

House Bill 2185

Sponsored by Representatives PARRISH, NOSSE (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Creates position of State School Nursing Consultant in Oregon Health Authority and specifies duties.

Establishes Task Force on School Nursing.

Sunsets task force on date of convening of 2017 regular session of Legislative Assembly.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1 Relating to school nursing; and declaring an emergency.

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

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

6 (1) **Coordinate and collaborate with the school nurse specialist within the Department of**
7 **Education.**

8 (2) **Providing school nursing policy and program guidance for the authority, the depart-**
9 **ment and other agencies.**

10 (3) **Supporting and leading the integration of coordinated school health teams and pro-**
11 **viding assistance in sustaining the teams.**

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

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

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

18 (7) **Serving as a liaison and expert resource in school nursing and school nursing pro-**
19 **grams for local, regional, state and national health care providers and policymaking bodies.**

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

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

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

28 (11) **Representing school nurses in state level partnerships between agencies and between**
29 **public and private entities, to foster a coordinated school nursing program and other multi-**
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NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 disciplinary collaborations.

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

3 (2) The task force established by this section consists of 20 members appointed as follows:

4 (a) The President of the Senate shall appoint two members from among members of the
5 Senate who have served on a legislative committee related to health or education.

6 (b) The Speaker of the House of Representatives shall appoint two members from among
7 members of the House of Representatives who have served on a legislative committee related
8 to health or education.

9 (c) The Governor shall appoint 16 members as follows:

10 (A) Two members who represent education service districts, of which one member must
11 represent the education service district that provides the highest volume of school nursing
12 services in this state and one member must represent an education service district that
13 provides school nursing services to a rural region of this state.

14 (B) Three members who represent school districts, taking into consideration geographic
15 and demographic diversity.

16 (C) Two members who are members of a statewide nonprofit organization that is an as-
17 sociation organized by and for Oregon school nurses, of which one member provides school
18 nursing services on a regional basis and one member provides school nursing services to a
19 rural region of this state.

20 (D) Two members who represent the Oregon Health Authority, of which one member is
21 involved in school health and one member provides technical assistance to coordinated care
22 organizations.

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

25 (F) One member who represents the Department of Human Services and is involved with
26 the Oregon Health Plan.

27 (G) One member who represents the Oregon State Board of Nursing.

28 (H) One member who represents the Oregon Pediatric Society.

29 (I) One member who represents a labor organization representing nurses in this state.

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

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

34 (3) The task force shall:

35 (a) Examine existing funding sources for school nursing and recommend ways to balance
36 resources between education and health care to achieve the level of school nursing services
37 required under ORS 336.201.

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

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

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

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

1 of the task force.

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

3 (7) If there is a vacancy for any cause, the appointing authority shall make an appoint-
4 ment to become immediately effective.

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

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

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

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

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

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

23 **SECTION 3.** Section 2 of this 2015 Act is repealed on the date of the convening of the 2017
24 regular session of the Legislative Assembly as specified in ORS 171.010.

25 **SECTION 4.** This 2015 Act being necessary for the immediate preservation of the public
26 peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect
27 on its passage.

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