September 15, 2016

Task Force on School Nursing Report

Findings and Recommendations for the Oregon Legislature

Oregon Health Authority
PUBLIC HEALTH DIVISION

Acknowledgments

This publication was prepared by task force members and staff at OHA and ODE

Prepared for:

The Oregon State Legislature per Senate Bill 698

This report is available online at:

http://healthoregon.org/schoolnursing

September 15, 2016

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Executive summary

Findings and recommendations for school nurse funding

The health, safety and academic success of Oregon's school-aged population is the primary focus of school nurses. The legislative assembly passed Senate Bill 698 (2015) that established a task force to study current models of school nurse funding and identify potential new funding streams. The task force conducted extensive research around school nurse and health care funding and evaluated infrastructure for school nurse support both within the Department of Education and the Oregon Health Authority. Task force members produced these research-based and solution-oriented findings and recommendations.

Findings

- There has been a significant increase in the number of students attending school with chronic health conditions, many life threatening, which require complex medical treatments and frequent interventions.
- 79 of the 197 school districts in Oregon do not provide any school nursing services; 29,734 students have no access to a school nurse.
- There has been no increase in the number of school nurses serving Oregon students since the last task force report in 2008. (Report from House Bill 2773)
- In Oregon, school nurses are allowed to delegate nursing tasks and procedures to unlicensed persons per Oregon State Board of Nursing regulations (Division 47). Because school nurses are assigned to multiple buildings, caring for medically fragile and complex students often falls to classified school staff, in many cases the front office secretary or educational assistants.
- It is against the law for anyone other than a registered nurse to delegate care for these students while they are at school. Districts with no school nursing services are at risk.
- The more time a student spends in the classroom, the more opportunity they have to learn. Research shows when a school nurse is in the building, absentee rates decrease and students spend less time out of class for health-related incidents.
- Research has shown every dollar invested in a school nurse has a gain of $2.20.

- In Oregon, the primary funding source for school nursing services is local school district's general funds, with some limited Medicaid reimbursement.
- Other school health activities (e.g., school-based health centers) are supported with general fund dollars.
- There is opportunity with health transformation to improve student health and education outcomes through the Whole School, Whole Community, Whole Child model. This model supports the important roles of both school nurses and school-based health centers.
- There is an immediate need for increasing the number of school nurses in Oregon schools.

Recommendations

- Immediate funding, general fund or other budget line item, is needed for underserved school districts.
- Immediate funding is needed for implementing and maximizing Medicaid billing throughout the state.
- Financially supported interagency collaboration/work group between Oregon Department of Education and the Oregon Health Authority-Public Health Division is needed to develop statewide school nurse standards of practice and continue to implement a coordinated school health model.

The task force believes the findings and recommendations of this report present significant responsibilities and opportunities for Oregon to recognize the health and safety needs of children and address the critical shortage of funding for school nurse positions throughout the state.

Background

In response to the need for additional funding to support the health and safety of Oregon's school-aged population, the legislature passed Senate Bill 698 in 2015 (see Appendix 2). This legislation established the Task Force on School Nursing. The task force was charged with:

1. Examining other health care funding sources, including the billing of students' health insurance for the costs of school health services provided at school, for the purpose of determining if schools may transition from using moneys received for education purposes to using moneys from the other health care funding sources to pay for school health services.

2. Recommending sustainable funding sources for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201.

3. Recommending standards of school nursing practices that include outcome measures related to health transformation and academic performance.

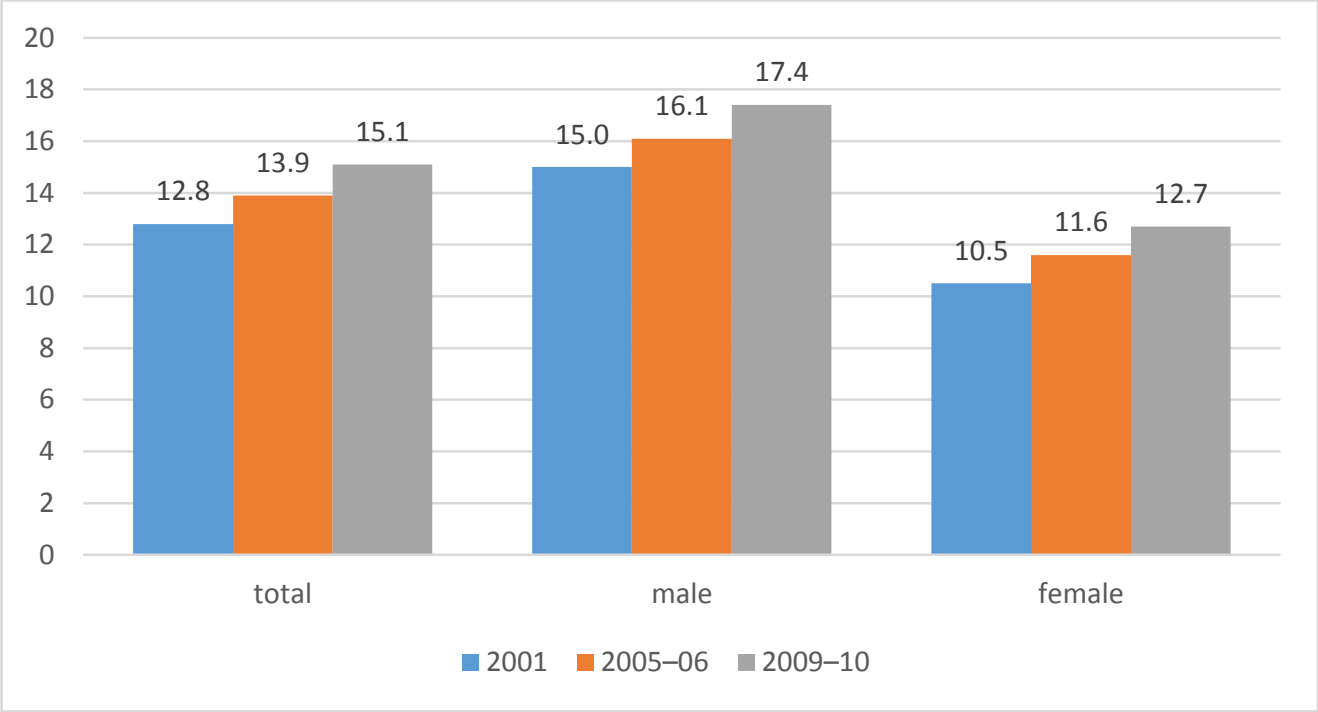
4. Recommending ways to create a coordinated school health services model and to foster and promote a noncompetitive strategy that is collaborative and that directs an appropriate level of funding to school nursing and school-based health centers.

The scope of the crisis in funding school nurses in Oregon, is in part, due to the changing role of the school nurse to accommodate the needs of students with chronic conditions. Several major changes during the past few decades have greatly increased the demand for nursing services in the school setting. This includes a dramatic rise in the number of students with chronic health conditions and mental health problems, an increase in the number of students with specialized health care needs, and improved medical technology.(1)

National data sources show the dramatic increase of children with special health care needs (see figure 1). These numbers include various chronic and acute illnesses that can have a significant impact on a child's ability to attend school safely – asthma, diabetes, seizure disorder, life-threatening allergies, obesity and mental health concerns.

