STORAGE NAME: h0855.hcs
DATE: March 5, 1999

HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
ANALYSIS

BILL #: HB 855

RELATING TO: School Health Services

SPONSOR(S): Reps. Minton and Betancourt

COMPANION BILL(S):SB 1356

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:
(1) HEALTH CARE SERVICES
(2) EDUCATION/K-12
(3) COMMUNITY AFFAIRS
(4) GENERAL GOVERNMENT APPROPRIATIONS
(5)

I. SUMMARY:

HB 855 relates to school health services. The bill:

- Provides a short title, the “One School, One Nurse Act.”
- Amends the School Health Services Act, to: add a definition; specify adequate space for school health services; specify that certain services be documented as part of the local school health services plan; and specify that any person providing school health services under a local school health services plan be considered an agent of the state for purposes of sovereign immunity.
- Provides for matching funds for school nurse services public-private partnerships. Provisions include: intent, purpose, agency duties for the Department of Health and the Department of Education, proposals and their review and selection criteria, and scope of services.
- Requires background screening for persons providing school health services.
- Adds a new subsection to s. 768.28, F.S., relating to sovereign immunity, to provide for the extension of the state’s sovereign immunity to those persons rendering school health services under a local school health services plan.
- Directs the Department of Health to determine a means through which local units of government other than county health departments could be designated as Title V (Maternal and Child Health Block Grant) agencies.
- Provides for a work group relating to the training requirements for nurses providing school health services.
- Provides legislative intent with regard to the funding of a nurse in every school from tobacco settlement revenue through the Department of Health.
- Provides $75,000 in non-recurring General Revenue funds for a school health summit.

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

School Health Services-Generally

Section 381.0056, F.S., is entitled the "School Health Services Act," also known as the basic school health services program. This section authorizes the Department of Health (DOH), in cooperation with the Department of Education (DOE), to administer the school health services program, consisting of mandated services and the biennial development of a local school health services delivery plan, based on specific plan elements specified in statute.

Section 381.0057, F.S., relates to funding for school health services, commonly referred to as the comprehensive school health services program. Comprehensive school health services projects are co-designed by county health departments and local school districts, with public input, with 3 goals: promote student health; decrease student involvement in drug/alcohol abuse, suicide/homicide, and other forms of risk-taking behaviors; and reduce the incidence of teenage pregnancy.

Section 402.3026, F.S., provides additional statutory guidance for full-service schools, under which county health department staff provide their services on school campuses as an extension of the educational environment. DOE and DOH are to jointly establish full-service schools to serve students from schools that have a student population that has a high risk of needing medical and social services, based on the results of demographic evaluations. Services may include nutritional services, medical services, aid to dependent children, parenting skills, counseling for abused children, education for the students' parents or guardians, and counseling for children at high risk for delinquent behavior and their parents. Full-service schools must integrate the services that are critical to the continuity-of-care process and provide services to these high-risk students through facilities established within the grounds of the school.

Availability of School Health Nurses

With a total of nearly 3,000 schools and 2.3 million students, there are only 797 nurses providing services in the schools. Nearly one third of the school health nurses are provided through private public partners, mostly in Palm Beach County and other large counties with access to taxing district funds, large hospitals or industries. If these nurses were distributed evenly throughout the state, less than one in four school health rooms would be staffed with a nurse.

A "gold standard" that is used in assessing school health services efforts is the nurse-to-student ratio. The National Association of School Nurses recommends a staffing ratio of one RN for every 750 students. In 1987, the Florida Department of Education recommended a quality standard for Florida of no less than one RN for every 1,500 generic students. The ratio in the basic school health services program is 1:6,059 students, while the ratio in the comprehensive school health services projects is 1:1,586 students. Florida's nurse-to-student ratio varies greatly according to region and program. Only 7 counties/school districts achieve the recommended 1:1,500 ratio for basic school health services, while 34 counties/districts have a ratio exceeding 1:3,000.

Specifications and provisions for school nurse certification are not currently addressed in Florida Statutes. State universities and colleges do not provide a graduate degree for school nurse practitioners. Florida Atlantic University offers a school nurse certification preparation course. The Department of Health, in cooperation with the Department of Education, University of South Florida, and the statewide Area Health Education Centers provides a four-day training workshop to orient nurses to school health in Florida. Nurses are then encouraged to pursue individual studies to prepare for national certification. There is no funding for this training and no incentives for nurses except personal and professional satisfaction.

