

Committee: Chronic Disease

Title: Public Health Access to Student Health Information

Statement of the Problem:

Student health records maintained by publicly funded educational institutions are a potentially vital source of information for the conduct of public health practice. The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that restricts disclosure of information contained in the student education record, which includes the student health record, without parental consent. This law applies to all schools that receive funds from the U.S. Department of Education (DOE).

The Family Educational Rights and Privacy Act restricts the sharing of student health information with public health officials for all but emergency situations without parental consent. Unlike the Health Insurance Portability and Accountability Act (HIPAA), FERPA does not include a public health exceptions clause allowing for the disclosure of protected health information for the purpose of public health practice.

Increasingly, state public health practitioners are recognizing the need for general access to identifiable student health data. Such data support birth defects surveillance such as autism spectral disorder, identification and evaluation of environmentally mediated disease occurrences such as asthma, identification and monitoring of chronic disease trends in children, and assessment of the effects of public health policies on childhood and adolescent health. The current DOE interpretation of FERPA prevents disclosure of identified student health data for these purposes.

This position statement is a follow-up to the one submitted for consideration in 2005 titled *Support for an Amendment of the "Family Educational Rights and Privacy Act" to Include a Public Health Exceptions Clause*. Although tabled, considerable dialogue has resulted. Recently, ASTHO adopted a position statement that seeks a re-assessment of FERPA interpretation by DOE or a congressional amendment that allows the release of identified student health data for public health purposes without parental consent.¹

Statement of the desired action(s) to be taken:

Three actions are desired under this position statement:

1. That CSTE adopt and issue a formal letter of support for the FERPA related position statement recently adopted by ASTHO,
2. That CSTE seek funding support from ASTHO for completion of the legal review of FERPA as previously proposed by the *Center for Law and the Public's Health* at Johns Hopkins Bloomberg School of Public Health, and
3. That CSTE, in coordination with ASTHO, request from the National Governors Association (NGA) political support for a public health focused resolution to FERPA imposed student health data access restrictions.

Public Health Impact:

There are few mechanisms for systematically monitoring the health of U.S. children and adolescents. School-based student health data represents an important source of information available for this population. Such information are critical for the monitoring of health condition events such as the prevalence of asthma and autism, immunizations, risk behaviors, and health disparities, among our nation's youth. Access to student health information would augment

existing public health surveillance systems. The promotion of policies allowing the public health and educational systems to collect and analyze student health information would significantly increase our ability to prevent illness and promote the well-being of this population.

¹ Association of State and Territorial Health Officials (ASTHO). 2006. Position Statement – *Accessing School Health Information For Public Health Purposes*. Accessed May 17, 2006. <http://www.astho.org/pubs/FERPAPositionStmtFINAL030706.pdf>

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