Figure 1

Children in U.S. with special health care needs: Percentage of male, female and all children- 2001, 2005–06 and 2009–10.



Source: Data for 2001: The National Survey of Children with Special Health Care Needs Chartbook 2001, available at http://mchb.hrsa.gov/chscn/pages/prevalence.htm. Data for 2005-2006: Child Trends' original analyses of data from the 2005-2006 National Survey of Children with Special Health Care Needs. Data for 2009-2010: National Survey of Children with Special Health Care Needs. Accessed at The Data Resource Center for Child and Adolescent Health. The Child and Adolescent Health Measurement Initiative. Available at http://childhealthdata.org/browse/survey

These are just a few of the chronic medical conditions that affect students today (see "Health conditions per 100 U.S. students/2011 update" – Appendix 4). The school nurse role has expanded from its original focus to reduce communicable disease-related absenteeism, to managing chronic health conditions, providing episodic care, promoting health behaviors, caring for students with disabilities, connecting with health care providers, coordinating school health services and handling medical emergencies. School nurses work to optimize student health and learning, and are in an ideal position to improve the health and safety of all students, particularly those with chronic conditions. (See "ODE/OHA School Health Services Flyer, 2015" - Appendix 5.)

The number of students with chronic and complex physical and mental health conditions significantly affects a teacher's ability to teach and meet the needs of every student. This is especially a concern when combined with the impact of social

determinants of health, such as poverty, violence and the growing population of families who are homeless (see "Home and community factors that impact health and learning Per 100 U.S. students" – Appendix 3). Education in America is free, but health care is not. This fact presents a unique divide among students; some have parents with good health care coverage and can receive medical care without barriers, while other students come from families who experience multiple barriers to access care.(2) Poor and low-income children are especially vulnerable as their families may lack resources such as transportation, food, clothing, adequate health care and social supports that help children be successful at school.(3)

Oregon has long recognized the importance of school nursing in addressing the health and safety needs of students. However, as shown on the map on next page, 79 school districts in the state provide no school nursing services and many more provide less than the recommended amount (1:750).

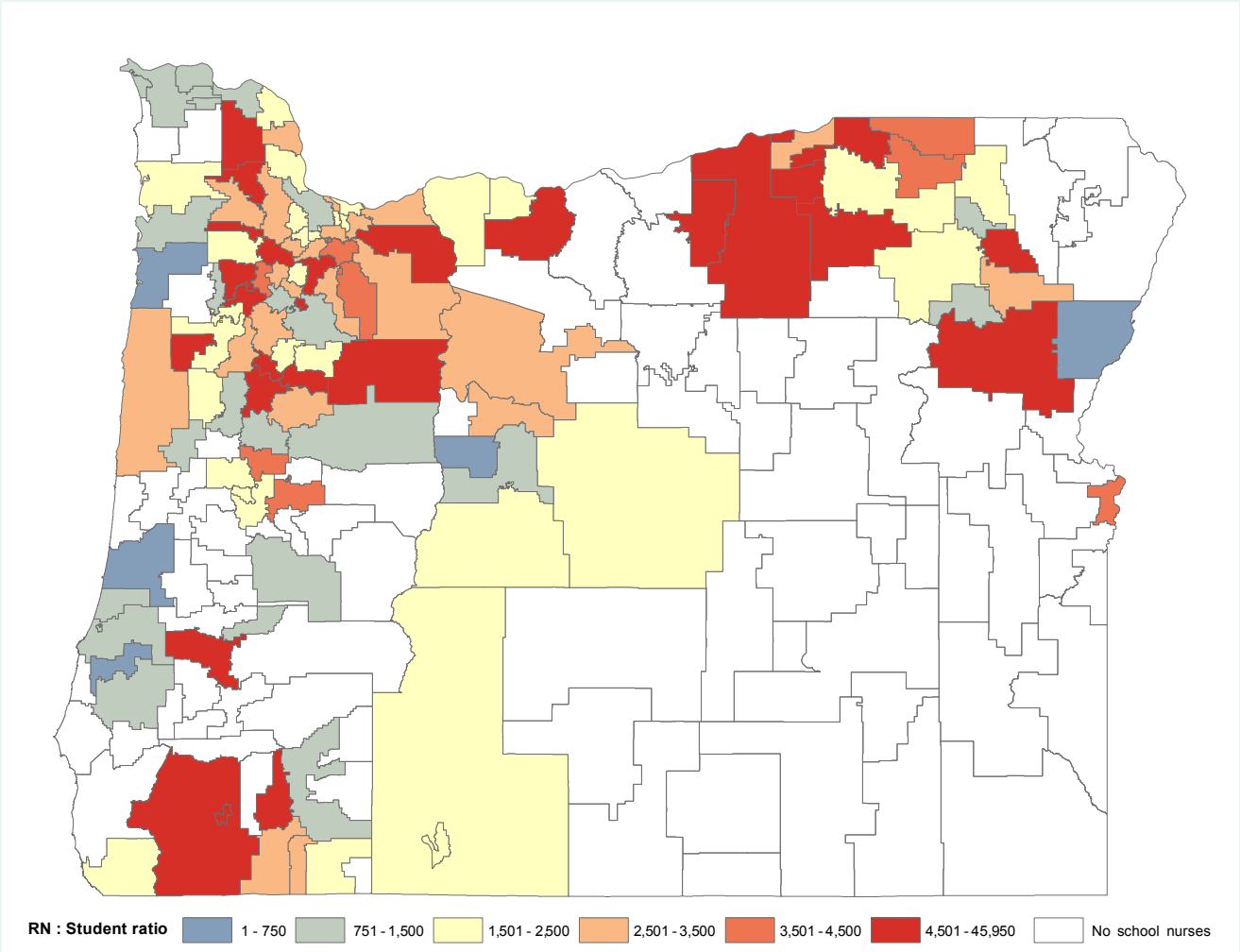
> "The American Academy of Pediatrics (AAP) recognizes the important role school nurses play in promoting the optimal biopsychosocial health and well-being of school-aged children in the school setting. By understanding the benefits, roles and responsibilities of school nurses working as a team with the physician, we can improve the health, wellness and safety of children and adolescents."
>
> –AAP Council on School Health, 2016

Numerous Oregon task force and committee reports, dating back to the 1940s, identify the critical connection between health and learning as well as the impact the school nurse has on student success. This task force sought to identify possible funding sources that school districts may use to meet the student to school nurse ratios required by ORS 336.201. These ratios are:

- One registered nurse or school nurse for every 225 medically complex students:
  - » Students who may have an unstable health condition and may require daily professional nursing services
- One registered nurse or school nurse for every 125 medically fragile students:
  - » Students who may have a life-threatening health condition and may require immediate professional nursing services

Figure 2

Ratio of registered nurse to student by school district, Oregon 2016



Source: ODE State School Nursing Report and enrollment data

- One registered nurse or school nurse, or one licensed practical nurse under the supervision of a registered nurse or school nurse, for each nursing-dependent student:
  - » Students who may have an unstable or life-threatening health condition and may require daily, direct and continuous professional nursing services
- If not already doing so, school districts are encouraged to provide:

(1) One registered nurse or school nurse for every 3,500 students by Jul. 1, 2014
(2) One registered nurse or school nurse for every 2,500 students by Jul. 1, 2016
(3) One registered nurse or school nurse for every 1,500 students by Jul. 1, 2018
(4) One registered nurse or school nurse for every 750 students by Jul. 1, 2020

Task force process

The Task Force on School Nursing convened their first meeting Mar. 8, 2016. (Task Force Charter – Appendix 1). To allow for an equitable discussion among task force members, support staff provided background information on school nursing in Oregon at the March and April meetings. Over the next several months, staff invited experts to inform task force members about Oregon Health Authority (OHA) funding and billing through private insurance, coordinated care organizations (CCOs) and Medicaid.