Minimum entry standards for school health nurses hired by the Department of Health is a Bechelor's Degree in Nursing from an accredited school of nursing. Only in cases of acute shortage can nurses with associate degrees or hospital diplomas plus extensive experience be hired. School health nurses are hired by several entities and there is no universal adherence to uniform standards for training, hiring, placement, and supervision of nurses. Lack of standards across agencies has resulted in placement of nurses without adequate education and orientation to school health. The lack of a universally mandated training is probably more important for standardizing staffing across agencies

than improving individual nursing performance. Incentives for personal professional development are also lacking.

School Health Services Partnerships

According to the Department of Health, private business partners were recruited during the 1997-98 school year in at least 9 of Florida's counties from whom county health departments and school districts or individual schools received direct funding or services for enhancing school health service delivery capability. Current statutory provisions neither limit nor promote partnership development. In recent years as school health needs have far out-paced the available public funding for school health services, some local programs have developed partnerships that supplement public school health funds or personnel to address the needs of growing student enrollments. Some examples serve to illustrate partnership capabilities. The Palm Beach County Health Care District, working in cooperation with the Palm Beach County Health Department, Palm Beach County School District, Florida Atlantic University College of Nursing, Quantum Foundation, and various Palm Beach County hospitals, established a comprehensive school health program. The partnership resources, when coupled with the state funding for basic and comprehensive school health services, allow for at least one full-time nurse in each of the county's 129 schools. In Dade County, 16 partners, including hospitals, mental health centers, an insurance company, community health centers, and the University of Miami, and an adopt-a-school program, provide 23 RNs who provide generic school health services in 23 public and 3 private schools, out of over 300 county public schools. In Volusia County, two hospitals and a local PTA provide 5 RNs and a number of school health aides in 5 of the county's 79 schools. School districts, PTOs, and local businesses provide lesser amounts of support in other counties. Some partnerships provide funding, while others provide service delivery personnel, such as registered nurses, or support staff such as school health aides.

School Health Funding

The Department of Education does not allocate specific funding to schools for school health services. Local school districts fund school health services at local discretion. All direct, categorical General Revenue funding for school health services is allocated through DOH. Funding amounts have remained fairly level over the past several years, with the exception of an increase in funding of $4.5 million from the Tobacco Settlement Trust Fund in the current fiscal year, while the number of public school students in the state has steadily increased. Current funding levels are: $9.9 million for basic school health services, $11.6 million for comprehensive school health services, and $11.0 million for full-service schools. This direct appropriation is supplemented by county health department trust fund revenues that are locally allocated for school health services. This "supplemental" funding amounted to $8.6 million in fiscal year 1996-97, compared to $25.7 million in categorical funding that was included in the 1996-97 General Appropriations Act.

Medicaid has in recent years become more of a funding source for school health services. Chapter 95-336, L.O.F., authorized school districts to certify school district expenditures for certain services rendered to students who are eligible for both Medicaid and the exceptional student education (ESE) program (ss. 236.0813 and 409.9071, F.S., and relevant portions of s. 409.9122 (2)(a), F.S.). Certain school district services rendered to ESE students who are Medicaid eligible qualify for federal Medicaid matching funds. School districts must certify to the Agency for Health Care Administration (AHCA) that such expenditures have been incurred and federal Medicaid matching funds are paid to the school districts. The services which qualify for matching funds include: physical, occupational, speech-language therapy services (approved in 1995); and transportation, psychological, social work, and nursing services (added in 1997). For each category of services, service must be rendered by those school district employed or contracted staff rendering health-related services who meet Medicaid credentialing requirements. Services specifically excluded from coverage include family planning, immunizations, and prenatal care. Unfortunately, implementation of this program has been somewhat slow.

A most significant expansion in Medicaid spending in the school districts has just occurred, approved during the summer of 1998 by the federal Health Care Financing Administration. School districts are now eligible for reimbursement by Medicaid for school outreach activities (including application assistance, training, care planning and coordination, assisting in accessing care, and program planning) provided by a variety of school personnel. This Administrative Claiming process, unlike the Certified School Match Program which is limited to ESE students, can fund activities for all current or potential Medicaid eligibles. As of September 1998, AHCA released its first payment of $10 million to

10 school districts for the calendar quarter January-March 1998, based on a sampling of staff time for administrative claiming purposes. For the second calendar quarter's sampling, 23 school districts will participate, and for the third, 25.

Chapter 98-191, L.O.F., expanded s. 409.9122(2)(a), F.S., to authorize county health departments to certify for federal Medicaid matching funds those state expenditures for school-based services (as specified in ss. 381.0056 and 381.0057, F.S.) rendered to a Medicaid-eligible child who receives Medicaid-covered services in a school setting, regardless of whether the child is enrolled in Medicaid managed care. The federal government approved the Medicaid state plan amendment for this initiative on September 4, 1998, with reimbursement retroactive to July 1, 1998. It is still too early to know the extent to which county health departments will participate in this funding option, given the ability of county health departments to obtain cost-based reimbursement from Medicaid.

