

TASK FORCE ON SCHOOL NURSING

June 3rd

12:30-3:30

Public Services Building, Salem

Basement Room A

WELCOME AND INTRODUCTIONS



- ▶ Approve *May* minutes

HOUSEKEEPING

- ▶ Scenarios Summary
- ▶ Nationwide Funding
- ▶ Articles
- ▶ Where are they?

MAY FOLLOW-UP

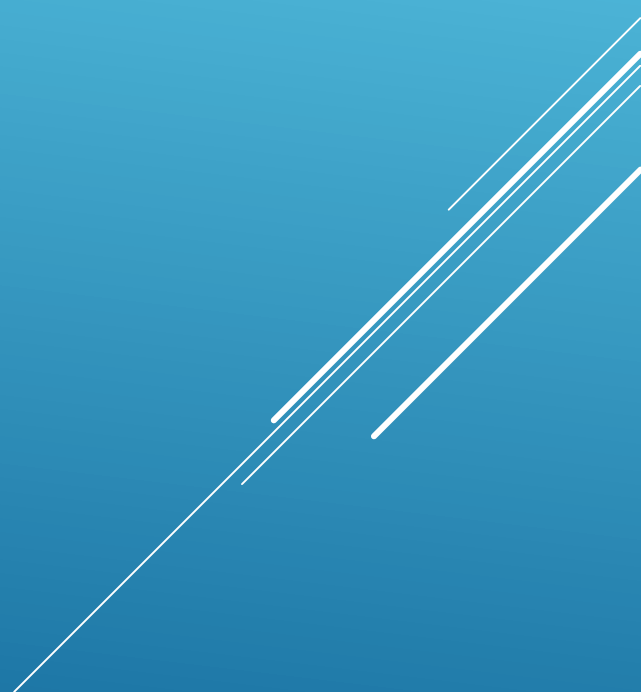


GIS Mapping of District Populations, SBHC Locations, and School Nursing (last update - Spring 2016)

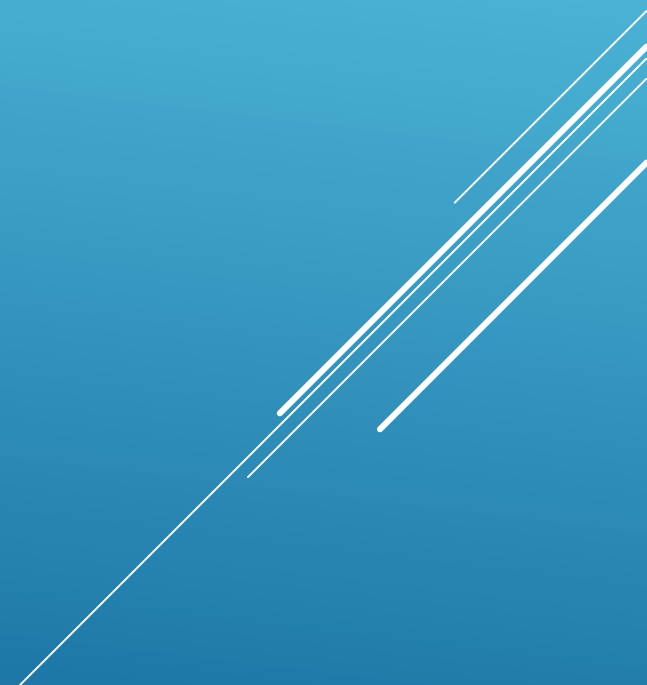
<http://geo.maps.arcgis.com/apps/Viewer/index.html?appid=b92ce91d2597473485cb828e836d02ad>

- ▶ Linda Williams, OHA
- ▶ Linda Brown, ODE
- ▶ Sharie Lewis, Parkrose School District