The task force, at its June and July meetings, brainstormed which of the identified sources would provide a sustainable source of funding to pay for mandated health screenings and recommended ratios in ORS 336.201. Voting occurred in August on recommendations to include in this report. Task force members felt strongly about the need for continuing work toward the goals of SB 698 (2015).

Meeting agendas, minutes, and other supporting documentation are available online at http://healthoregon.org/schoolnursing.

Findings

Current student health conditions in Oregon schools

Fifty-four out of 197 Oregon school districts responded to a request to provide chronic conditions data for the Step Up & Be Counted initiative from the National Association of School Nurses (NASN) and the National Association of State School Nurse Consultants (NASSNC). While this only represents five significant health issues, there are numerous other health conditions that school nurses plan and provide care for. (See "Health Conditions per 100 U.S. Students" -Appendix 4.)

Table 1: Five significant health issues among Oregon student population, 2015–2016

Diagnosis	2015–2016 data (representing 388,174 students)	Extrapolated to total student population (576,407 students)	% of total student population
Asthma	18,142	26,918	4.67%
Type 1 diabetes	976	1,441	.25%
Type 2 diabetes	119	173	.03%
Seizure disorder	2,589	3,862	1%
Life-threatening anaphylaxis	5,501	8,185	7.7%

Source: National Association of School Nurses, Step Up & Be Counted – Oregon 2015–16.

Current school nurse staffing in Oregon schools

During the 2014–15 school year, per Oregon Department of Education (ODE) requirements, districts reported the following school nurse staffing FTE (full-time equivalent):

Position	Number
Registered nurse	222.13
Licensed practical nurse	42.01
1:1 registered nurse	38.88

Data from 2015 show 95 out of 197 school districts in Oregon have no school nurse available. Based on these districts' student populations, an estimated 29,734 students have no access to a school nurse. Only 50 out of 197 school districts reported meeting the 2016 phase-in ratio of one school nurse for every 2,500 students.

After subtracting for the required HB 2693 (2009) nursing ratios, 2015 ODE data from the State School Nursing Report indicates only 23 school nurses are left to serve the remaining 551,135 students in the general population. This is a ratio of one school nurse for every 23,692 students, almost 32 times the recommended 1:750 ratio.(4)

The 2013 Investment in School Health Capacity report indicates the vast majority of school districts are not supported to create or sustain basic school health capacity or services. Fewer than one in 10 (8%) Oregon secondary schools have a full-time registered nurse (RN) on campus. Despite the lack of resources, there are a considerable number of school health mandates in Oregon that a school nurse can be an integral part of:

- District improvement plans for safe school environments
- District wellness policies
- Health education on topics including alcohol/drugs, human sexuality, HIV/STIs
- Tobacco-free school policies
- Physical and health education requirements
- Physical/mental health services
- Family/community involvement
- Minimum nutrition standards for foods not included in the federal meal programs
- Policies prohibiting harassment, bullying and intimidation
- Emergency plans and procedures
- Immunization requirements
- Diabetes reporting
- Health services, including asthma medication self-carrying policies, guidelines for administration of other medications
- Minimum student-to-nurse ratio (especially for "medically complex" and "medically fragile" students)
- Integrated pest management plan

- Health screenings – vision, hearing and dental
- Provision of health care required for access to education (5)

Current school nurse funding sources

A 2016 survey from the NASSNC shows funding for school nursing varies across the country. The 34 states in the survey report the most highly accessed funding streams include local or state board of education funds and Medicaid billing.

Oregon's current school nurse funding streams are the same: local school district's general fund and limited reimbursement statewide from Medicaid billing. A recent ODE electronic survey of Oregon school district business managers reports 81% of districts use general fund moneys for school nursing, 22% supplement with Medicaid administrative claiming (MAC) reimbursement and 10% use Medicaid direct billing. There currently is no requirement that Medicaid reimbursement be allocated to the provision of nursing services.

Oregon school nurse employers

85% - school districts
(60% district/25% ESD)
12% - local public health department
3% - local hospital system

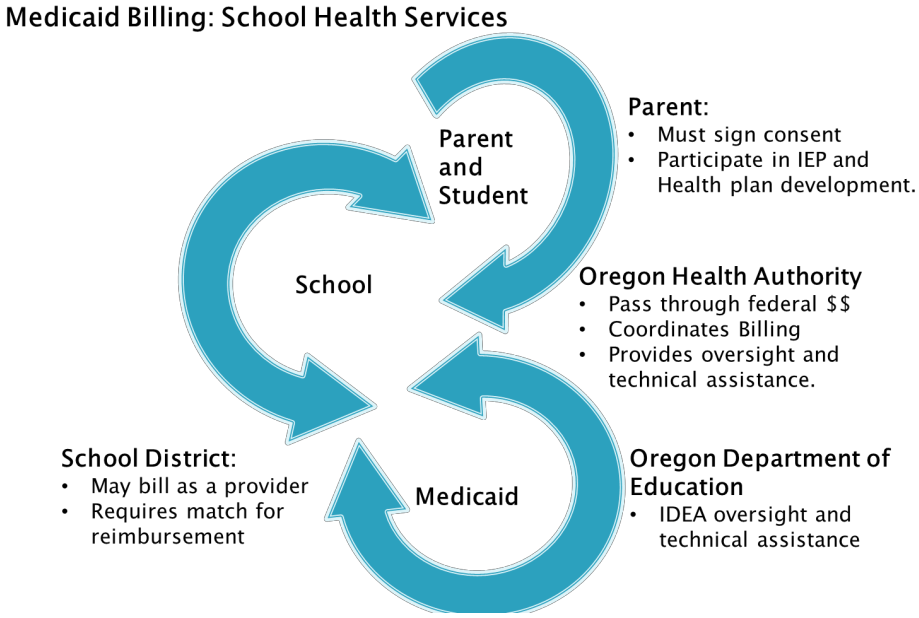
A few districts have alternative arrangements with local partners to provide funding for school nursing services. For example, a local hospital provides the salary for one school nurse to serve a 10,000 student district. Local public health departments provide school nursing services for several other districts.