Sovereign Immunity Issues

Sovereign immunity insulates the state and any governmental officer, employee, or agent acting on behalf of the state from a lawsuit. Article X, sec. 13, of the State Constitution permits the Legislature to waive sovereign immunity by general law. Section 768.28, F.S., provides the state's waiver of sovereign immunity. Immunity is waived for claims up to $100,000 per person, or $200,000 per incident, and does not include any act committed in bad faith, malicious purpose, or any act involving gross negligence. An agent of the state is generally covered by the state's sovereign immunity, and may include a person or entity, not permanently employed by the state, who contracts with the state. To be considered an agent, a certain degree of control or supervision must be exerted by the governmental entity over the activities the agent undertakes on the entity's behalf. The resolution of whether a person is an agent is a mixed question of law and fact.

Under s. 110.504(4), F.S., volunteers are covered by state liability protection in accordance with provisions of the state's waiver of sovereign immunity. Section 110.501(1), F.S., defines "volunteer" to mean any person who, of his or her own free will, provides goods or services to any state department or agency, or nonprofit organization, with no monetary or material compensation. The Access to Health Care Act, as created by ch. 92-278, L.O.F., and codified as s. 766.1115, F.S., extends sovereign immunity protection to only those health care providers that provide *uncompensated* care to Medicaid recipients or uninsured, low-income persons (defined as a person whose family income does not exceed 150 percent of the federal poverty level, as defined by the federal Office of Management and Budget). The state extends sovereign immunity protection to health care providers, designated as agents of the state, who render free services, under contract entered into with governmental contractors (DOH, county health departments, hospitals owned and directly operated by governmental entities, or special taxing districts with health care responsibilities), to poor persons referred by the governmental contractors.

It is unclear whether nurses (and other health care providers) who participate in the delivery of school health services and who are not employees or contractors with the county health departments are considered agents of DOH so that the department is liable for the negligent acts of these nurses to the extent that sovereign immunity is waived. To the extent nurses participating in the school health services program are employees or contractors of an entity other than DOH, it is unclear in the event of conflicting supervision and control from an entity other than the department, how both the department and the other entity will effectively coordinate and enforce authority over and provide supervision of the professional and health-related activities of such nurses. This uncertainty leaves a question as to the waiver of sovereign immunity, and there is also uncertainty as to whether a hospital-employed nurse assigned to a school as part of his or her hospital employment could be considered a volunteer in this context, even though the employing hospital may be "volunteering" such services. These issues have not been tested in court. Clarification of this issue could potentially result in greater participation in school health partnerships by a variety of health care entities and other entities.

Title V Delegation Authority

Federal law generally requires a provider of services to bill all recipients of a service in order to be eligible to seek Medicaid reimbursement for provision of that same service to Medicaid eligibles. Essentially, under federal law, Title V (Maternal and Child Health Block Grant) agencies, such as county health departments and Children's Medical Services, rendering services to Medicaid-eligible students, are not required to bill for services rendered to the remainder of the service recipients, such as the school population. Entities other than county health departments, such as local health care taxing districts, would like a determination as to whether federal and state law permit DOH or a county health department to "delegate" its Title V authority to another unit of local government and under what circumstances such delegation would be permitted.

Background Screening Requirements for School Health Services Personnel

Under current law, the personnel involved in delivering services recognized under a school health services plan may include employees of the Department of Education who are currently only subject to a federal criminal history under s. 231.02, F.S.; employees of the Department of Health who are licensed nurses who have been subject to a statewide check as a condition of their professional licensure; volunteers who are not employees of a state agency and who are not subject to a criminal history check; and other health-related personnel who may or may not be subject to state licensure.

Chapter 435, F.S., relating to employment screening, provides for two levels of review of an individual's past. Level 1 screening requires criminal history screening through FDLE's database and screening for a history of abuse, neglect, or exploitation of elderly or disabled persons through the Department of Children and Family Services. Level 2 screening, which is more comprehensive in that it is a national search involving use of a fingerprint card, includes search of delinquency records, and requires FBI screening. Level 2 screening includes a federal criminal history check, an elderly person or disabled adult abuse registry check (if applicable), and an attestation by the person subject to the screening, under penalty of perjury, that he or she will immediately disclose any conviction of any of the disqualifying offenses while in a position requiring this level of background screening. Level 1 screening costs $21 ($6 for abuse screening and $15 for FDLE statewide criminal background screening) and Level 2 screening costs $45 ($21 for Level 1 screening and $24 for FBI screening).

