Legislature that the remainder of resources 2.4 necessary for placing a nurse in every school be derived from 2.5 the state's tobacco-settlement revenue. 2.6 27 Section 4. The sum of \$75,000 is appropriated from the 2.8 General Revenue Fund to the Department of Health for the purpose of convening a school health summit as recommended by 29 Senate Interim Project Report 98-30, September 1998. 30 Section 5. This act shall take effect July 1, 2007. 31

1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2	Senate Bill 418
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4	The bill no longer modifies current sovereign immunity provisions of the School Health Services Act or extends the
5	state's sovereign immunity to certain providers who are rendering school health services under specified conditions.
6	rendering school hearth services under specified conditions.
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