

Dear Chair Neron, Vice Chairs Hudson and Wright, and Members of the Committee,

I am writing in strong support of house bill 4078. A statewide student information system is essential for the efficient, timely transfer of student health records; this can have a profound impact on student health and safety. Establishing a task force to investigate the creation of such a system is paramount.

Currently, when a student enters a district, office staff must re-enter vaccination records and health alerts. During times of high registration volume, it can take staff a great deal of time to enter the information, so students may attend before that health alert information is in the system. As a result, school staff are not initially aware of the student's health alerts. Nurses report that they are often unaware of newly enrolled students' health conditions and express concerns about potential poor outcomes. For example, one nurse describes an incident in which she was unaware of a student with type one diabetes until the day before that student was planning to start only because the student's endocrinologist reached out to the nurse directly. The health alert was not yet in the system, though the student had registered weeks before. Health planning for a student with diabetes takes time, so attendance for that student was delayed. That is the best case scenario; had the nurse remained unaware, the student may have entered school without health supports in place. Another nurse reports that a student with a life-threatening allergy was in school and exposed to an allergen because the health alert was not yet entered from registration materials. The statewide student information system would reduce the duplicative work of re-entering health information, limiting opportunities for clerical errors, and make health alert information immediately available in the new school.

Currently, nurses express concerns about confidentiality when a student information system is used to make health care plans available to staff. In many cases, all staff have access to uploaded health care plans. A task force could answer questions about how to make basic health plans available to only those staff with a legitimate educational interest in accessing those confidential education health records to be consistent with the Family Educational Rights and Privacy Act (FERPA). In many districts, nurses are required to upload their plans, even when the district cannot guarantee confidentiality. The nurse practice act considers "violating the rights of privacy, confidentiality of information" to be conduct derogatory and could put a nurse's license at risk.

In the current system, when there is a student records request, basic health plans are typically overlooked. School nurses report that they are not aware when a student has transferred, so those education health records are not sent. Even when basic health plans are stored in a student's file electronically, these records are typically not transferred. The effect is that students' new school is not only unaware of the health alerts, but the receiving nurse is not aware of previous health planning. Therefore, health planning starts anew when a student transfers into a new school. Given the paucity of school nursing resources, this redundancy in planning is wasteful and reduces the nurse's availability to care for other students. In addition to increasing efficiency, a statewide student information system would improve continuity and quality of care.

Though many districts have invested significant money, training, and time in student information systems, decisions about which student information systems are acquired are typically based

upon information from sales people who most often do not appreciate the importance of health record maintenance. School nurses are rarely involved in decisions about student information systems. There are examples of situations in which salespeople assured districts that health alert records would transfer and either they did not transfer or they transferred incorrectly. For example, during a transfer of data in one school district, the new student information system erroneously populated life-threatening allergy alerts randomly into several students' files. It took more than a year, and a great deal of effort, to determine who truly had an allergy and who had an incorrect record.

It is important in this discussion to distinguish a statewide information system (SIS) from an electronic health record (EHR). While the former contains basic health alerts and health records, it does not provide adequate software for documentation by school health services providers. According to the National Association of School Nurses (NASN), EHRs are "software platform systems designed specifically for school nursing that use the nursing process, standardized nursing language and data points, and established standards of confidentiality, security, and privacy set by the Health Information Portability and Accountability Act (HIPAA) and the Family Rights Educational Privacy Act (FERPA) (U.S. Department of Health & Human Services & U.S. Department of Education, 2019)." Indeed, clinical documentation software is essential for all school health services providers including speech language pathologists, occupational therapists, and physical therapists..

Currently, school nurses in many districts in Oregon who have access to electronic documentation do so in health modules within student information systems. These modules are "inadequate for school nursing clinical use when they do not apply the nursing process, do not use standardized nursing language and data points, and do not uphold requirements for student health information confidentiality, privacy, and security (Dandridge, 2019) (NASN)."

Currently, millions of dollars of Federal school Medicaid reimbursement are being left on the table. A statewide student information system paired with an electronic health record would maximize districts' capacity to bill Medicaid. Aligned systems would reduce staff data input workload and ensure accurate billing.

Acquiring a statewide student information system is an equity issue, because without a uniform set of standards, student health records for those in under-resourced areas are more poorly managed. All students in Oregon have the right to safe transfer of health records.

I urge the committee to prioritize student safety and continuity of care by convening a task force which will determine best practice in the area of student records.

Sincerely,

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2023/2024 Oregon School Nurse of the Year