Medicaid billing for school health services in Oregon consists of MAC and direct billing for Individuals with Disabilities Education Act (IDEA) covered services. In 2015, 65 school districts/education service districts participated in MAC and 63 participated in direct care billing. The percentage of Medicaid eligible students has steadily increased from approximately 27% in 2007 to 58% in 2015. Reimbursements to Oregon school districts have ranged from $3 to $7 million dollars per year since the 2008–2009 school year. A recent change in the federal Free Care Rule may be an opportunity to expand the type of services school districts can bill to Medicaid. Oregon Medicaid billing data show school districts are not fully leveraging the available funds to support the health needs of their students. These funds would improve student health outcomes by increasing the number of school nurses able to serve student health needs. This would not be sufficient to support the health needs of all students, many of whom do not qualify for Medicaid billing.

Figure 3

Year-long case study on a medium sized rural Oregon school district with 4,000 students

The Potential of Medicaid



School district actions/results :

- **Identified and billed 15 highest need IDEA/Medicaid students**
- **Identified 3 services to bill (nursing, delegated services, transportation)**
- **Claimed $300,000 (direct service billing) and $200,000 (Medicaid administrative claiming)**

Impact:

- **2.5 new school nurse FTE,**
- **Professional development related to health services and prevention**
- **Health supplies for each school building (AEDs, EpiPens, stop watches. . .)**
- **First aid kits for every classroom**

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8/17/2016. ES

A recent Massachusetts study demonstrated that school nursing services provided in schools were a cost-beneficial investment of public money. Every dollar invested in a school nurse has a gain of $2.20. Careful consideration by policy makers and decision makers are warranted when resource allocation decisions are made about school nursing positions.(1) In addition to school nurses being cost-effective, a school nurse in a building can save principals an hour a day, teachers 20 minutes per day and clerical staff more than 45 minutes a day.(6) School nurse intervention can directly affect and increase a student's time in the classroom and provide a safe, supportive environment to staff.

> "Health care reform, including how health care is financed and delivered, is a significant societal change. Working closely with parents, school staff and community pediatricians, school nurses are well positioned to help contain costs."
>
> –AAP Council on School Health, 2016

School nurse's impact on attendance

A growing body of research indicates school nurses can improve student attendance by reducing illness rates though education about preventative health care, early recognition of disease processes, improving chronic disease management, and increasing return-to-class rates.(7) The U.S. Department of Education estimates 5–7.5 million students will miss 18 or more days of school each year, or nearly an entire month or more. This puts students at significant risk of falling behind academically and failing to graduate. In schools where nurses are available to students, a minor issue may be quickly treated rather than the student being sent home (See Table 2). The Every Student Succeeds Act (ESSA) places new significance on attendance, requires states to report chronic absenteeism rates for school and school districts, and allows for federal moneys to be spent on training to reduce absenteeism. School nurses are an important player in helping schools address chronic absenteeism.

Table 2: Actions after health room visits among Oregon student population, 2015–2016

Who treated the student	Back to class	Sent home
School nurse (RN)	78.9%	20.9%
Non-nurse	71.6%	28.3%

Source: Based on Step Up data from 13 school districts in Oregon (2016)

School nurse delegation of nursing tasks to unlicensed assistive personnel (UAP)

Caring for students who have medically complex or medically fragile needs requires significant school nursing assessment, planning and intervention. When a nurse is not present, as occurs regularly in Oregon schools, certain tasks of nursing are delegated to an UAP to perform. The delegation of nursing tasks must be consistent with the requirements in Division 47, Oregon State Board of Nursing.(8) The AAP and NASN both recommend a delegated UAP be trained and supervised by the school nurse. The decision to delegate rests solely with the nurse.

Examples of delegations include:

- Liquid feedings through a tube inserted into the stomach for students who may not be able to swallow or are at increased risk for choking
- Urinary catheterizations for students who cannot urinate independently
- Diabetes management including counting carbohydrates and calculating and injecting correct insulin doses

Delegation does not eliminate the need for a full-time school nurse especially with the increasingly complex health needs and procedures being performed in schools.

Data from Multnomah Education Service District, representing

> "Delegation" means a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed person, teaching the task, ensuring supervision of the unlicensed person, and re-evaluating the task at regular intervals. For the purpose of these rules, the unlicensed person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurse's delegated authority."
>
> –(Division 47, Oregon State Board of Nursing)

approximately 100,000 students, indicate school nurses within their service area oversaw over 50,000 health room visits for the first eight months of the 2015–16 school year. Delegated nursing tasks were performed by an UAP on 908 of those 100,000 students. Based on an informal query to school nurses in Oregon, 97% delegate some task of nursing to an UAP.

The Oregon Nurse Practice Act (NPA) states a registered nurse is the only one who can perform delegation under Division 47. A school principal, physician or parent is not allowed to delegate nursing tasks under Oregon law. Doing so would be a violation of the NPA and against the law. Many school districts may be at legal risk if they do not have sufficient hours of coverage by a school nurse to allow for safe delegation practices.

Diabetes management has become one of the most technically challenging nursing tasks facing school staff today. Staff must understand the role exercise, stress, illness, food intake and insulin have on blood sugar levels, and how to balance all those factors. Based on the current school nurse staffing levels in Oregon, school nurses must rely on a school secretary or educational assistant to check a blood glucose level, count carbohydrates, draw up insulin in a syringe and give a subcutaneous injection independently while doing this under the school nurse's nursing license, after delegation requirements have been met.

In early 2016, the Oregon state school nurse consultant sent a query to school nurses to assess rates of diabetes in Oregon. Responses, representing 335,076 students (58%), found there were 833 students with type 1 diabetes and only half of these students were independent or able to help with some aspects of their diabetes management. This leaves more than 400 students who require assistance multiple times within the school day to manage this chronic disease. National data show prevalence rates of 0.15% in 2001 and 0.19% in 2009.(9) One Oregon district reported an influx of 12 kindergartners with type 1 diabetes in the same year and another district reported a prevalence rate twice the national average. The increases in complex medical conditions put increased health and safety burdens on school districts and school nurses.

Oregon School Employees' Association (OSEA) members frequently are the staff being delegated for nursing tasks. These members, educational assistants and secretaries, who may have little or no health care background, are often the first staff to ensure the medical needs of their students are being met by administering medications, feeding students through a feeding tube, monitoring blood glucose levels and administering insulin, inserting catheters and suppositories, and suctioning breathing tubes and other tasks that require nursing skill. Though the basic health needs of their students are being met to the best of their ability, this group of school staff are not medical personnel and feel a great deal of pressure in making

sure the procedures are being done correctly and safely. There is also fear for the consequences should something go wrong and the nurse is not there.

Other findings

The task force examined other health care funding sources, including the billing of students' health insurance, to determine if schools may transition from using moneys received for educational purposes to using moneys from the other health care funding sources to pay for school health services. Many of the services and interventions provided by school nurses are billable in any other health care setting, yet are not covered in the educational setting. These funding sources might provide a long-term solution when the needed systems are in place, however there is an urgent need to provide immediate funding for school nursing positions and infrastructure.

