

Laurie Huffman, Executive Director
Oregon School-Based Health Alliance
310 SW 4th Ave Suite 905, Portland, OR 97204
(503) 719- 4515

October 14, 2015

Ms. Laurie Huffman,

We are in receipt of your email dated Sept. 25, 2015. In that communication you made an unfounded accusation bringing into question the integrity of Parents' Rights in Education. Specifically, and I quote in part, you alleged that "Recently an organization called Parent's Rights in Education has been sharing misinformation about SBHCs" yet no specific instances were given to substantiate this assertion.

I further understand that you are new to your position therefore you may have been relying on information given to you by subordinates without first verifying it to ensure that what you were being given was factual information. Nothing that we disseminate is made up or altered as we are careful to cite your own sources. You may want to take note of the following:

1. **Only** Oregon [Certified SBHCs](#) are eligible for funding from the Oregon Health Authority (OHA). If a SBHC is "certified", then specific services or referrals **must** be included. (See [Oregon Health Authority's 2014 School-Based Health Center Standards for Certification](#), p.14-16).
2. Oregon Revised Statutes allow SBHCs to have unprecedented access to students when it comes to services provided or referred:
 - a. Students at **any** age can access reproductive care without parental knowledge or consent. (ORS 109.610, 640)
 - b. **14 year old** students can receive mental health services which could include counsel related to gender transformation. Minors may seek help from a psychiatrist or psychologist; mental health therapy from a doctor or social worker without a parents' knowledge or consent (ORS 109.675).
 - c. **15 year old** students can consent to services such as hospital care, immunizations, medical, dental, optometric and surgical diagnostic care. They can also receive gender transformation treatments (ie: puberty blockers, counseling, drugs, advocacy and sex change surgery) without parental notification or consent (ORS 109.640).
*Source: [Oregon Health Authority's Minor Rights: Access and Consent to Health Care](#)
3. SBHCs are not being organized through a "community engagement process and agreements". Around the state parents and guardians are witnessing SBHC proponents failing to inform or engage them early on in the SBHC development process. In many cases, nearly a year is spent by SBHC advocates utilizing 'planning grants' (around \$40,000-60,000) to convince/seek support of school boards, county commissioners and other community entities.
4. "SBHCs adhere to the same laws as a community provider or family physician" and this further supports the **fact** that Certified SBHCs **cannot be tailored** to fit the wishes of the community; policies developed at the local level will be pointless and impotent
5. The assertion that SBHCs "support academic success with little or no cost to the school or district" needs proof. Oregon SBHCs, after nearly 20 years, have failed to show empirical evidence to support claims of lower absenteeism, improved academic outcomes or the rise in graduation rates. Ironically, when asked about this, Interim Director Tammy Alexander's of the Oregon School Based Health Alliance (OSBHA) admitted in March 2015 that there are **no** Oregon studies that show SBHCs have accomplished **any** of these goals.
6. How will students be assured of safety if SBHCs "serve a combination of infants, youth, and adults, expanding their reach from schools to the broader community"? School district leaders do not need the added burden of monitor strangers coming onto school property. School boards are duty bound and responsible for educating the children residing in the district ([ORS 332.072](#)). They are authorized to transact all business coming within the jurisdiction of

the district to serve the residents of their community, assure student safety, security and strive toward educational excellence for all students.

7. What is the source for the statistic that “74% of students estimate they would miss one class or more in order to visit an off-site clinic” and that SBHCs “lead to reduced absenteeism”? If via the OHA’s 8th and 11th grade [‘Healthy Teens Survey’](#), where is the evidence that this is a scientifically accurate measurement worth investing in?
8. SBHCs strive to be “deeply embedded in the community”. This includes collaborations with, services from or referrals to controversial community-based organizations such as [Planned Parenthood](#) and [TransActive](#). These community-based organizations are being given access to children without parental knowledge or consent. In many situations even school boards and administrators are unaware of the programs or services are being marketed to students.
9. SBHC services include “well-child visits”. Are school administrators, school boards and superintendents, educators, elected officials, parents and guardians comfortable with invasive physical exams taking place on school property? A “well-child visit” at a SBHC, according to the Oregon Health Authority’s [Adolescent Well Care Visits – Overview Revised December 2014](#) and the [Oregon SBHC Key Performance Measures Guidance Document Core Measure 1: Well-care visit](#), **must** include a physical exam which includes a genital exam.
10. The idea that SBHCs “must have written policies developed at the local level, set forth and in place for parental engagement and consent for services” is an exercise in futility. Certain written policies will become null and void as a result of the statutes found in the [Oregon Health Authority’s Minor Rights: Access and Consent to Health Care](#).
11. The Oregon Health Authority (OHA) has sufficient resources to support viable **off-campus** alternatives that could serve the medical needs of the community while still safeguarding the parent/child relationship during the school day.
12. Any stated SBHC progress and success is determined by the OHA. The [Oregon Health Authority’s 2014 School-Based Health Center Standards for Certification](#) defines ‘mandates’ for the certification review, but does not include any accountability or quality control measures for the school board, community or school administration. It is all within the purview of the Oregon State Program Office. SBHCs are exempt from Anti-Trust Laws.
13. Oregon school boards are duty bound by [ORS 332.072](#) to serve the residents of their community. Many school board members recognize this and have no intention of allowing the OHA to usurp their local control. School boards are not elected and superintendents are not hired to make the decision to allow invasive, intrusive and potentially dangerous medical care services or referrals to students.
14. The health, vitality and educational success of Oregon children is ultimately the legal right, responsibility and privilege of parents and guardians; not OSBHA or OHA “stakeholders”. Parents and guardians have the [legal right](#) to full disclosure of any and all services, content, and materials disseminated to their child while at school.

We fully expect that you will recant your disparaging remarks, set the record straight and take corrective action immediately.

Lori Porter, MAT, MBA
Director, Parents' Rights in Education
ParentsRightsinEd.net
info@ParentsRightsinEd.net
Beaverton, Oregon

