

## **Testimony in support of SB111**

Thank you to the Chairs of the Joint Ways & Means Committee, Representative Nathanson and Senator Devlin, and the Chairs of the Subcommittee on Education, Representative Smith Warner and Senator Monroe, for convening a public hearing on SB111. This piece of legislation will be critical to solving Oregon's school nursing crisis. The Chief Education Office's report on chronic absenteeism from May 2016 specifically cites school nursing as one solution to the rampant truancy in Oregon, and research bears out the importance of school nursing for maximum educational attainment. Therefore, passing and implementing legislation which empowers school districts to increase their students' access to school nurses is imperative to the academic success of students in Oregon.

In addition to reducing chronic absenteeism and improving students' performance in schools, school nurses mitigate the liability which faces educators, school districts, and the state as a whole when they have inadequate health services. When we speak of liability, we immediately think about the physical risk to our chronically ill students and the potential litigation which would follow a catastrophic outcome.

Students' safety is at risk when they do not have access to school nursing for many reasons. In those school districts without any nursing (79 in 2015-2016), and in those with inadequate nursing (an overwhelming majority), schools do not even know which questions to ask at registration to capture accurate information about their students' health conditions. In 2015-2016, sixty-two districts with no nursing, representing 18,309 students, reported no medical needs among their students; statistically we would expect 915 students with asthma, 46 students with diabetes, 123 students with seizure disorders, and 256 students with life-threatening allergies in that size population. I am personally aware of two districts with approximately 3000 students which have diabetic students numbering in the double digits. Even if districts with inadequate nursing are able to identify students with chronic health conditions, they do not have the expertise to determine which students are at highest risk for poor outcomes and plan for their safety while in school. For example, knowing which students have asthma does not, by itself, make those students safer. Research shows that school nurses increase the likelihood that students with asthma have appropriate medications in school to reduce their risk of dangerous asthma exacerbations. Children die from asthma every year, and schools should not underestimate the risk posed by having unmanaged asthmatics in their buildings. Our students' safety is paramount, indeed it is our greatest concern; however, the sources of liability stretch far beyond students' safety concerns.

Educators, Districts and the State could be held responsible for failing to provide a free and appropriate public education when they do not meet students' medical needs as mandated by Oregon law. For example, when school nurse resources are scarce, fewer school personnel are

trained to manage medical conditions which are necessary for students to remain in school. Recently, a parent reported to me that she plans to sue her child's school district because his civil rights, as outlined in the accommodations of his 504 plan, were violated when he was prevented from attending a field trip because there were no staff appropriately trained to manage his health while away from the school. Similarly, parents of a special education student could litigate if their student's medical needs were not met, as stipulated in the student's individualized education plan (IEP). For example, simply failing to train staff to administer medications appropriately could result in missed doses which have the effect of limiting the student's ability to attend and therefore meet educational goals. A more serious example of a district's liability is outlined in case law which has defined school nurse practice nationally (Mitts vs Hillsboro Union High School, 1987) in which both a principal and unlicensed assistive personnel were found guilty of practicing nursing without a license (nurse imposter). Currently, the fine for this offense is up to \$5000 per offense.

Finally, the law in Oregon only mandates school nurse ratios for medically complex and fragile students. Ratios for students in the general population are merely recommended, despite the fact that nursing care is critical to the safety and success of students in the healthy population, as well. Unfortunately, in 2015-2016 the ratio of school nurses to students in that population was approximately 1:4800.

Throughout the past 10 years, legislators have recognized the severity of Oregon's school nursing crisis enough to assign 2 task forces to investigate the extent of the problem and create the position of School Nurse Consultant to support nurses already in practice. After an intensive last year of investigation into potential funding solutions, the School Nurse Task Force recommended that school-based Medicaid billing is the most obvious initial solution because there is already some limited infrastructure established. With the support provided in this legislation, districts will be able to implement this solution more fully and maximize their revenue from services that nurses have been delivering for years, leaving Medicaid funds unclaimed. Oregon's leadership must recognize that having acknowledged the nursing crisis, they must implement a solution immediately, as there will be no plausible deniability in the event of a poor outcome. Please vote to recommend this legislation and continue work toward a solution, not only to mitigate liability, but more importantly, to keep our students safe and successful in school.

Respectfully submitted,

Wendy Niskanen RN Med  
School Nurse