The role of Medicaid

The task force learned students receiving Medicaid can bill Medicaid under certain conditions. While the potential funding Medicaid poses for school health is significant, the task force feels strongly that supporting the health and safety of all Oregon students should not be put solely on the backs of the Medicaid population.

The role of private insurance companies

The task force discussed the feasibility of pursuing changes to allow school districts to bill private insurance for services provided by school nurses, or to charge private insurance a flat rate per student to cover these same services. The task force agreed that although there are short-term barriers, a continued examination of this option should be considered as a potential long-term funding source.

The role of coordinated care organizations (CCO)

The task force discussed alternative payment models that may be available through the CCO system. It was stressed that CCOs make decisions based on data. It is important to determine how schools and CCOs can work together to provide support for the delivery of health care in the educational setting. CCOs are an important partner with school health and school nursing services and CCO representation in continued work groups is key to the help inform and support the integration of health and education.

Nonprofit hospitals' community benefit requirements

The majority of hospitals in the United States operate as nonprofit organizations and are exempt from most federal, state and local taxes. Under the Affordable Care

Act, this favored tax status is intended to address preventive care and population health through "community benefit."(10) Some hospital systems are using community benefit moneys to support school nursing services in schools they serve. This may be a long-term opportunity for health care dollars to support local school nursing services and should be explored. This sector should also be included in further discussions.

Alternative funding mechanisms dedicated to school nursing

The task force discussed alternative funding mechanisms (such as a dedicated vehicle registration fee, a percentage of a sugar-sweetened beverage tax, a percentage of marijuana tax proceeds) that could be tied to prevention education provided by school nurses. However, the task force determined these would not provide immediate funding to support school nursing. Another funding source discussed was using a portion of the state's federal poverty moneys to fund school nursing services. These options could be considered as funding sources to support the task force recommendations.

> "When schools are appropriately staffed with school nurses, the nurses help break down siloes; that is because school nurses are extensions of health care, education and public health, and thus can provide or coordinate efforts to ensure a holistic, resource efficient, healthy school community."
>
> –Dr. Erin Maughan, director of research, NASN, 2015

Technology

School nurses face many technology barriers. There is no standardized electronic student health record system, and school nurses have limited ability to electronically communicate with health care providers. Technological integration is an important long-term goal of health care transformation. Upgraded technology can gather more reliable data, improve measurement of outcomes, allow for efficient billing and avoid duplication of services. Partnerships with the technology sector could help support these efforts.

Coordinated school health services model

There is a crisis occurring in Oregon schools that have no or limited school nursing services. The urgent need of this crisis led the task force to address the first two charges from the Legislature. The task force encourages continued partnership between ODE and PHD to develop standards of school nursing practice and create a coordinated school health services model.

Recommendations

The task force recommends General Fund support for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201.

1. **Immediate and sustained funding for underserved school districts**. Underserved districts have no access to school nursing services or do not meet the required medically fragile/medically complex/nursing dependent student to school nurse ratio set forth in ORS 336.201. Funding would be directed to ODE for necessary infrastructure and staff to support statewide school nursing services, assist underserved school districts to fund school nursing positions and create a sustainability plan with each school district.

> "School nurses can provide key leadership in all components of the Whole School, Whole Community, Whole Child model which are linked to positive academic achievement."
>
> –AAP Council on School Health, 2016

2. **Immediate and sustained funding to implement and maximize school-based Medicaid billing processes throughout the state**. Funding source can be a General Fund allocation until such time as program costs are absorbed by the increase in Medicaid reimbursement. Funding would be directed to OHA and ODE to provide the necessary infrastructure and staff to support increased school district Medicaid billing, including training and support of school district personnel. In addition, changes to the Free Care Rule provide an opportunity to dramatically increase reimbursement for services performed by school nurses. Implementing this change will require amendment of the State Medicaid Plan to ensure services can be reimbursed. It is our recommendation this occur as quickly as possible.

3. **A mandated and financially supported Oregon Department of Education and OHA-Public Health Division interagency work group**. This work group would have the mandate to develop statewide school nursing standards of practice that include outcome measures for health transformation and academic performance, and to create an integrated school health services delivery model that fosters and promotes a noncompetitive and collaborative strategy.

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Appendix 1

The Task Force on School Nursing

Approved by the Task Force on April 1, 2016

I. Authority

Per Senate Bill 698 (2015), the Task Force on School Nursing is established. The Department of Education (ODE) shall coordinate with the Oregon Health Authority (OHA) to provide staff support to the task force.

All agencies of state government, as defined in ORS 174.111, are directed to assist the task force in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the task force consider necessary to perform their duties.

II. Scope

The Task Force is charged with providing recommendations for the future funding of health services in schools. As indicated in SB 698, the Task Force shall:

1. Examine other health care funding sources, including the billing of students' health insurance for the costs of school health services provided at school, for the purpose of determining if schools may transition from using moneys received for education purposes to using moneys from the other health care funding sources to pay for school health services.
2. Recommend sustainable funding sources for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201.
3. Recommend standards of school nursing practices that include outcome measures related to health transformation and academic performance.
4. Recommend ways to create a coordinated school health services model and to foster and promote a noncompetitive strategy that is collaborative and that directs an appropriate level of funding to school nursing and school-based health centers.

OHA/ODE staff will provide Task Force members materials in advance of scheduled meetings in order to ensure adequate review time and meaningful input.

A majority of the voting members of the Task Force constitutes a quorum for the transaction of business during Task Force meetings.

The Task Force will be asked to approve the final recommendations to the Legislature. This official action by the Task Force requires the approval of a majority of all the voting members of the Task Force.

SB 698 Task Force on School Nursing Charter

III. Deliverables

The Task Force shall submit a report to an interim committee of the Legislative Assembly related to education or health care no later than September 15, 2016. This report may include recommendations for legislation.

IV. Timing/Schedule/Expectations

The Task Force shall submit a report to an interim committee of the Legislative Assembly related to education or health care no later than September 15, 2016; it will meet at times and places specified by the call of the chairperson or of a majority of the voting members of the Task Force.

Agendas will be created by the Chair working with agency support staff. Agenda items should be added by contacting the chair.

Meeting minutes will be approved at subsequent meetings after review by agency staff and Chair/Vice-Chair.

Meetings shall be conducted in accordance with Oregon's Public Meetings Law (ORS 192.610-192.710) and Public Records Law (ORS 192.001-192.505).

V. Chairs and Staff Resources

The Task Force shall elect one of its members to serve as chairperson. A vice-chair can also be elected per Task Force recommendation.

Chair: Nina Fekaris, School Nurse, Beaverton School District
Vice-Chair: Margo Lalich, Director of Health Services, Multnomah Education Service District
Executive Sponsor: Tim Noe, Administrator, Center for Prevention and Health Promotion, OHA
OHA, Public Health Division: Jamie Smith, State School Nurse Consultant; Melanie Potter, Administrative Specialist
ODE, School Health: Ely Sanders, School Health Specialist, Cynthia Garton, Office Specialist

The Chair's responsibilities include running Task Force meetings and working with agency staff to create agendas and arrange expert presentations.

The Vice Chair performs the Chair's duties when the Chair is unavailable. The Vice Chair will also be asked to be involved in the review of meeting minutes.

