

LB 67 & School-Based Health Centers

LB 67 will allow medical providers and school districts to determine how best meet the unique needs of students and families in their community through school-based health centers.

School-based health centers provide critical services to students in meeting their health care needs. These centers are particularly equipped to reach medically underserved young people, such as those who are uninsured or underinsured.

Current Nebraska law imposes unnecessary regulations on SBHCs, making it more difficult to respond to student needs and limiting their medical care. LB 67 would alleviate this burden and allow medical providers to serve patients in school-based settings just as they would in any other clinic setting.

Summary of LB 67:

- Removes requirement limiting SBHC operations to school-hours only.
- Removes requirement that the SBHC may not serve as an adolescent's medical or dental home.
- Removes restrictions on ability to provide students with age appropriate, medically accurate reproductive health care.
- Removes unnecessary listing of services a SBHC may include, allowing for greater flexibility to meet the comprehensive health needs of students.
- *Maintains existing abortion prohibitions – under LB 67, SBHCs still cannot perform abortions or refer or counsel for abortions services.*

What are School-Based Health Centers (SBHCs)?

School-based health centers are on-site health centers that promote the health and educational success of young people. Due to the unique access to students, SBHC can address the health needs of youth and promote preventative health care, all without extended disruption to learning.

Importance of School-Based Health Centers

- SBHC services generally include health assessments, treatment for chronic and acute illness, prescription services, lab tests, vision and hearing screenings, sports physicals, nutrition counseling, safety education and promotion, and insurance enrollment.¹
- Research indicates SBHC can decrease school dropout rates among adolescents by providing students access to physical and mental health care, thus reducing hospitalizations, managing illness or injury, and preventing unintended pregnancies that may otherwise pose additional barriers to school attendance.²

¹ Heather D. Boonstra, "Meeting the Sexual and Reproductive Health Needs of Adolescents in School-Based Health Centers," *Guttmacher Policy Review*, 18, no. 1 (2015).

<https://www.guttmacher.org/gpr/2015/04/meeting-sexual-and-reproductive-health-needs-adolescents-school-based-health-centers>

² Kerns S, Pullmann M, Cusworth Walker S, Lyon A, Cosgrove T, Burns E, "Adolescent use of school-based health centers and high school dropout," *Archives of Pediatrics and Adolescent Medicine*, (2011). 617-623. <https://pubmed.ncbi.nlm.nih.gov/21383256/>; Van Cura M, "The Relationship Between School-based Health Centers, Rates of Early Dismissal from School, and loss of Seat Time," *Journal of School Health*, (2010). 371-377.

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SBHCs and Mental Health

- 1 in 4 Nebraska students reported experiencing depression.³
- 17.7% of Nebraska students seriously considered attempting suicide and 8.5% attempted suicide.⁴
- Mental health services of SBHC were most utilized by students with the greatest level of mental health challenges, such as thoughts of suicide and loss of sleep to depression.⁵
- Students with access to SBHC received more mental health services than students attending schools without a SBHC.⁶

SBHCS and Age-Appropriate, Medically Accurate Reproductive Health Care

- By the end of high school, 56.9% of Nebraska teens will have had sex and are thus in need of appropriate health care information and contraceptives.⁷
- Research has found strong parental support for reproductive health services provided in SBHCs and strong evidence that students will utilize such health care.⁸
 - A 2015 Omaha Public School survey found that 94% of parents believed students should learn about condoms and contraceptives in school.⁹

SBHCs and Sexually Transmitted Infections (STIs)

- Lack of sharing sexual information with teens and low availability of or access to sexual education are among the primary factors identified for high Nebraska STI rates.¹⁰
- Adolescents have disproportionately high rates of STIs - roughly 350,000 young women aged 15-19 are diagnosed with chlamydia each year nationally.¹¹
- In 2016, young people ages 13-21 account for 21% of all new HIV infections in the United States.¹²

<https://pubmed.ncbi.nlm.nih.gov/20618619/#:~:text=Results%3A%20SBHCs%20significantly%20reduced%20the%20enrolled%20in%20an%20SBHC.>

³ "State of Nebraska 2017 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, (June 2018). https://bosr.unl.edu/Nebraska2017PreliminaryYRBSReport_Final.pdf

⁴ "State of Nebraska 2018 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, QN26, <https://bosr.unl.edu/2018SHARP/20182019YRBSData/2018NEH-Summary-Tables.pdf>.

⁵ Amanda Mason-Jones et al, "A Systematic Review of the Role of School-Based Healthcare in Adolescent Sexual, Reproductive, and Mental Health," *Systematic Reviews*, (2012). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621403/>

⁶ Ibid

⁷ "State of Nebraska 2018 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, QN58, <https://bosr.unl.edu/2018SHARP/20182019YRBSData/2018NEH-Summary-Tables.pdf>.

⁸ Mara Minguez et al, "Reproductive Health Impact of a School Health Center," *Journal of Adolescent Health*, (2015). <https://pubmed.ncbi.nlm.nih.gov/25703321/#:~:text=Most%2010th%2D12th%20graders%20using,receiving%20contraception%20through%20the%20SHC.&text=Conclusions%3A%20Students%20with%20access%20to,greater%20use%20of%20hormonal%20contraception>

⁹ Dr. Melissa Tibbits, "Teen Pregnancy and Sexually Transmitted Infections among Youth in Douglas County," *University of Nebraska Medical Center*. <http://dhhs.ne.gov/MCAH/HYN2016-Tibbitsonepaper.pdf>

¹⁰ Ibid.

