

## Contracts with Health Departments, Hospitals, Physician's Offices or Other Medical Providers

This document is intended to support local boards of education (boards) in developing, reviewing and implementing contracts for school health services. The information provided here is intended to assist school districts in navigating applicable state and federal laws. This guidance should not be interpreted to take the place of review and consultation with a local board of education's legal counsel.

School boards may enter into contracts with external health care providers to deliver school health services. When the value of such contracts meets or exceeds applicable procurement thresholds, districts must comply with all state and local procurement requirements, including competitive bidding when required.

Contracts should clearly outline roles and responsibilities related to service delivery, documentation, reporting and compliance. They should also address student health record access, retention and transfer to ensure that required health information remains accessible to the district as part of the student's educational record during the contract period and after its conclusion. Additionally, contracts must specify responsibility for compliance with applicable state and federal laws, as well as required documentation and reporting across all school settings and activities.

Regardless of any contractual arrangement, the board retains ultimate responsibility for ensuring that school health services are delivered in accordance with all applicable laws and administrative regulations. Contracting for services does not transfer or diminish the district's obligations related to oversight, supervision, documentation or the provision of required services.

Boards are strongly encouraged to involve the district health coordinator (DHC) and school nursing leadership in the development, review and renewal of contracts. Their involvement helps ensure alignment with legal requirements, nursing practice standards and documentation expectations, while also reducing the risk of gaps in service delivery or data management. Consultation with legal counsel is also recommended when entering into agreements for school health services.

## 702 KAR 1:160 – School Health Services Regulation

702 KAR 1:160 establishes the minimum requirements for school health services in Kentucky public schools. The following list summarizes key elements required by the regulation and is provided for reference purposes only. The regulation does not prescribe specific implementation methods. Detailed implementation guidance, role-specific responsibilities and clinical practice standards are addressed in the KDE “Health Services Reference Guide (HSRG).”

702 KAR 1:160 requires school districts to require and ensure compliance with:

1. Preventive medical examinations for students
2. Student screenings and examinations (hearing, vision and dental screenings and/or examinations)
3. Maintenance of current immunization certificates in accordance with applicable law
4. Continuous health supervision of all enrolled students
5. Emergency care procedures
6. First aid facilities in compliance with applicable laws
7. Personnel trained in first aid and cardiopulmonary resuscitation (CPR)
8. Creation and maintenance of a cumulative health record for each student as part of the student’s educational record
9. Reporting of required student health data
10. Designation of an appropriate district health coordinator for supervision of school health services within the district
11. Appropriate training using the KDE’s Medication Administration Training Program for Unlicensed School Personnel who have accepted delegation to perform medication administration in school

Contracts for school health services should address these required components to support compliance with 702 KAR 1:160.

Student health records maintained by or on behalf of a school district are generally considered educational records subject to the Family Educational Rights and Privacy Act (FERPA). When a third-party provider delivers school health services under contract with a school district, student health records created or maintained in that role qualify as education records subject to FERPA. Additional information regarding the interaction of FERPA and Health Insurance Portability and Accountability Act or HIPAA is addressed in the HSRG. Local school boards are encouraged to work with legal counsel to ensure contracts appropriately address FERPA requirements and associated student record obligations, and that these requirements are clearly communicated to the contractor.

The Kentucky Department for Public Health has developed companion guidance for local health departments related to school health services contracts with boards.