MEDICAID IN SCHOOLS PANEL DISCUSSION



PUBLIC COMMENT PERIOD



Task Force on School Nursing - Meeting 3 scenario activity

Group 1 – Small district

1. Unique needs: language, lack of services, likely middle/low income, higher % of OHP, many working parents
2. Unique challenges: 18 children specific careplans, rural community – other specialized care available, PT/OT needed - ? available, potentially have school nurse 2 hrs/day, transportation for needed care, coverage challenges (immigrant populations), private insurer – credentialing requirements, consistent health support for higher-needs students that can take care of some of their needs. Students/parents have no education to take care of needs.
3. Solutions: determine what is billable and bill for it, nurse for more than 10 hrs/week, SBHC on site, County Medical Officer as credentialing oversight, nutrition education, parent engagement/involvement, legitimize health assistant role
4. Yes

Group 2 - medium size district

1. Unique needs: What are they doing to help meet the need? – LPN, health assistants, parents, or secretaries
2. Unique challenges: additional nurses needed, translation services, billing staff, low income services, community health resources, supervision, other funding sources (private insurer, Medicaid waiver), role of local health department
3. Solutions: Partnerships, grant funding, volunteers, standardized training/procedures/policy, responsibility/accountability, Is there an SBHC – what can they do to help, look at nursing client caseload (diabetics), telemedicine, What is legal for nurses to do and/or assign
- 4.

Group 3 – larger sized district

1. Unique needs: poverty, ESL, high MC/MF counts, how many buildings are involved in covering the health needs of the students
2. Unique challenges: Care coordination, staffing – nurse ratio, liability, delegation
3. Solutions: Develop a billable environment, adequate staffing levels, capture care coordination so it is billable, additional money for school districts with more MF/MC (weighted ADM), specify school fund dedicated to school nursing
4. Yes

Nationwide School Nurse Funding

Based on recent surveys with the National Association of State School Nurse Consultants (NASSNC), the funding of school nursing varies across the country. Almost every state that we have data for (34) uses some combination of funds to support the provision of school nursing. If there is only one source, it was always the Local board of education budget. The most highly accessed funding includes:

1. Local board of education budget
2. Medicaid billing not related to IDEA – (i.e. MAC claiming)
3. IDEA partial funding – IEP related direct billing

Other sources include:

1. Title I funds - 4 states
2. Title XIX funds – 2 states
3. Competitive grants – 5 states
4. State department of education funds - 1 state
5. State general fund – 9 states
6. State department of health funds – 5 states
7. SBHC funds – 1 state
8. Community health center – 2 states
9. Title V funds – 2 states
10. Hospital – 3 states
11. Private health foundation – 2 states
12. Local public health funding – 2 states
13. Legislative high acuity funding – 1 state

Below is a summary of the various laws across the country regarding School Nursing:

Alabama: The School Nurse Act (2009) sets the goal of having one state-funded nurse for every 500 pupils as funding becomes available in the State's Education Trust Fund and is appropriated by the Legislature.

- Not more than 5 LPNs for each RN in a school system
- <http://codes.lp.findlaw.com/alcode/16/22/16-22-16>

Arkansas: Only upon the availability of funds, all school districts are required to have no fewer than 1 full-time school nurse per 750 students according to Code [6-18-706](#) (2003).

Connecticut: There is no specific state policy concerning ratios. However, Statute [10-212](#) requires each local or regional board of education to appoint one or more school nurses or nurse practitioners.

Delaware: According to the state and based on district salary formula requirements, Code [14:1310](#) (1979) directs school districts to employ one nurse for every 40 units. Each school is also required to have at least one full-time school nurse. Administrative Code [14:275](#) (2004) requires charter schools to submit an acceptable plan to assure the health needs of students in school, which includes the services of a registered nurse.

Georgia: Georgia Code [20-2-771.2](#) (no date available) requires each local board of education to establish policies and procedures for a school health nurse program. The state further suggests in the [School Health Nurse Resource Manual](#) (2001) for schools to utilize registered nurses, licensed practical nurses, or health assistants.

