From Autism to Vision Screenings: School Nurse Scope of Work and Potential Alternative Reimbursement Methods

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What I will cover today

• Why do research on school nurse services?

• Background on School Nurse services

• Projections of the impact of increased School Nurse funding
Acknowledgements

• Co-authors on these articles:
  • School Nurse Services
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Why do Research on School Nurse Services?
California Health Benefit Review Program (CHBRP)

“Academic rigor on a legislator’s timeline.”

- Analyzes health insurance benefit mandate bills in the CA Legislature.
- Funded through a tax on insurance companies.
  - UC-led statewide team of faculty
  - Topics for analysis chosen by the Legislature
    - Bills introduced in either the Assembly or Senate Health Committees
- Two analyses in this presentation, from 2014 and 2019
Why would the Legislature focus on school nurse services?

- Children’s health insurance coverage rates at near 100%.
- Focus now is on getting kids access to health care through benefit mandates.
  - Can include:
    1. reductions in co-pays
    2. new reimbursement for new kinds of health care providers
    3. new coverage for previously uncovered services
Background on School Nurse Services
School Nurse

Invaluable
Improves Attendance
Healthy Children Learn Better

Professional Caregiver
Awesome Educated
Emergency Disease Manager
Listener Compassionate
Wellness Assessment Skilled
Healer Kind Caring
A Day in the Life of Your School Nurse

20 minutes saved per day for the Teacher by the School Nurse

60 minutes saved per day for the Principal by the School Nurse

32% of time is spent by the School Nurse providing mental health services

45 minutes saved per day for the School Clerical Staff by the School Nurse

10 Million students have asthma

19% of students have chronic health conditions

23% of students have pre-diabetes and diabetes

32% of students are overweight or obese

20% of students have a mental disorder

19% of students have food allergies

10% of students lack health insurance

9.7% of students cannot afford healthcare

Immunization rates increase

There are so MANY REASONS every child deserves a School Nurse.

References: (Bucho, Lamberts, & Murphy, 2011); (Carpen et al., 2011); (Peele, Blynn, & Gerrenmiller, 2010); (Pharmer, Gerrenmiller, & Perrin, 2010); (Forsen, Haimovitz, Christie, & Wooten, 1995); (Salmon et al., 2005); (Foster et al., 2005); (NASN, 2010, 2012, 2013, 2014).
## Scope of School Nurse Services

<table>
<thead>
<tr>
<th>Core Roles of School Nurses</th>
<th>Examples of Services Associated With Role</th>
<th>Likelihood of Role Including Reimbursable Services (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide clinical health services to students</td>
<td>Administers care for injuries and acute illness and management of chronic conditions or students with special health care needs (i.e., gastric feeding tube, lice checks, insulin administration, etc.)</td>
<td>Likely</td>
</tr>
<tr>
<td>Provides leadership for the provision of health services</td>
<td>Assesses the school system of care including emergency/disaster planning and documentation of student health information; training non-nurse staff to provide health care (i.e., epi-pen administration, asthma education, medication administration, etc.)</td>
<td>Unlikely</td>
</tr>
<tr>
<td>Provides screening and referral for health conditions</td>
<td>Hearing, vision, scoliosis, body mass index screenings and early identification of illnesses and referral to medical home or community resources</td>
<td>Some, but not all, services within this role are likely to be reimbursable services</td>
</tr>
<tr>
<td>Promotes healthy school environment</td>
<td>Tracks immunizations, reports communicable diseases per law, assesses environmental hazards (playgrounds, air quality etc.), plans prevention/management of school violence, bullying, disasters, suicide prevention</td>
<td>Unlikely</td>
</tr>
<tr>
<td>Promotes health</td>
<td>Provides health education to students (individually or group), staff, families and community. Topics may include nutrition, reproductive health, tobacco cessation, oral health, substance abuse, etc.</td>
<td>Some, but not all, services within this role are likely to be reimbursable services</td>
</tr>
<tr>
<td>Serves as a leader in health policies and programs</td>
<td>Develop policies addressing chronic disease management, emergency medical condition management, mental health protection, acute illness management, health promotion, etc.</td>
<td>Some, but not all, services within this role are likely to be reimbursable services</td>
</tr>
<tr>
<td>Liaison between school, family, health care professionals, and community (including case management)</td>
<td>Participates on development of IEP and 504 plans (b) and as case manager for students with chronic health care needs by facilitating communication among all involved parties to ensure care coordination.</td>
<td>Likely</td>
</tr>
</tbody>
</table>
Projections of the Impact of Increased School Nurse Funding
California bills to enact insurance reimbursement for school nurse services

- **SB 1239 (2014)**
  - New coverage to reimburse school nurses for any service provided that would be covered by an insurance plan, as if they were in-network providers.

