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ROLL NUMBER

DESCRIPTION

2385

2007 SENATE HUMAN SERVICES

SB 2385

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2385

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-29-07

Recorder Job Number: 2149

Committee Clerk Signature

Mary R. Manson

Minutes:

Senator J. Lee, Chairman, opened the hearing on SB 2385 to provide an appropriation for a school district nursing services grant program.

Senator Fischer (District #46) introduced SB 2385 (Attachment #1) and offered amendments for the consideration of the committee (Attachment #2).

Representative Lois Delmore (District #43) testified in favor of SB 2385. She teaches in Grand Forks and has seen the wonderful work the school nurses do with very limited time and resource. She urged the favorable consideration of this bill.

Senator Dever asked Rep. Delmore about the program in place in Grand Forks and what the amendments do for them.

Rep. Delmore didn't know what the amendments would do but was hopeful it would encourage a grant that could get the programs out there for all of the students in all schools.

Senator J. Lee said the intent was that the schools currently having programs in place would not be first enhanced but rather this would be used to expand the programs in the schools without them.

Senator Mathern (District #11) testified in support of SB 2385. (Attachment #3)

Senator J. Lee talked about the largest demographic group served by Medicaid prescription drug purchases is from the ages of 5-24. She asked Senator Fischer if he wanted to share additional motivation other than health and safety issues.

Senator Fischer replied that he had a deep concern about the use of Ritalin and other controlled substances in schools.

Arnold Thomas (President, ND Health Care Association) addressed the proposed amendment. It's a permissive amendment. They understand the purpose of this bill is for school districts that currently are not offering this type of a program. Many of those school districts are located in geographical areas where manpower challenges are a major hurdle. The amendment provides authority for the school district or combination of districts to contract with services to satisfy the provisions of the bill.

Kathy Mack (President, ND School Nurse Organization) testified in support of SB 2385. (Attachment #4 includes a proposed amendment and school nurse case scenarios.)

Senator J. Lee asked if the organization's position when considering the amendment is that it is more important to use at least a portion of the money to enhance existing programs than it is to establish new ones.

Ms. Mack said their thinking is they want to start new ones and they want to enhance some existing ones that are just basic.

Senator Dever asked how many districts have a program now.

Ms. Mack didn't know the answer.

Senator Heckaman asked how many school requested to be part of the start up program.

Ms. Mack didn't know how many.

Senator J. Lee said some of the school nurse programs have been funded by Dakota Medical Foundations Grant. They are in both private and public schools. The challenge school

districts have faced in the past is that they want school nurses. They don't want a mandate that is not funded. Appropriation is an extremely important part of this.

Dr. Todd Twogood (President, ND American Academy of Pediatrics) Testified in support of SB 2385. (Attachment #5) He offered additional information that behavioral health in pediatrics has risen to about 40% of office visits. Within that, ADD and ADHD are an extreme high proportion of them.

Senator Heckaman shared her concerns about the overuse of Ritalin. However, there are times when it is necessary. She asked what the future looks like for parents with offered services other than medication.

Dr. Twogood said the issue there is that there's not going to be a change in this. If anything there is going to be an increased use and utilization of medication. (Meter 20:38)

Mary Ann Delisle (School Nurse) read the testimony of Mary Beth Traynor in favor of SB 2385. (Attachment #6)

Jane Prather (School Nurse) presented testimony from Grant Benjamin (Fargo Police Officer) (Attachment #7). She also provided a copy of a drug assessment plan for school nurses to follow (Attachment #8)

Kathryn Pederson (JPA in ND) testified in support of SB 2385. In ND 98.8% of all schools are small and rural. The majority of those schools do not have school nurses. The larger schools do. The needs are the same and the equity issues are definitely there. What they are proposing with this bill is the possibility of coordinating and sharing the services. (Meter 33:40)

Senator Heckaman asked how the schools that are not a part of JPA's would go about getting these services.

Ms. Pederson said that 96% of all K-12 enrollments right now are enrolled in a JPA model school. This would be a positive for them to join a JPA.

Senator J. Lee asked if they found the amendment attractive for JPA with the ability to contract with entities such as the public health units.

Ms. Pederson said, yes, anything to combine services and provide equity they are for it.

Senator Dever asked if it would make sense to consider funding it through the Department of Public Instruction.

Ms. Pederson said she didn't know how to answer that.

Valerie Fischer (Director of School Health, DPI) testified in favor of SB 2385 (Attachment #9).

Senator Heckaman asked how they provide services to the special education units.

Ms. Fischer said the special ed units are excited about this also. Their structure within the JPA would lend itself to having access to nursing services to provide that technical assistance and support.

Mary Kay Herrmann (Director of the Health Department, Fargo) testified in support of SB 2385. (Attachment #10 includes an Outcome Survey.) She offered additional information that this testimony and the funding she is talking about doesn't provide for special ed. They have a separate contract with Fargo Public Schools to provide special ed services for that population.

Senator J. Lee asked what is going on with the private schools.

Ms. Herrmann said they go into a couple for limited school nursing and they help pay for some of it and some is funded through Dakota Medical Foundation. The Catholic schools in Fargo have their own contract with Dakota Medical Foundation.

Nancy Kopp (ND Optometric Association) testified in support of SB 2385. She provided a chart of referrals for the Fall 2005 to Spring 2006 School Year. (Attachment #11)

Nancy Sand (ND Education Association) testified in support of nursing services for children in schools. There are school employees who have been asked and in some cases assigned to perform duties they are not trained for. In some cases, it borders on diagnostic services. It

would be good for kids and staff to expand the availability of nurses to schools. She said it is important to look at liability issues.

Before the hearing opened Bev Nielson (School Board Association) had been in the room and asked Ms. Sand to say that the School Board Association also supports SB 2385.

