

By Representatives Murman and Peaden

1 A bill to be entitled
2 An act relating to school health; creating s.
3 381.0058, F.S.; providing legislative intent;
4 providing for school linked health and wellness
5 programs; providing staffing standards;
6 specifying components of primary, secondary,
7 and tertiary prevention; providing duties and
8 responsibilities for the registered nurse and
9 the licensed practical nurse; specifying
10 supervisory responsibility; specifying minimum
11 standards for service delivery; requiring the
12 submission of a proposal for participation;
13 specifying minimum components of a proposal;
14 requiring and specifying performance-based
15 outcome indicators; specifying a funding
16 allocation and requiring a local match;
17 providing an effective date.

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19 Be It Enacted by the Legislature of the State of Florida:

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21 Section 1. Section 381.0058, Florida Statutes, is
22 created to read:

23 381.0058 School linked health and wellness programs.--

24 (1) It is the intent of the Legislature that in
25 addition to the school health services provided under ss.
26 381.0056 and 381.0057, another option, school linked health
27 and wellness programs, be made available to communities as
28 complementary to existing school health programs for
29 implementation in elementary schools with students in
30 kindergarten through fifth grade. In addition, it is the
31 intent of the Legislature that the school linked health and

1 wellness program be an integral component of the school health
2 services plan as created in s. 381.0056, and that the local
3 school health advisory committee established under s. 381.0056
4 serve as the community level advisory body to the school
5 linked health and wellness program.

6 (2) Staffing for the school linked health and wellness
7 program shall consist of, at a minimum, a full-time trained
8 health aide or licensed practical nurse in every elementary
9 school and a full-time registered nurse per 1,500 students to
10 supervise the aide or licensed practical nurse and provide
11 skilled nursing services as required by s. 381.0056(5). The
12 school based registered nurse shall be responsible for
13 prevention and early intervention services at the school site,
14 and coordination of the implementation of a prevention model
15 as follows:

16 (a) Primary prevention shall focus on a positive youth
17 development program, which shall include, but not be limited
18 to:

- 19 1. Health and life management education.
- 20 2. After school programs.

21 (b) Secondary prevention shall focus on direct service
22 related programs, which shall include, but not be limited to:

- 23 1. School health services.
- 24 2. Mental health services.
- 25 3. Substance abuse identification and intervention

26 services.

- 27 4. Links with community-based medical providers.
- 28 5. Intensive case management.

29 (c) Tertiary prevention shall focus on supportive
30 services for students whose health and academic status has

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1 been compromised by risk taking behaviors. Programs shall
2 include, but not be limited to:
3 1. Educational support and tutoring programs.
4 2. Assistance with GED and other forms of alternative
5 education.
6 3. Onsite child care for children of parenting
7 students.
8 4. Parenting enrichment classes.
9 5. Job training, school to work, community-based
10 mentoring, and employment programs.
11 (3) The school linked health and wellness program
12 shall strive to achieve the following goals:
13 (a) Improving the integration of medical, mental
14 health, substance abuse prevention, and social services
15 programs in the school setting.
16 (b) Early identification, treatment or referral of
17 students identified as ill, injured, suffering from
18 depression, abuse and/or family difficulties.
19 (c) Follow-up and follow-through on each child
20 referred to community based services.
21 (d) Improving management of students' chronic health
22 problems thereby reducing hospitalizations, decreasing
23 emergency medical services visits to the schools, reducing
24 emergency room visits, and reducing health related
25 absenteeism.
26 (e) Reducing per-student expenses by facilitating the
27 efficient use of available resources and maximizing billing to
28 Medicaid and other third-party insurance providers.
29 (f) Increasing community involvement and support in
30 school health issues.
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1 (4) The school linked health and wellness program
2 shall have a strong health education and prevention focus but
3 shall also provide on-site assessment and interventions for
4 students with acute or chronic health problems that interfere
5 with the student's ability to fully participate in academic
6 and other school related activities.

7 (a) The duties and responsibilities of the registered
8 nurse shall be to:

9 1. Coordinate the primary, secondary, and tertiary
10 prevention activities on the school campus.

11 2. Provide input and consultation to the school
12 principal, administrator, and teaching staff on all
13 health-related matters and participate on health, safety, and
14 school improvement committees.

15 3. Assess student's health problems and provide
16 appropriate interventions or referrals, and provide
17 health-related input to students' individual education plans.

18 4. Provide health education and counseling on a
19 one-on-one basis and in the classroom setting.

20 5. Supervise, train, and delegate student specific
21 tasks and interventions to the school health aide or licensed
22 practical nurse.

23 6. Link students and families with appropriate
24 community resources to meet their health care needs.

