



SB 111 – Pilot: Leveraging federal health dollars to meet Oregon’s school nurse shortage

Senate Education Committee

March 28, 2017

BACKGROUND

- In order to meet Federal and State education requirements, Oregon school districts use general education dollars to provide health services for students with complex and life threatening health conditions when they could be accessing existing federal health dollars. In 1999, school districts and ESDs reported expenditures of \$18 million dollars from their state school fund revenue for the delivery of health services.¹ By 2015 expenditures for the delivery of health services by school districts and ESDs has nearly doubled to \$35 million dollars.
- There has been a significant increase in the number of students attending school with complex chronic health conditions, many life threatening, which require complex medical treatments and frequent interventions by a school nurse. 79 of the 197 school districts in Oregon do not provide any school nursing services leaving an estimated 30,000 students little or no access to a school nurse.
- OAR 581-022-0705 (Health Services) requires school districts to maintain a prevention oriented health services program for all students which includes Nurse to Student ratios outlined in ORS 336.201:
 - ✓ Nurses and medically complex students (1:225)
 - ✓ Nurses and medically fragile students (1:125)
 - ✓ Nurses and nursing-dependent students (1:1)
 - ✓ Encouraged: nurses and enrolled students (1:750)

The Department of Education has enforcement of the nurse to student ratio under Division 22.

- Without school nurses, districts must rely on classified staff, in many cases the front office secretary or educational assistants, to meet complex health care needs. It is against the law for anyone other than a registered nurse to delegate care for students while they are at school. This causes serious safety and health risks for students and their

¹ ODE budget item code for health services is 2130

families; impacts school attendance and engagement; and poses an avoidable risk to school districts and their staff.

SB 111-1 Amendments

Leveraging existing federal Medicaid funding is an important strategy to consider to provide school nursing services in Oregon. SB 111-1 proposes to provide school districts assistance from the department to access existing federal Medicaid funding for the provision of school nursing services:

1. Oregon Department of Education shall develop and administer a pilot program to assist school districts and education service districts in increasing Medicaid billing.

- The department shall select up to nine participants for the pilot program. To the extent practicable, the department shall select
 - a. At least one educational service district.
 - b. School districts that represent a diverse range of sizes and geographic locations.
- The Oregon Department of Education shall provide technical assistance to participants of the pilot program.
- The Oregon Department of Education shall develop a statewide system to support Medicaid billing by school districts and education service districts participating in the pilot program
- Statewide system will be expanded to include all school districts and education service districts
- Will increase available health services to students as well as leverage new or additional Medicaid reimbursement.

2. The Oregon Department of Education must increase capacity to provide technical assistance to school districts and educational service districts to maximize Medicaid billing.

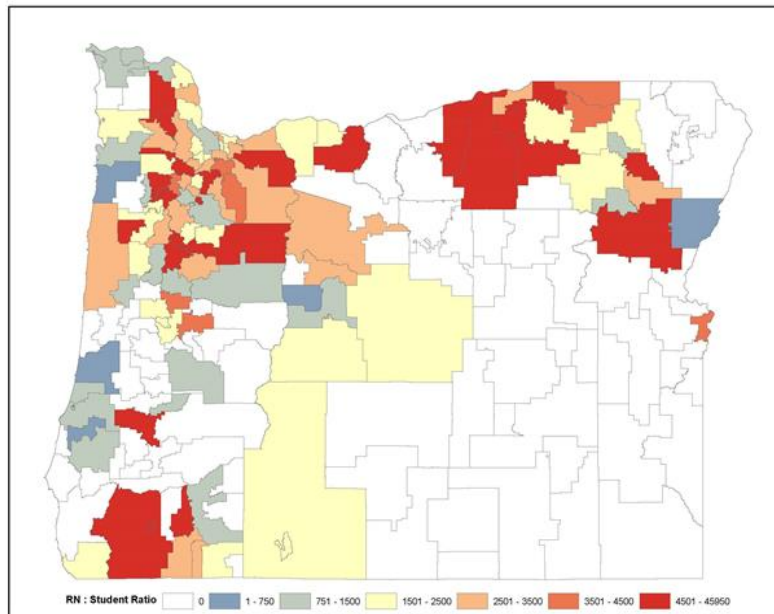
This technical assistance will include:

- Assisting districts in creating and implementing a district plan to maximize Medicaid billing for school nursing services as part of the overall structure for providing school health services;
- Providing ongoing training and other necessary resources to nurses practicing in a school setting.
- Assisting districts in improving business practices, including practices related to Medicaid billing.
- Assisting districts in expanding their relationships with coordinated care organizations and other community-based providers of nursing services and mental health services.
- Facilitating the integration of health and education policies and programs at the local level.
- Facilitating statewide school health services data collection.

3. No Later than October 1, 2020, the Oregon Department of Education shall submit to the interim committees of the Legislative Assembly related to education a report on:

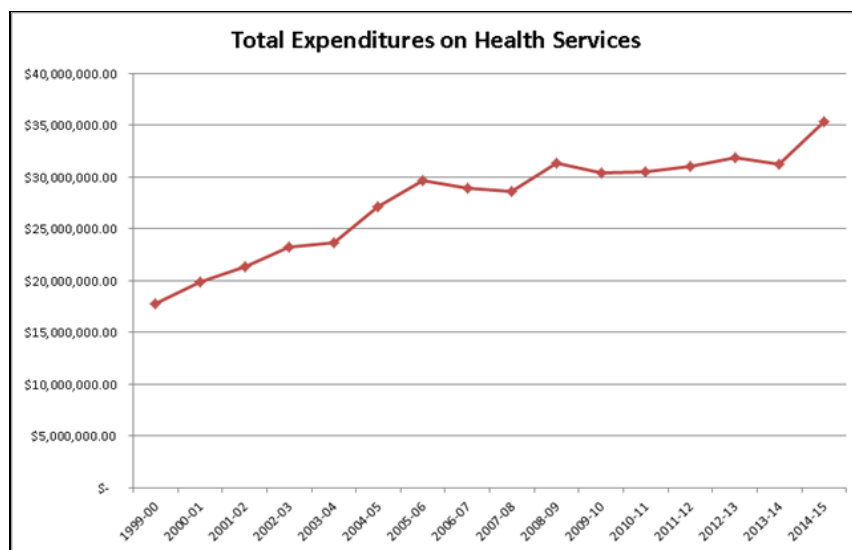
- The outcomes of the pilot program;
- An analysis of the cost benefits to participants in the pilot program of billing Medicaid; and
- Any proposed legislation.

Figure 1. Ratio of Registered Nurse to students by school districts, Oregon 2016



ODE State School Nursing Report and Enrollment Data

Figure 2. Health Services Expenditures of School Districts and ESDs by School Year



ODE School District Health Service Expenditure Data