Chapter 1 of the Georgia School Health Resource Manual (2004) [No link available] recommends school nurses be employed at a ratio of 750:1.

Iowa: Schools and school districts are required to employ a school nurse per Code [256.11\(9B\)](#) (2007). The school registered nurse must have a registered nurse (RN) license from the board of nursing, and may be employed, shared, or contracted. [282 IAC 16.7](#) Special education nurse SPR provides services with pupils requiring special education, birth to 21. Requirements include a baccalaureate in nursing or a master's degree in nursing, current licensure by the board of nursing, two years of experience in public health nursing including service to schools or as a school nurse. Legalization is through a statement of professional recognition (SPR) and not through teacher licensure. The licensed practical nurse may provide nursing care in a non-acute care setting with the supervision of a registered nurse or physician in the same building or for one individual when delegated and supervised by a registered nurse.

[Code 256.11\(9B\)](#) (2007) does not require a specified ratio, however it states that every school shall "work toward the goal of having one school nurse for every 750 students enrolled in the school district."

Indiana: State Board of Education [511 IAC 4-1.5-6](#) (2000) requires a school corporation to employ at least 1 registered nurse who possesses a bachelor of science in nursing to coordinate health services. State Board of Education [511 IAC 4-1.5-2](#) (2000) recommends that there be one registered school nurse per 750 students in the corporation

Louisiana: RS [17:28](#) (1995) requires each school system to employ at least one school nurse for each 1500 students.

Massachusetts: General Law [71.53](#) (no date available) requires there to be one or more nurses at each school.

Maryland: In Maryland, the registered nurse (RN) is always the leader of the school health *nursing* team. The registered nurse (RN) makes the decisions about how care is provided and who provides the care to the child in the school system. As such, only the school registered nurse has the authority to use the title school nurse. All other health staff must be referred to by their title of licensed practical nurse (LPN), certified nursing assistant (CNA), or Health Assistant (health technician, etc.).

Maine: Statute Title [20-A 6403-A](#) (1985) requires each school board to appoint a registered professional nurse to supervise and coordinate health services and health-related activities. Maine's [Essential Programs & Services](#) (1997) established 800 students: 1 school nurse, as part of the school funding formula.

Minnesota: Statute [121A.21](#) (2003) requires districts with 1000 pupils or more to employ at least one full-time licensed school nurse, contract with a public or private health organization or another public agency, or enter into another commission-approved agreement.

Missouri: The Department of School Health Services funded programs are required to work toward or maintain a 750:1 ratio.

North Carolina: Part III of the North Carolina's [Basic Education Plan for Public Schools](#) (1994) requires there to be one nurse for every 3,000 students in a school district.

Nebraska: The HHS School & Child Health Nursing Coordinator promotes the ratio of 750:1 based on the National Association of School Nurses.

New Hampshire: No specific policy; however RSA [200:29](#) allows each school board to appoint a registered professional nurse currently registered in the state to function in the school health program.

New Jersey: There is no specific student-to-nurse ratio stipulated, but State Board of Education Administrative Code N.J.A.C. [6A:16-2.3](#) requires there be at least one certified school nurse per district.

New Mexico: There is no mandated ratio in New Mexico. Health services are required to be provided; however, the number of school nurses in a district is determined at the local level and is based on the size of the school/district and the assessed needs of the students.

Oregon: [HB2693](#) (2010) requires each school district ensure that the district has a sufficient number of licensed nurses and school nurses to provide one licensed nurse or school nurse for every 225 "medically complex" students, one for every 125 "medically fragile" students, and one for every nursing-dependent student (as defined in the statute). In addition, each school district is encouraged to have one nurse for every 750 students in the district.

Pennsylvania: [24 P.S. 14-1402](#) (1966) and [14-1410](#) (1957) requires schools to provide one certified school nurse per 1500 students. [028 PA Code 23.51-53B](#) (1962) requires private, parochial, and public school children to receive nursing services through the public school system. The number of students to be served by a school nurse shall be determined by the school administrator by the number of school, the distance and travel time between schools, and special health needs of the areas.