- **SB 163 (2019)**
  - Reimbursement for existing behavioral health treatment for autism provided in a school setting
Impacts of Increasing Coverage to Reimburse for School Nurse Services (SB 1239)

<table>
<thead>
<tr>
<th>Utilization Increases</th>
<th>Baseline</th>
<th>Baseline + 10% increase in school nurse supply</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of school nurses</td>
<td>2,918</td>
<td>3,210</td>
<td>292</td>
</tr>
<tr>
<td>Number of reimbursable service visits per school nurse per year</td>
<td>1,218</td>
<td>1,218</td>
<td>—</td>
</tr>
<tr>
<td>Total number of school nurse visits</td>
<td>3,554,070</td>
<td>3,909,477</td>
<td>355,407</td>
</tr>
</tbody>
</table>
### Impacts of Increasing Coverage to Reimburse for School Nurse Services (SB 1239)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Baseline + 10% increase in school nurse supply</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group Insurance Premium Payments</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employers (private and public)</td>
<td>$58,888,216,000</td>
<td>$58,950,758,000</td>
<td>$62,542,000</td>
</tr>
<tr>
<td>Medi-Cal managed care plans</td>
<td>$17,504,711,000</td>
<td>$17,557,088,000</td>
<td>$52,377,000</td>
</tr>
<tr>
<td><strong>Enrollee expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premiums for individually purchased insurance</td>
<td>$16,930,080,000</td>
<td>$16,941,024,000</td>
<td>$10,944,000</td>
</tr>
<tr>
<td>Premiums for employer-based or other group insurance</td>
<td>$22,232,708,000</td>
<td>$22,257,117,000</td>
<td>$24,409,000</td>
</tr>
<tr>
<td>Out-of-pocket expenses</td>
<td>$12,867,143,000</td>
<td>$12,867,143,000</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$128,422,858,000</td>
<td>$128,573,130,000</td>
<td>$150,272,000</td>
</tr>
</tbody>
</table>
## Impacts of Increasing Coverage to Reimburse for Autism Services (SB 163)

<table>
<thead>
<tr>
<th>Benefit coverage</th>
<th>Baseline</th>
<th>Postmandate</th>
<th>Increase/Decrease</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total enrollees with health insurance subject to state benefit mandates (a)</td>
<td>24,489,000</td>
<td>24,489,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Number of enrollees with coverage for BHT for ASD</td>
<td>24,489,000</td>
<td>24,489,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Percentage of enrollees with coverage for BHT for ASD</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Total enrollees with health insurance subject to SB 163 and coverage for</td>
<td>24,489,000</td>
<td>24,489,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Behavior-based modality, such as Pivotal Response Training</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Hybrid modality, such as Early Start Denver Model</td>
<td>95%</td>
<td>100%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Developmental-based modality, such as DIR®, Floortime™</td>
<td>54%</td>
<td>100%</td>
<td>46%</td>
<td>87%</td>
</tr>
<tr>
<td>BHT for ASD regardless of parental involvement</td>
<td>34%</td>
<td>100%</td>
<td>66%</td>
<td>191%</td>
</tr>
<tr>
<td>BHT for ASD regardless of setting/time/location</td>
<td>37%</td>
<td>100%</td>
<td>63%</td>
<td>168%</td>
</tr>
</tbody>
</table>

## Utilization and unit cost

| Number of enrollees with ASD                                                      | 68,000   | 68,000      | 0                  | 0%                |
| Number of enrollees with ASD using BHT                                             | 26,000   | 26,000      | 0                  | 0%                |
| Average annual hours of BHT per 1,000 enrollees                                    | 127.0    | 129.1       | 2.1                | 2%                |
| Average annual hours of BHT per user                                               | 126.1    | 128.2       | 2.1                | 2%                |
Impacts of Increasing Coverage to Reimburse for Autism Services (SB 163)

Figure B. Expenditure Impacts of SB 163

- Employer Premiums: $2,365,000
- Individual Premiums: $381,000
- Employee Premiums: $374,000
- Medi-Cal managed care plan expenditures: $798,000
- Enrollee Out-of-Pocket Expenses for Covered Benefits: $399,000
- Enrollee Expenses for Non-Covered Benefits: $0

Source: CHBRP, 2019
California bills have **tried and failed** to enact insurance reimbursement for school nurse services

- **SB 1239 (2014)**
  - *New coverage* to reimburse school nurses for any service provided that would be covered by an insurance plan, as if they were in-network providers.
  - Amended to remove the language of the bill entirely.

- **SB 163 (2019)**
  - Reimbursement for existing behavioral health treatment for autism provided in a school setting
  - Enacted into law, with extensive amendments to *exclude* school nurse funding.
Where do we go from here?

• Social Determinants of Health and “Health in All Policies”

• Build new coalitions combining public health and public education into a single conversation.

• Research must inform policy, and there’s room for creative policy solutions.
Thank you!

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