Senate Interim Project

As an interim project, the Senate Committee on Health Care assessed Florida's current efforts in the delivery of school health services: funding levels, service availability, the respective service-delivery roles of the Department of Health and the Department of Education, the increasing role of the Agency for Health Care Administration as a funding source for services already being rendered through the school setting, an indication of how Florida's efforts compare to those of other states, and an attempt to determine if there are untapped resources that could be directed to addressing unmet or insufficiently met needs.

The report from that project, Senate Interim Project Report 98-30, September 1998, offered seven recommendations for specific action, addressing: sovereign immunity for certain "volunteer" providers of school health services; reimbursement mechanisms for consultants under the Medicaid certified school match program; the need for a school health summit; the need to "reconstitute" the Florida full-service school nomenclature; the need to monitor the impact of the Florida Kidcare Program on children's health programs; the need for additional categorical funding for school health services; and Title V agency designation for purposes of Medicaid billing.

B. EFFECT OF PROPOSED CHANGES:

The bill, the "One School, One Nurse Act," would incorporate several revisions into the School Health Services Act; authorize school nurse services public-private partnerships; require background screening for persons providing school health services; extend the state's sovereign immunity to those persons rendering school health services under a local school health services plan; direct the Department of Health to determine a means through which local units of government other than county health departments could be designated as Title V (Maternal and Child Health Block Grant) agencies; provide for a work group relating to the training requirements for nurses providing school health services; provide legislative intent with regard to the funding of school nurses; and provide $75,000 in non-recurring General Revenue funds for a school health summit.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

The Department of Health is given enhanced rule making authority.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Persons rendering school health services are required to undergo criminal background screening. The Department of Health will have a lead role in this responsibility.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A

(2) what is the cost of such responsibility at the new level/agency?

N/A

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

N/A

b. Does the bill require or authorize an increase in any fees?

Background screening costs will need to be paid, either by the person seeking the screening, or by the entity with whom the person is employed or with whom the person seeks to be a volunteer.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

Yes. Those local entities that wish to enter public-private partnerships for the delivery of school nurse services will contribute private funds that will in turn be matched by funds made available from the state.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

Those private entities that may be “partnering” with schools today for the delivery of health services in the school setting will have an option to formalize those relationships.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

County health departments, local school boards, school nurses, and families.

(2) Who makes the decisions?

County health departments, local school boards, school nurses, and families.

(3) Are private alternatives permitted?

To the extent available currently.

(4) Are families required to participate in a program?

No.

(5) Are families penalized for not participating in a program?

No.

b. Does the bill directly affect the legal rights and obligations between family members?

No.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

To the same extent that parents are involved today in decisions regarding the delivery of school health services.

(2) service providers?

Any services provider would only render those services approved as part of a local school health services plan.

(3) government employees/agencies?

County health departments and local school boards, along with citizen input, develop the local school health services plan.

D. STATUTE(S) AFFECTED:

Sections 381.0056, 381.0058, 381.0059, 768.28, F.S.

E. SECTION-BY-SECTION ANALYSIS:

Section 1. Specifies a short title, the “One School, One Nurse Act.”

Section 2. Amends s. 381.0056, F.S., relating the School Health Services Act, to: define the term “entity” or “health care entity,” as used in the bill; require that public and private schools make *adequate* physical facilities available for school health services; specify that school nurse services public-private partnership activities be documented as part of the local school health services plan; and specify that any person providing school health services under a local school health services plan be considered an agent of the state for purposes of sovereign immunity. (*This latter provision is to be read in conjunction with section 5 of the bill.*)

Section 3. Creates s. 381.0058, F.S., relating to matching funds for school nurse services public-private partnerships. Provisions include: intent, purpose, duties for the Department of Health and the Department of Education, proposals for funding and their review, scope of services to be provided, and review and selection criteria.

Section 4. Creates s. 381.0059, F.S., providing background screening requirements for persons providing school health services. The bill requires every person who provides services under a school health services plan to complete a Level 2 screening under ch. 435, F.S.

Section 5. Amends s. 768.28, F.S., relating to sovereign immunity, to add a new subsection (20) specific to the extension of the state’s sovereign immunity to those persons rendering school health services under a local school health services plan.

Section 6. Directs the Department of Health to work with the federal Department of Health and Human Services to try to determine a means through which local units of government other than county health departments could be designated as Title V (Maternal and Child Health Block Grant) agencies. Specifies rule making parameters for such a designation, and the benefits and responsibilities of such a designation.