¹¹ Heather D. Boonstra, "Meeting the Sexual and Reproductive Health Needs of Adolescents in School-Based Health Centers," *Guttmacher Policy Review*, 18, no. 1 (2015). <https://www.guttmacher.org/gpr/2015/04/meeting-sexual-and-reproductive-health-needs-adolescents-school-based-health-centers>

¹² CDC, *Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention*, <https://www.cdc.gov/hiv/group/age/youth/index.html>.

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- Douglas County holds alarmingly high STI rates as compared nationally, with consistently higher than national and state average rates for STIs since 1998.¹³
 - Within Douglas County alone in 2017, there were 2,593.7 chlamydia cases among 15-19-year-olds per 100,000 population, more than 50% higher than the national average.¹⁴
- Only half (51.4%) of sexually active Nebraska high school students reported using a condom during sex.¹⁵
- Nationally, young male users of SBHC were 16% more likely to report using condoms during sexual activity than male students without access to a SBHC.¹⁶

SBHCs and Unintended Pregnancy

- Almost 615,000 U.S. young women aged 15-19 become pregnant every year with 82% of these reported as unintended pregnancies.¹⁷
- In recent years, teen birth rates have declined within Nebraska, with increased use of contraceptives directly responsible for 86% of this decline.¹⁸
- For Nebraska high school students, condoms are the most common method used to avoid unintended pregnancies with over 40% of students reporting condoms as their primary method for avoiding pregnancies.¹⁹
 - Yet only 51.4% of Nebraska high school students are using condoms during sex.²⁰
- 13.2% of Nebraska sexually active high school students report using no method of contraception.²¹
- Nationally, use of contraceptives among sexually active female students was 44% higher for students with access to SBHC that counseled/prescribed/dispensed contraceptives than for students without access.²²

¹³ Dr. Melissa Tibbits, "Teen Pregnancy and Sexually Transmitted Infections among Youth in Douglas County," *University of Nebraska Medical Center*. <http://dhhs.ne.gov/MCAH/HYN2016-Tibbitsonepager.pdf>

¹⁴ Douglas County Health Department, "State of Public Health Douglas County, Nebraska 2018," Revised 8/8/18, https://www.douglascountyhealth.com/images/8.8.18_Final_State_of_Public_Health_short_revised_8_8_2018.pdf.

¹⁵ "State of Nebraska 2018 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, QN63, <https://bosr.unl.edu/2018SHARP/20182019YRBSData/2018NEH-Summary-Tables.pdf>.

¹⁶ Mara Minguez et al, "Reproductive Health Impact of a School Health Center," *Journal of Adolescent Health*, (2015). <https://pubmed.ncbi.nlm.nih.gov/25703321/#:~:text=Most%2010th%2D12th%20graders%20using,receiving%20contraception%20through%20the%20SHC.&text=Conclusions%3A%20Students%20with%20access%20to,greater%20use%20of%20hormonal%20contraception>

¹⁷ Heather D. Boonstra, "Meeting the Sexual and Reproductive Health Needs of Adolescents in School-Based Health Centers," *Guttmacher Policy Review*, 18, no. 1 (2015). <https://www.guttmacher.org/gpr/2015/04/meeting-sexual-and-reproductive-health-needs-adolescents-school-based-health-centers>

¹⁸ Dr. Melissa Tibbits, "Teen Pregnancy and Sexually Transmitted Infections among Youth in Douglas County," *University of Nebraska Medical Center*. <http://dhhs.ne.gov/MCAH/HYN2016-Tibbitsonepager.pdf>

¹⁹ "State of Nebraska 2017 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, (June 2018). https://bosr.unl.edu/Nebraska2017PreliminaryYRBSReport_Final.pdf

²⁰ "State of Nebraska 2018 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, QN63, <https://bosr.unl.edu/2018SHARP/20182019YRBSData/2018NEH-Summary-Tables.pdf>.

²¹ "State of Nebraska 2018 Youth Risk Behavior Survey Results," *Bureau of Sociological Research and the University of Nebraska-Lincoln*, QNBCNONE, <https://bosr.unl.edu/2018SHARP/20182019YRBSData/2018NEH-Summary-Tables.pdf>.

²² Mara Minguez et al, "Reproductive Health Impact of a School Health Center," *Journal of Adolescent Health*, (2015). <https://pubmed.ncbi.nlm.nih.gov/25703321/#:~:text=Most%2010th%2D12th%20graders%20using,receiving%20contraception%20through%20the%20SHC.&text=Conclusions%3A%20Students%20with%20access%20to,greater%20use%20of%20hormonal%20contraception>

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- For teens who used SBHC that counseled/prescribed/dispensed contraceptives, 80% of female students reported the SBHC was their primary source of contraceptives.²³
- One study comparing schools with SBHC that provided on-site contraceptive access to schools with SBHC that referred to off-site access found that SBHC with on-site access had lower rates of student pregnancy by 14%.²⁴

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ontraception](#)

²³ Ibid

²⁴ Peggy Smith, Gabrielle Novello, and Mariam R. Chacko, "Does Immediate Access to Birth Control Help Prevent Pregnancy? A Comparison of Onsite Provision Versus Off Campus Referral for Contraception at Two School-Based Clinics," *Journal of Applied Research on Children*, 2 no. 2 (2011),

<https://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1043&context=childrenatrisk>

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