South Dakota: Statute [13-33A-1](#) (1993) requires school health services to be coordinated by a registered nurse.

Tennessee: Code § [49-3-359](#) (2004) provides funding to public school systems for school nurses at the ratio of one per 3,000 students or one per school system, whichever is greater, and allows school systems to employ school nurses or contract them through the Public School Nurse program established in Tenn. Code Ann. § [68-1-1201](#) (1988).

Utah: The state does not have a policy requiring districts to employ nurses in the schools. Code [53A-11-204](#) (2002), however, states that public schools would be better protected against health and safety risks if a registered nurse were readily available. Code [53A-11-204](#) encourages school districts to provide one registered nurse for every 5,000 students.

Virginia: Code [22.1-274](#) recommends there be one nurse per 1,000 students.

West Virginia: Code [18-5-22](#) (2006) requires counties to employ one School Nurse per 1,500 students for grades K-7 and provides additional funding to support school health service needs that exceed the capacity of staff as mandated in this section. The additional funding is set for students with high acuity and direct nursing service needs in with diagnoses of asthma, seizures, insulin-dependent diabetes and airway management. State Board of Education Policy [2422.5](#) (2010) provides guidance for the utilization of licensed practical nurses within the delegation structure. LPNs however do not count toward the school nurse ratio.

Reference:

http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=2130&catExpand=acdnbtm_catB

2010 Approximate Student-to-School Nurse (RN) Ratios:

1	396	Vermont
2	448	Connecticut
3	454	New Hampshire
4	472	Delaware
5	476	Washington, D.C.
6	477	OSHNA (Department of Defense)
7	503	Alaska
8	504	Wyoming
9	514	Maine
10	517	Rhode Island
11	533	New Jersey
12	536	Alabama
13	628	Kansas
14	665	New Mexico
15	696	New York
16	700	Massachusetts
17	732	Missouri
18	776	Maryland
19	779	Pennsylvania
20	784	Louisiana
21	789	South Carolina
22	819	Iowa
23	826	Texas
24	837	Virginia
25	918	Arkansas
26	960	Indiana
27	1027	South Dakota
28	1065	West Virginia
29	1098	Mississippi
30	1114	Kentucky
31	1185	North Carolina
32	1328	Ohio
33	1403	Nebraska
34	1416	Arizona
35	1451	Montana
36	1625	Wisconsin
37	1649	Nevada
38	1773	Minnesota
39	1774	Tennessee
40	1788	Colorado
41	1881	Idaho
42	2026	Oregon
43	2031	Washington
44	2179	Illinois
45	2187	California
46	2318	Georgia
47	2372	Oklahoma
48	2537	Florida
49	3637	Utah
50	4357	North Dakota
51	4411	Michigan

ALERTS:

1. This data is from 2010 and as we have discussed many times, the reliability of the data varies across the country.
2. Oregon’s ratio during the 14/15 school year is approximately 1:4664 according to ODE data collection.
3. This provides a general reference for Task Force members of the variation across the country.
4. The recommended ratio for the general population is 1:750.

What Would It Take?

576,407 students in Oregon for 2015/16 school year

197 school districts

1243 school buildings

\$95,000 estimate of the cost of 1 FTE Nurse working in the school setting (Bachelor's prepared RN)

How are these numbers calculated?:

576,407 students ÷ ratio = # of school nurses needed

of school nurses needed x \$95,000 = approximate funding needed to attain that ratio

1:3500 (by 2014) = **164** school nurses = \$15,580,000.00

1:2500 (by 2016) = **230** school nurses = \$21,850,000.00

1:1500 (by 2018) = **384** school nurses = \$36,480,000.00

1:750 (by 2020) – recommended ratio = **768** school nurses = \$72,960,000.00

(This does not address the cost of 1:1 nurses)

