



March 22, 2023

TO: Minnesota Education Policy Committee
RE: HF 2037 School Health Service Provided

Child Protection League Action (CPLA) opposes HF2037.

HF2037 would significantly increase the barriers parents of children in public schools have been increasingly encountered in exercising their right and primary role as the legal authorities to direct medical decisions for their children.

HF 2037 requires every district and charter school to hire or to share access with at least one licensed school nurse to provide the health services described.

Health services are racialized:

HF 2037 includes “health equity” in its definition of health services. “Health equity” would require measuring and reporting health outcomes by racial and ethnic groups. With no objective evidence, racial bias and discrimination is assumed to be the cause of all racial and ethnic disparities.

The concept of racial/ethnic bias as the cause of every racial/ethnic disparity is popular among the legislative majority. But it is a destructive health perspective because it is false. HF 2037 infuses a racialized political-identity narrative into state health policy and politicizes, racializes the way students would be treated – by race and ethnicity. Students are first and foremost individuals who should be treated as individuals, not primarily as part of an identity group.

“Safe schools”:

HF 2037 defines “health services” as ensuring “that students are safe at school.” In the last decade, “safe schools” is a term that has been weaponized against families and students in attempts to require students to affirm and celebrate gender-identity and all sexual orientations. “Safe schools” has defined ‘safety’ as universal compliance with beliefs that violate the beliefs of many. While everyone desires our children to be safe, defining “safe” as moral and ideological compliance is a violation of students and families.

Health referrals:

HF 2037 authorizes “health referrals” as part of health services. Considering what families have encountered in schools over the past few years, we can rightly assume that referrals will include medical referrals that must involve parents, services such as covid shots, birth control and abortion, gender hormone treatments, counselling for gender identity and sexual orientation issues, and mental health. If you recall, last session’s Parents’ Bill of Rights was vigorously opposed because it would not permit schools to withhold “information relating to the minor child’s health, well-being, and education” from parents. Health referrals should always include a clause that requires parental consent. HF 2037 does not.

Population health services:

HF 2037 defines health services as providing in coordination with public and private health providers." "Population health services" is undefined. However, the CDC states that "population health services" are partnerships between public health, industry, academia, and local government entities of all kinds with the broad, unspecific goals, "for change to happen locally" and "to achieve positive health outcomes."

What exactly are the changes? Who defines those changes? Will some new unelected and appointed "joint powers board" drive local school policy?

The past three years have been hard learning experiences for families. Schools have displayed hostility toward their parental authority. Families should be skeptical of HF 2037. The education focus on Transformational Education, rather than academics, has sent educational outcomes spiraled down.

Schools already provide health classes. Why do health promotion, disease prevention, and health maintenance subjects become a mandate to hire nurses in every school?

HF 2037 also allows schools to outsource these "health services" to "a public or private health organization or another public agency." Some schools are reportedly discussing establishing contracts with the Mayo Health System which moves children further and further away from their parents. This raises important questions about the role of Mayo or any other outside health system driving school health policy and further distancing parents from oversight of their children's health.

HF 2037 continues to sideline parents' proper and constitutional authority over their children. It also undermines the authority of locally elected school boards and charter schools which are supposed to operate through the lens of local citizens.

Please do not pass HF 2037.

Julie Quist
Child Protection League Action

American Federation of State, County and Municipal Employees
One strong united voice for Minnesota workers

300 Hardman Avenue South
South St. Paul, MN 55075
Council5@afscmemn.org



Phone (651) 450-4990
Fax (651) 455-1311
Toll Free (800) 652-9791

March 21, 2023

To the Honorable Members of the House Education Policy Committee:

AFSCME Council 5 represents 43,000 workers across the state of Minnesota in the public, private, and non-profit sectors. We advocate for excellence in services for the public, dignity in the workplace, and opportunity and prosperity for all workers. Thank you for considering our testimony.

We write today in strong support of HF 2037, and we thank Rep. Berg for carrying this legislation. For years, many of our members who work at K12 schools have been doing work far outside their scope of employment to care for the medical situations of students. Our members have not just doled out doses of medicine, but administered dialysis pumps, suppositories, EpiPens, inhalers, and were expected to be comfortable with and accountable for caring for dozens of kids a day. This not only increased the risks of providing inadequate medical care to young learners, but also added an immense administrative burden that often prevented clerks from completing their normal tasks on time.

Requiring the school districts to hire-on an appropriate amount of licensed school nurses will make an immeasurable positive difference for both students and school staff alike. Parents expect that when they send their children to school, they will be provided with an environment that is safe, welcoming, and conducive to learning. That expectation is not compatible with already understaffed schools going completely without licensed medical care, requiring that students waiting in long lines to go to the office and have clerks or social workers or other staff administer medications that would normally be within the scope and practice of a nurse. Hiring-on additional nurses will alleviate the administrative burdens placed on support staff and ensure that students get the best possible care while at school, so they can focus on learning and growing.

AFSCME views this bill as part of a broader slate of legislation that aims to ensure public services are provided equitably and sufficiently. We know that in order to provide the services Minnesotans expect and deserve, we need to invest in frontline workers and compensate them well, rather than cut corners and add new scopes of work to our members, regardless of whether that action benefits the public. Again, we want to thank Rep. Berg for this bill and we urge that you pass HF 2037.

Thank you,

A handwritten signature in black ink that reads "Julie Bleyhl".

Julie Bleyhl
Executive Director

A handwritten signature in black ink that reads "Ethan Vogel".

Ethan Vogel
Legislative Director