25 (b) The duties and responsibilities of the licensed
26 practical nurse or health aide shall be to:

27 1. Distribute prescribed medications under established
28 protocols and policies.

29 2. Treat minor injuries or illnesses under protocols
30 established by the school district and school health advisory
31 committee.

1 3. Carry out nursing interventions for students with
2 chronic health problems under the direction of a nursing care
3 plan designed by the registered nurse.

4 (5) Staff of the school linked health and wellness
5 program shall be under the immediate administrative
6 supervisory authority of each school's principal. The county
7 health department, in compliance with chapter 464, shall have
8 authority over and shall provide medical supervision of the
9 nurses' and aides' professional and health-related activities.

10 (6) Services provided through the school linked health
11 and wellness program, including screening and reporting,
12 shall, at a minimum, meet the requirements of ss. 381.0056 and
13 381.0057 but may include additional goals and objectives
14 determined by local need and community standards.

15 (7) Any county health department or school district
16 that desires to receive state funding under the provisions of
17 this section shall submit a proposal to the Department of
18 Health. All proposals shall be reviewed and evaluated by a
19 joint committee appointed by the Secretary of Health and the
20 Commissioner of Education in equal representation. The
21 proposals must include at a minimum:

22 (a) A description of school health service assets
23 currently in place in the county/school district. The
24 proposal must provide assurances that the school linked health
25 and wellness program will complement and improve the existing
26 school health services program and not supplant existing
27 funding or services.

28 (b) A comprehensive prevention and wellness plan
29 designed to maximize existing community resources, reduce
30 duplication and fragmentation of services, and improve access
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1 to services that promote health and wellness. This plan must
2 address primary, secondary, and tertiary prevention.

3 (c) A commitment to seek third party reimbursement and
4 community-based funding assistance.

5 (d) Evidence of parental involvement and an option for
6 parents to exempt their children from all or any part of the
7 school linked health and wellness program.

8 (e) Commitment from local schools to provide adequate
9 space for the implementation and support of the program.

10 (f) All proposals must reflect a working partnership
11 between the county health department, local school district,
12 and any community agencies or coalitions dealing with the
13 mental, physical, or social well-being of young children and
14 adolescents.

15 (g) A minimum of three letters of commitment from
16 community agencies reflecting actual in-kind services,
17 materials or financial support for the program.

18 (8) All programs funded under this section shall be
19 considered part of the overall school health services
20 evaluation and accountability system. Local partners may
21 require additional onsite evaluation, data reporting, and
22 audits. Process and outcome evaluation objectives in addition
23 to those already required in ss. 381.0056 and 381.0057 shall
24 be determined at the local level and incorporated in the
25 proposal and reporting requirements submitted pursuant to
26 subsection (7). Performance based outcome indicators may
27 include but are not limited to:

28 (a) Increase in hours of classroom instructional time
29 saved.

30 (b) Reduction in number of students sent home for
31 illness.

1 (c) Reduction in student absenteeism related to
2 illness or injury.

3 (d) Reduction in emergency medical services visits to
4 schools.

5 (e) Decrease in risk taking behaviors such as tobacco,
6 alcohol, or other illegal drug use by students.

7 (f) Decrease in number of initial and subsequent teen
8 pregnancies and births.

9 (g) Increase in number of parenting teens who remain
10 in or return to school.

11 (h) Other performance-based outcome indicators may be
12 developed according to local needs and assets.

13 (9) Funding for school linked health and wellness
14 programs shall be allocated annually by the Department of
15 Health, in consultation with the Department of Education.
16 Counties seeking to implement a school linked health and
17 wellness program shall be required to provide matching funds
18 with in-kind or fiscal resources in the amount of one dollar
19 for every two dollars granted for the program. A county shall
20 not supplant existing funds, health services, or personnel. A
21 small county with a population of no more than 50,000 may
22 provide the required matching funds entirely through an
23 in-kind contribution as long as the new program produces
24 additional health services and personnel.

25 Section 2. This act shall take effect July 1 of the
26 year in which it is enacted.

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HOUSE SUMMARY

Provides for school linked health and wellness programs as complementary to existing school health programs for implementation in elementary schools with students in kindergarten through fifth grade. Provides that staffing of the program shall consist, at a minimum of a full-time trained health aide or licensed practical nurse in every elementary school and a full-time registered nurse per 1,500 students to supervise the aide or licensed practical nurse and provide skilled nursing services. Provides for primary prevention to focus on a positive youth development program, as described in the act, secondary prevention to focus on direct service related programs as described in the act, and tertiary prevention which shall focus on supportive services for students whose health and academic status has been compromised by risk taking behaviors as described in the act. See bill for details.

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