Section 7. Directs the Secretary of Health to appoint a work group relating to the training requirements for nurses providing school health services. Specifies appointment representation, duties, and requires a report by February 1, 2000.

Section 8. Provides legislative intent with regard to the funding of a nurse in every school using tobacco settlement revenue through the Department of Health.

Section 9. Provides $75,000 in non-recurring General Revenue funds for a school health summit.

Section 10. Provides for a July 1, 1999, effective date.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

The bill imposes a Level 2 background screening requirement on all persons involved in the delivery of school health services under a local school health services plan. It is unclear at present how many Department of Health and Department of Education staff and how many partnership participants and other volunteers will be impacted by this requirement. No analysis of this issue is yet available from the Department of Law Enforcement. There will be some direct costs associated with this requirement.

Section 9 of the bill provides a one-time General Revenue appropriation of $75,000 for a school health summit.

The Department of Health estimates first year non-recurring start-up costs of $26,628 associated with the bill. First year non-recurring cots associated with nurse staffing is estimated at $1,370,400.

2. Recurring Effects:

As written, section 8 of the bill makes clear the intent to fund a school health nurse in every school. Given the fact that there are roughly 3,000 schools in the state and only about 700 nurses involved in the delivery of school health services currently, the bill creates a need for approximately 2,300 nurses. Using the Department of Health's figure of $55,000 per school health nurse FTE, the amount of roughly $126,500,000 is necessary just to fully implement the nursing requirements of this bill.

In addition, the Department of Health indicates a need for three headquarters positions to staff the partnership requirements of the bill. This cost amounts to recurring costs of $132,457 for year 1 and $180,624 for year 2 of implementation.

3. Long Run Effects Other Than Normal Growth:

N/A

4. Total Revenues and Expenditures:

N/A

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

N/A

2. Recurring Effects:

The bill requires district school boards and non-public schools that wish to participate in the delivery of school health service programs to provide *adequate* physical facilities for such services. To the extent that such facilities are less than adequate currently, impacted schools would need to made better space available.

3. Long Run Effects Other Than Normal Growth:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

   The bill provides a mechanism whereby local entities, including private businesses, can enter public-private partnerships for the purpose of enhancing the delivery of school nurse services. Such partners will incur direct costs only to the extent that they decide to participate.

2. Direct Private Sector Benefits:

   Such private sector partners will know that their contribution for the school nurse services partnership is being used to draw down state matching funds which improve the delivery of school nurse services locally.

3. Effects on Competition, Private Enterprise and Employment Markets:

   To the extent that the bill results in enhanced state commitment to employ more nurses in the school setting, private employers of nurses will have to compete with schools for these nurses. The availability of nurses may be impacted by what seems to be a cyclical nurse shortage in this state.

D. FISCAL COMMENTS:

Placing a nurse in every school will bring Florida's nurse to student ratio down to approximately 1:800, compared to the previously cited feasibility study number of 1:1,500. An approach of allocating nurses in a ratio of approximately 1:1,500 would be a more feasible approach in that smaller schools could jointly share one nurse among 2 or 3 schools. In some areas, and especially rural areas, it is often difficult to recruit nurses, and this approach of focusing on the nurse to student ratio would further assist in reducing that burden.

While the bill itself does not directly provide any appropriation for more nurses for the school setting, it is clearly the intent of the bill, as expressed in section 8 of the bill, that more state funds be committed for school health services from tobacco settlement resources. The extent of this commitment will ultimately be determined as part of the General Appropriations Act. The Governor's budget proposed approximately $3 million for school health services.

In its analysis, the Department of Health raised a concern regarding the proposed school nurse services partnerships. The department noted that historically, the provision of matching funds as incentives for partnership development has met with varying degrees of success in the context of school health. For example, the $500,000 appropriation for school health expansion in 1996-97 was divided into 20 competitive grants of $25,000 for access by counties who could secure a dollar-for-dollar match to hire at least one new nurse. Only 22 of the 67 counties were successful in finding funds or partners in order to apply for funds, and most partners were unable to assure continued match beyond one year. School health match is also affected by competition from an increasing number of other programs seeking local match funds such as Healthy Kids or federal funding requirements. Additionally, funding tends to be more available in larger counties, and almost non-existent in small, rural counties. Several small counties do not have any "health care entities" with whom to partner. Similarly, smaller counties are mostly lacking industry with whom business partnerships could be developed. Given these factors, consideration should be given to varying the match based on factors related to economy and resources in an area.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

N/A

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the ability of local governments to raise revenue.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

The bill does not reduce tax shared with counties and municipalities.

V. COMMENTS:

This bill is quite similar to HB 999.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

N/A

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by: Staff Director:

Phil E. Williams Phil E. Williams