The Educational System as a Source of Health Care Services and Funding

Introduction

An important aspect of the cost of care for technology-dependent children in the home setting is that substantial portions of this cost may be borne by public schools. Public schools are mandated by Federal law to provide educational and necessary related supportive services to handicapped children (Public Law 94-142). Schools, through special education programs, regularly provide medical services such as physical and speech therapy, medication administration, and even urinary catheterization to children (179). Since school attendance may account for more than one-fourth of a child's time and care needs, one consequence for technology-dependent children of this Federal mandate is to shift substantial portions of the cost of a child's medical care services from Federal to State and local governments (i.e., from Medicaid to public schools), and from private health insurers to the public.

The issue of who will pay for the medical care of these children in the schools is a growing one. Public schools, pressed for funds, may often be reluctant to pay for additional full-time nurses and special transportation vehicles and to assume legal liability for medical care during school hours. At the same time, private insurers—and Medicaid—will seek to minimize their costs of serving technology-dependent children at home by shifting financial responsibility to the schools. School districts may respond by serving most of these children with occasional home visits in order to avoid the extraordinary nursing costs and potential lawsuits. Clear Federal and State policies on this issue could greatly aid in minimizing total costs, encouraging education in the environment most appropriate to the individual child, allocating public dollars appropriately (e. g., to Medicaid or to public school assistance), and preventing the emotional and financial stress of legal battles.

Local Options for Complex Medical Care in Schools

The issue of complex medical care for children attending public schools can be summarized in three questions:

1. Where is this care provided?
2. If it is provided in the school, who provides it?
3. If it is provided in the school, who pays for it?

For some children, such as those with frequent and uncontrollable seizures, home education may be the only feasible choice. In these cases, school districts may provide an individual teacher for a few hours a week in the child's own home. In such cases, the child's nursing needs are usually met by the normal home caregiver (a parent or home nurse), and reimbursement for that care is indistinguishable from reimbursement for the child's usual home care. The school system pays for the teacher's time and transportation.

Many technology-dependent children receive their education in special classes or schools. In some of these schools, nursing care is provided by full-time professional nurses. In others, the teachers themselves, or a classroom aide, may be trained to provide these services. In either case, the school system generally pays for the medical care, since the nurses or teachers are providing care to a number of children.

The third setting of care and education for a technology-dependent child is in a normal classroom. This setting is particularly appropriate for a child who is intellectually normal and has no mental or emotional constraints to maintaining a normal class schedule. However, the dilemmas regarding who shall provide, and pay for, the nursing care needed by a technology-dependent child are particularly acute in this setting.

Three options exist for providing nursing care in a normal school classroom. First, care may be provided by a school nurse. In most schools, a nurse provides services to all children, and the nurse may even serve more than one school. The school district is responsible for the salary of the nurse and any other costs associated with nursing services. Technology-dependent children, however, are characterized by their need for the uninterrupted availability of nursing services. For a school to provide such services, the school district must hire an additional full-time nurse or aide for each technology-dependent child in the district, as well as the regular nurse. Under this option, the insurer avoids all nursing costs during school hours.

A second option for providing care in a normal classroom is through a home nurse, whose salary and expenses are covered through Medicaid or another third-party payer, who accompanies the child while at school. Although the effect of this option is the same as the first—a full-time nurse for every technology-dependent child—it is clearly less desirable to the third-party payer, which must now pay the costs, and more

desirable to the school district, which need not. If Medicaid is paying for home care, the nurse would be paid for through public funds in any case, but the source of the funds is administratively distinct.

A third option is to train teachers and other regular school personnel to provide the necessary nursing care. Louisiana, for example, has chosen to train bus drivers, teachers, school nurses, and principals to perform both routine and emergency procedures that might be needed by ventilator-dependent children (97). In this case the costs incurred are training costs, which may be paid by the district, the health insurer, or some other source, and possibly the costs of a smaller student-to-teacher ratio in the classes that include these children so that the teachers are not overburdened.

There are few Federal or State legal or administrative guidelines regarding who should pay for these nursing services in the schools, or how they should be provided, A survey of education and public health departments in all 50 States (but not the District of Columbia) regarding the provision of a specified list of nursing practices' found that 13 States (26 percent) had no written State guidelines regarding the provision of any of these services in the schools (184). An additional 13 States had guidelines only for medication administration. Only six States (12 percent) had guidelines covering all listed procedures. The remaining 18 States (36 percent) had written guidelines covering some, but not all, of the specified procedures. The lack of comprehensive guidelines in most States may reflect the fact that serving medically complex students is an issue that is usually addressed on the local rather than the State level (184).

[1]The nursing practices included i n the surveywere catheterization, seizure management, medication administration, respirator, care, tube feeding, positioning, colostomy ileostomv care, and other (including allergy shots),