VI. Task Force Membership

Task Force Slot	**Name**	**Organization**
LEGISLATORS		
Representative	Gene Whisnant	Sunriver
Senator	Laurie Monnes Anderson	Gresham
	GOVERNOR APPOINTEES	
ESD that provides health services	Margo Lalich	MESD
Urban SD	Yousef Awwad	PPS
Rural SD	Pamela Palmer	Bend/Lapine SD
OHA – school health	Rhonda Busek	OHA
ODE – school health	Mitch Kruska	ODE
Statewide non-profit for School Nurses	Nina Fekaris	OSNA
Statewide non-profit that represents nurses	Thomas Sincic	ONA
Classified school employees rep	Soren Metzger	OSEA
Non-profit that represents SBHC	Maureen Hinman	OSBHA
CCO rep	Jeremiah Rigsby	CareOregon
Local public health official	Rebecca Austen	Lincoln County Public Health
Private insurer	Marian Blankenship	PacificSource Health Plans

Appointed members shall serve until December 31, 2016, or later if needed. If there is a vacancy for any cause, the Governor's office shall make an appointment to become immediately effective.

Appendix 2

78th OREGON LEGISLATIVE ASSEMBLY--2015 Regular Session

Enrolled
Senate Bill 698

Sponsored by COMMITTEE ON RULES

CHAPTER .....

AN ACT

Relating to school nursing; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. The position of State School Nursing Consultant is created in the Oregon Health Authority. The responsibilities of the consultant include, but are not limited to, all of the following:

(1) Coordinating and collaborating with the school nurse specialist within the Department of Education.

(2) Providing school nursing policy and program guidance for the authority, the department and other agencies.

(3) Supporting and leading the integration of coordinated school health teams and providing assistance in sustaining the teams.

(4) Providing technical assistance to school nurses on the delivery of nursing care using evidence-based best practice standards and assisting in the establishment of protocols and standards of care in collaboration with professional associations and state agencies.

(5) Providing leadership in the delivery of nursing services in schools.

(6) Providing clinical consultation and technical support to school nurses and school nursing programs.

(7) Serving as a liaison and expert resource in school nursing and school nursing programs for local, regional, state and national health care providers and policymaking bodies.

(8) Coordinating school nursing program activities with public health, social services, environmental and educational agencies as well as other public and private entities.

(9) Monitoring, interpreting, synthesizing and disseminating information relevant to changes in health care, school nursing practices, laws and regulations and other legal issues that impact schools.

(10) Promoting quality assurance in school nursing programs by initiating and coordinating a quality assurance program that includes needs assessment, data collection and analysis and evidence-based practices.

(11) Representing school nurses in state level partnerships between agencies and between public and private entities, to foster a coordinated school nursing program and other multidisciplinary collaborations.

SECTION 2. (1) The Task Force on School Nursing is established.

(2) The task force established by this section consists of 14 members appointed as follows:

(a) The President of the Senate shall appoint one member from among members of the Senate.

(b) The Speaker of the House of Representatives shall appoint one member from among members of the House of Representatives.

(c) The Governor shall appoint 12 members as follows:

(A) One member who represents education service districts that provide health services.

(B) One member who represents a school district that primarily serves an urban area.

(C) One member who represents a school district that primarily serves a rural region.

(D) One member from the Oregon Health Authority who is involved in school health.

(E) One member from the Department of Education who is involved in school health.

(F) One member who is a member of a statewide nonprofit organization that is an association organized by and for Oregon school nurses.

(G) One member who represents a statewide nonprofit organization that is a professional association for nurses in this state.

(H) One member who represents classified school employees who work directly with school nurses.

(I) One member who represents a statewide nonprofit organization that is dedicated to developing school-based health centers.

(J) One member who represents a coordinated care organization that provides health services in this state.

(K) One member who represents a private insurer in this state.

(L) One member who is a local public health official.

(d) When appointing members under paragraph (c) of this subsection, the Governor shall consider whether the composition of the task force represents diversity in relation to race, ethnicity, languages and disability status.

(3) The task force shall:

(a) Examine other health care funding sources, including the billing of students' health insurance for the costs of school health services provided at school, for the purpose of determining if schools may transition from using moneys received for educational purposes to using moneys from the other health care funding sources to pay for school health services.

(b) Recommend sustainable funding sources for school health services that could be used to fund required school health screenings and to achieve the level of school nursing services described in ORS 336.201.

(c) Recommend standards of school nursing practices that include outcome measures related to health transformation and academic performance.

(d) Recommend ways to create a coordinated school health services model and to foster and promote a noncompetitive strategy that is collaborative and that directs an appropriate level of funding to school nursing and school-based health centers.

(4) A majority of the members of the task force constitutes a quorum for the transaction of business.

(5) Official action by the task force requires the approval of a majority of the members of the task force.

(6) The task force shall elect one of its members to serve as chairperson.

(7) If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective.

(8) The task force shall meet at times and places specified by the call of the chairperson or of a majority of the members of the task force.

(9) The task force may adopt rules necessary for the operation of the task force.

(10) The task force shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to an interim committee of the Legislative Assembly related to education or health care no later than September 15, 2016.

Enrolled Senate Bill 698 (SB 698-B)

(11) The Department of Education shall coordinate with the Oregon Health Authority to provide staff support to the task force.

(12) Members of the task force who are not members of the Legislative Assembly are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for expenses incurred in performing functions of the task force shall be paid out of funds appropriated to Department of Education for purposes of the task force.

(13) All agencies of state government, as defined in ORS 174.111, are directed to assist the task force in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the task force consider necessary to perform their duties.

SECTION 3. Section 2 of this 2015 Act is repealed on December 31, 2016.

SECTION 4. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2015, out of the General Fund, the amount of $216,365, for the purpose described in section 1 of this 2015 Act.

SECTION 5. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate June 24, 2015

.....
Lori L. Brocker, Secretary of Senate

.....
Peter Courtney, President of Senate

Passed by House July 1, 2015

.....
Tina Kotek, Speaker of House

Received by Governor:

.....M.,....., 2015

Approved:

.....M.,....., 2015

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2015

.....
Jeanne P. Atkins, Secretary of State

Enrolled Senate Bill 698 (SB 698-B)

Appendix 3

NASN National Association of School Nurses

Home and Community Factors That Impact Health and Learning Per 100 U.S. Students

KEY:

Hunger | English not spoken at Home | Single Parent Home | Parent without HS Diploma | Cannot Afford Healthcare | No Vehicle | No Home

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Home and Community Factors That Impact Health and Learning Per 100 U.S. Students

HUNGER (21%)
16 million children in the U.S. struggle with hunger. [1] Undernourishment affects a child's physical, emotional and cognitive development. A child can be overweight and undernourished. Children who suffer from hunger get sick more often and face challenges concentrating or performing well in school. [1]

ENGLISH NOT SPOKEN AT HOME (21%)
Speaking a language other than English can impact a family's ability to navigate social, healthcare and educational systems. This barrier may also affect a parent's ability to participate in school and other community events.

PARENT WITHOUT A HIGH SCHOOL EDUCATION (13%)
Educational attainment contributes to future earnings and employment.[2] Parents without a high school education experience challenges to adequately providing for a child's educational, child care, and healthcare costs. [2] Research has also shown links between parental education and child academic and behavioral outcomes. [3]

SINGLE PARENT HOUSEHOLDS (28% OF U.S. CHILDREN AGES 0-17 YEARS)
Children from single-parent households have an increased risk for dropping out of school, becoming teen parents, and face barriers to success in the workforce. [4]Although many children from single parent homes fare well, others face challenges in their educational, occupational, and social well-being.

CANNOT AFFORD TO SEE A HEALTHCARE PROVIDER (8%)
Individuals who lack access to health care are at increased risk for delaying to seek appropriate care and are less likely to receive preventive care services. As a result, individuals who cannot afford seeing a healthcare provider when sick (lack insurance) have inferior health status and outcomes. Data shows that uninsured children achieve lower educational outcomes than those with insurance. Children who cannot afford to see a medical provider without miss more days of school, experience increased severity of illness, and suffer from disparities in health. [5]

NO VEHICLE AT HOME (6%)
Lack of transportation can be a major barrier for some families, especially for those living in urban or rural areas where public transportation is limited. Lack of transportation can limit a family's access to employment, medical care, and quality foods. In addition, it also prevents a parent from engaging in a child's school or other community services/programs. [6]

NO HOME (2%)
More than 1.6 million children experience homelessness each year in the United States. Homeless children develop increased rates of acute and chronic health conditions, and the stress of their living situation can negatively affect their development and ability to learn. [7]

The chart on the reverse side depicts the prevalence of some of the social, cultural, and economic conditions, which may influence a school-age child's health and learning outcomes. This chart is ***not*** meant to imply that every student is affected or negatively impacted by one or more of these issues. Instead, it illustrates the prevalence, in percentages, among the total U.S. child population. It is important to consider these variables when engaging with students and families in an effort to ensure effective communication and enhance the quality of care provided. The social determinants of health are "conditions in the environments in which individuals are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[8] School nurses, educators, and health and education policy makers must take into account the social determinants which may impact a child's health and learning potential.

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Appendix 4

NASN
National Association of School Nurses
www.nasn.org

Health Conditions Per 100 U.S. Students

2011 Update

COLOR KEY
See reverse for more information

- Asthma
- Food Allergy
- Seizure
- Hearing Loss
- Vision Deficiencies
- Obesity
- Autism Spectrum Disorders
- Teen Pregnancy
- Tobacco use
- Mental/Emotional Disorders
- Threatened by Weapon
- Access to Health Care

ASTHMA
Approximately **10%** of school-aged children have asthma[1]. Asthma is responsible for 13 million missed school days each year. [2] In schools with full time nurses, African-American students missed significantly fewer schools days than children in school with part time nurses.[3]

FOOD ALLERGY
The prevalence of food allergy among children under age 18 increased 18% from 1997-2007, with **3.9%** of children reported to have a food or digestive allergy in the previous 12 months. [4] In a survey of school epinephrine administration, approximately 25% of recipients had no previous diagnosis. [5]

SEIZURE DISORDER
By 16 years of age, **0.4% to 0.7%** of children will have developed epilepsy. [6]

HEARING LOSS
One to 3 out of every 1,000 children is born with hearing loss. Among adolescents, **4.6%** aged 12 to 18 years have elevated hearing thresholds in high frequencies (3, 4, or 6 kHz), in both ears, signifying noise-induced hearing loss. [7]

VISION DEFICIENCIES
Over **13%** of individuals 12 years and older had uncorrected refractive errors in 2005–08. [8]

OBESITY
Almost 32% of children 2-19 years old are overweight at or above the 85th percentile and at risk for developing health problems, **16.9%** of whom are obese, at or above the 95th percentile. The incidence of obesity has doubled for 2-5 year olds in the last 30 years, tripled among 6 to 11 year olds, and more than tripled among 12-19 year olds. [9] Approximately one in every 500 children and adolescents has type 1 or type 2 diabetes (0.2%). [10]

AUTISM SPECTRUM DISORDERS (ASD)
It is estimated that between 1 in 80 and 1 in 240 with an average of **1 in 110** children in the United States have an ASD. [11] Approximately 13% of children have a developmental disability, ranging from mild disabilities such as speech and language impairments to serious developmental disabilities, such as intellectual disabilities, cerebral palsy, and autism. [12]

TEEN PREGNANCY
A total of 409,840 infants were born to 15−19 year olds in 2009, for a live birth rate of **39.1 per 1,000** women in this age group. [13]

TOBACCO USE
In 2009, 19.5% of students (**5.1% on school property**) had smoked cigarettes on at least 1 day during the 30 days before the survey.[14]

MENTAL / EMOTIONAL DISORDERS
A recent study reports the overall prevalence of mental/emotional disorders with severe impairment and/or distress was **22.2%**. Approximately one in every four to five youth in the U.S. meets criteria for a mental disorder with severe impairment across a life-time. [15] This same study reported an ADHD prevalence of 4%, although the most recent parent-reported prevalence of ADHD was 9.5%. [16]

THREATENED BY WEAPON
According to the 2009 YRBS Survey, **7.7%** of students had been threatened or injured with a weapon (e.g., a gun, knife, or club) on school property one or more times during the 12 months before the survey. 19.9% of students had been bullied on school property during the 12 months before the survey. [14]

ACCESS TO HEALTH CARE
In 2008, **10%** of children lacked health insurance coverage at any time during the year.[17]

The chart on the reverse side depicts the prevalence of some common health concerns in children and youth, and is **not** meant to imply that every student has a health concern. Instead, it illustrates that for every 100 U.S. students, there are likely 100 health concerns that would benefit from onsite management by a school nurse. Overall, 15 to 18% of children and adolescents have some sort of chronic health condition; nearly half of whom could be considered disabled. [18] School nurses are extensions of the public health system, assisting many children not served by the traditional health care system, and a vital component of the care of children with chronic health conditions and disabilities. Even in the absence of chronic health conditions, **all students benefit** from having a full time Professional Registered Nurse to provide immunization and communicable disease monitoring; health screenings such as hearing and vision; health education and promotion; and episodic care of student illness and injury. The literature shows a higher nurse-to-student ratio is related to better attendance rates.[19] **Healthy People 2020 recommends one registered nurse per every 750 regular education students.** Only, 40.6 percent of all elementary, middle, and senior high school had a nurse-to-student ratio of at least 1:750 in 2006. [20]

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Appendix 5

OREGON DEPARTMENT OF EDUCATION

School Health Services

Introduction

Students who are physically and emotionally healthy are more engaged learners and show higher achievement (grades, test scores, attendance, and graduation). (The Colorado Education Initiative, 2015) The combination of School Nursing and School Based Health Center (SBHC) services increase access to education and healthcare, and improve the education and health outcomes of students. (Robert Wood Johnson Foundation [RWJF], 2010; Bavin, 2012; Bonaiuto, 2007; Van Cura, 2010) School Nurses work within classrooms to manage the daily health needs of students to keep them in school and learning. SBHC, which operate as a separate medical clinic, complements the work of the school nurse, as an onsite referral resource for a variety of clinic medical services. This document outlines the unique roles and services School Nurses and SBHC's provide to schools.

School Nurses

School Nurses are registered nurses who work within the framework of both education and nursing to provide health services to all students with in public schools. Health services and programing provided by school nurses increase access to education, decreases out of school time for clinic services, and improves academic outcomes for youth. School nurses serve the entire school population through health promotion and disease prevention, and provide case management for chronic and acute student health conditions; provide health education and teaching; coordinate mandated screening including vision and hearing; train teachers and other school personnel; delegate specific nursing tasks to other school personnel; promote school and student safety; provide mental health crisis intervention and resource referral; and advocate for the inclusion of all students in educational programming according to their ability to participate. School nurses are the primary link between educators, families, and primary healthcare providers to improve student health and academic success.

School-Based Health Centers

School-Based Health Centers (SBHCs) are public health primary care clinics that are located in a school building or on school campus. They diagnose and treat acute and chronic illnesses and injuries. Other services include: prescriptions, immunizations, well-child checks and sports physicals, as well as health screenings, age appropriate reproductive health services, and promotion of healthy behaviors. SBHCs are staffed by licensed health care providers, which may include physicians, nurse practitioners, physician assistants, nurses, mental health professionals, and health assistants. SBHCs collaborate with parents, youth advisory councils, local providers and community partners to provide health services that benefit students and the school community. Students and their parents appreciate missing less class time for health care needs. SBHCs bring youth-centered medical care to the school so school nurses and staff can refer students quickly for the care they need, regardless of their ability to pay. [1]

[1] Oregon Health Authority, *School Health Services Flyer*, 2015

	School Nurses	School Based Health Centers[2]
What School Health Services and Activities are provided? (*=unique to school nurses)	• Are members of school district educational staff. * • School nurses link educators, families, and health care providers to improve health and promote academic success. * • Provide health and medical services to all students. * • Provides health services and IEP and 504 plan consultations for students with disabilities, who are medically fragile, or medically complex children. (Required per the Individuals with Disabilities Education Act (IDEA) which ensures students with disabilities receive Free and Appropriate Education (FAPE). IDEA Sec. 300.34(c)(13) * • Are included in IEP and 504 plan development for individual students. An Individualized Health Plan may be required as part of a student's IEP or 504 plan. * • Interpret and advise school on health aspects of Federal and State educational rules and laws. * • Decrease school liability by adherence to the Oregon Nurse Practice Act and other community health standards. * • Have access to student education records and are able to interface with school staff regarding student health needs. * • Develop health plans for student care based on the nursing process, which includes assessment, interventions, and identification of outcomes and evaluation of care; * • Provide case management and care coordination during school hours for students with chronic and/or severe health needs such as diabetes, seizures, asthma, allergies, mental health disorders, feeding tube and ventilator dependent children in the school setting. * • Manage school immunization programs. * • Conduct population based health screenings (hearing and vision). * • Provide health consultation, instruction, and promotion for individual students and/or classrooms. * • Advocate for inclusion of all students in school activities according student's ability to participate. (Field trips, plays, arts, music, extra-curricular) * • Delegates specific nursing tasks to school staff, as delineated by the Oregon Nurse Practice Act. (ORS 851-047-0000) * • Provide training and oversight for school staff who administer student medication, and provide first aid to students. * • Provide health and safety trainings required by law for all school staff. * • Collaborate with partners to bring health insurance, dental care and mental health care to students • Work with occupational therapy, physical therapy, and speech therapy (for feeding and swallowing) services as determined by a student's Individualized Health Plan. * • Advise and coordinate school response to health concerns or outbreaks (lice, scabies, etc.). *	• Are stand-alone medical clinics/centers within a school setting (often housed in a school or on a school campus). • School board determines restrictions on what health services may not be provided (i.e. sexual health services). • Medical services provided upon parental permission (14 and younger). • Parental permission not required for sexual health services and/or referrals provided. • Perform routine physical exams, sports physicals, • Provide age appropriate reproductive health services and well child care. • Diagnose and treat acute and chronic illness. • Treat minor injuries. • Provide screenings for vision, dental, hearing, blood pressure and body mass index. • Prescribe medications and administer immunizations. • Coordinate referrals to additional providers. • Conduct age appropriate assessments and provide health education, wellness promotion and anticipatory guidance. • Provide mental health assessments and services. • Present to classroom on relevant student health topics. • Coordinate with other primary and specialty care providers to ensure student centered care.

[2] Oregon Health Authority, *School Health Services Flyer*, 2015

3/7/2016

	• Participate in school health committees and efforts (wellness, nutrition, emergency response, etc.).	
What types of providers furnish these services?	• Registered nurses or Nurse Practitioner. • School Nurses are registered in Oregon and function within the Oregon Nurse Practice Act Scope of Practice • Physician (child's primary care provider) driven services for fragile and complex medical needs students.	• Varies from center to center. Under the oversight of a physician, services may be provided by a nurse practitioner, physician's assistant, nurse, and/or qualified mental health professional.
How much does it cost the school?	• Cost of nurse's salary (often determined by teacher salary scale: avg. $95,000/year plus benefits)	• Cost for SBHC vary and can include facilities, staffing and equipment. (Avg. startup cost $128,250. Avg. annual operation cost $90,750-152,750)
How much do services cost for students?	• School districts provide school nurse services without charge to students, as part of the student's 'free and appropriate public education'	• All services are available to students regardless of their insurance coverage or ability to pay. SBHCs often seek reimbursement from a variety of insurance providers including Medicaid.
What are the relevant Oregon laws and Rule?	• ORS 336.201 includes recommended and required (medically complex and fragile students) ratio of students to school nurse. • OAR 581-022 School districts shall maintain a prevention oriented health services program for all students. . .	• SBHCs are defined in ORS 413.225. Certified School-Based Health Centers meet standards for evidence-based best practices.
Funding	• Oregon School Fund • Complex funding system mandated by federal law (IDEA and 504) in place for special education and students with complex medical needs. Medical services are billable under Medicaid • Community driven funding including grants, donations, and in-kind support from hospitals and medical clinics.	• State funding formula ($60,000/SBHC) • Local funding include: School District, County, community health providers, grants, local fundraising. • Reimbursement from a variety of insurance providers including Medicaid.
Medicaid	• For the purpose of IDEA, Medicaid is first payer for all covered services under state agency MOU. • For medically fragile children and children with complex medical needs nursing services are billed to Medicaid and reimbursed back to district.	• Medical services are reimbursable under Medicaid. • Payer of last resort for Medicaid
Privacy	• School Nurses primarily work under the Family Educational Rights and Privacy Act (FERPA) privacy requirements. • Under FERPA, as members of school staff, school nurse can access student records, advise and coordinate aspects of student IEP and 504 plans.	• SBHC works exclusively under Health Insurance Portability and Accountability Act (HIPPA) privacy requirements. • SBHC as other community based health clinics and their staff are not allowed to access student educational records or share medical or health record information with school personnel.

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