Senator J. Lee asked what they do about liability when an untrained person is administering medication or doing some other procedures.

Senator Heckaman offered information that school she had been in had a medication form that needed to be signed by the doctor approving that it could be administered in school. Then it had to be documented every day the time it was administered and who administered it.

The school she is in now is a tribal school with a school nurse. A main issue is when the nurse is gone; the school has a policy that no one else can administer medication.

Ms Sand said that the responsibility for administering needs to be very clearly written down.

Caitlin McDonald (State Association of Non-Public Schools) testified in support of SB 2385 with amendments. (Attachment #12)

Senator J. Lee asked if there are other parallel programs that non-public schools are able to apply for state funds right now.

Ms. McDonald said the one she is aware of is for surplus property.

There was a short discussion that students from private schools can access programs in public schools if not offered by the private school.

Vivian Schafer (ND Children's Caucus) testified in favor of SB 2385. (Attachment #13)

Becky Bailey (Child and Adolescent Nurse Consultant, ND Dept. of Health's Division of Family Health) testified in a neutral position for SB 2385. (Attachment #14)

Senator J. Lee asked Ms. Bailey about whether this program should originate in the Dept. of Health or in DPI.

Ms. Bailey said they gathered a broad group of people to look into program development last fall. Many programs function through local public health units, which would be the majority. Many also partner with different areas. When there is a full time equivalent that person could look deeper into how this funding should be distributed. Also they need to look at the established programs so they can build on them and those that have new programs have an opportunity to do so depending on the needs of their community.

Kim Senn (Director, Division of Family Health State Health Dept.) provided clarification to Senator Dever's question about whether the funds should go the Dept. of Public Instruction or to the Health Department. That issue has been talked about a great deal. The DPI and Dept. of Health work very closely together on school health issues. Both departments have a school health program and together they share resources. Currently within the health department there is a structure for providing technical assistance and consultation to the school nurses statewide. That is why, in the bill, the money is coming into the state health department. They have a current structure and the current expertise within the health department.

There was no further neutral testimony. There was no opposing testimony.

The hearing on SB 2385 was closed.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. SB 2385

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 1-31-07

Recorder Job Number: 2362

Committee Clerk Signature

Mary R. Monson

Minutes:

Senator J. Lee, Chairman, opened SB 2385 for discussion and consideration of amendments.

They reviewed the Fischer amendment.

The amendment from Kathy Mack says enhancement can occur. Senator J. Lee said they need to discuss whether or not to allow enhancement to existing programs or if they were more interested in establishing new programs.

The amendment from Caitlin McDonald wanted to include non-public schools.

(Meter 3:00) There was discussion on including non-public schools. There was some agreement that they could make an argument that they want feedback from this system.

They talked about reporting back and the receiving agency being an interim committee.

Senator Dever made a point that it would be a different argument if it was funded through DPI than being funded through the health department, public health units. The proposal, overall, is not to put a full time nurse in every school, but planning to have a nursing program that would cover several schools. In Bismarck there would be several schools that would be denied services without this.

Senator Dever made a motion to amend SB 2385 to include non-public schools.

Motion seconded by Senator Erbele.

There was discussion on if non public schools are part of the JPA's. They also talked about grant applications. They didn't feel there was a constitutional issue. Constitutional issues seem to be limited to educational services and this is not.

Roll call vote 6-0-0. Amendment accepted.

Senator Warner moved to accept the Fischer amendment.

Motion seconded by Senator Heckaman.

Roll call vote 6-0-0. Amendment accepted.

Next there was discussion on funding existing programs or limiting it to new programs.

There was some indication that they should not exclude existing programs but allow for flexibility. They also talked about a reporting requirement by the health department to the interim budget committee on health care.

Senator Heckaman moved to accept the Kathy Mack amendments about the existing services and a reporting requirement.

Motion was seconded by Senator Warner.

Roll call vote 6-0-0.

(Meter 20:10) Discussion took place on funding and lowering it to see how a lesser amount is used. Then it could be evaluated next session at a better level to see what the need is.

Senator Erbele moved to amend the appropriation to \$1 million.

Motion was seconded by Senator Pomeroy.

Roll call vote 6-0-0. Amendment accepted.

Senator Heckaman moved a Do Pass on SB 2385 as amended and rerefer to Appropriations.

Motion was seconded by Senator Pomeroy.

Roll call vote 6-0-0. Carrier is Senator Heckaman.

Date: 1-31-07
Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2385

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Nonpublic amendment

Motion Made By Sen. Dever Seconded By Sen. Erbele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

70281.0201
Title.

Prepared by the Legislative Council staff for
Senator Fischer

January 26, 2007

PROPOSED AMENDMENTS TO SENATE BILL NO. 2385

Page 1, line 21, replace "school district" with "recipient"

Page 1, line 22, replace "school district" with "recipient"

Page 1, after line 23, insert:

- "3. A recipient may use a grant awarded under this section to directly employ one or more individuals for the purpose of providing school district nursing services or a recipient may contract for the provision of school district nursing services with public or private entities, including hospitals, clinics, health care cooperatives, and public health units."

Page 2, line 1, replace "3." with "4." and replace "school district" with "recipient"

Page 2, line 3, replace "4." with "5."

Page 2, after line 5, insert:

- "6. For purposes of this Act, a recipient may be a single school district, a group of school districts, or an educational association governed by a joint powers agreement."

Renumber accordingly

Date: 1-31-07
Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2385

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Fischer Amendment.

Motion Made By Sen. Warner Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1-31-07

Roll Call Vote #: 3

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2385

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Kathy Mack amend. / reporting requirement

Motion Made By Sen. Heckaman Seconded By Sen. Warner

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1-31-07Roll Call Vote #: 4

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2385Senate HUMAN SERVICES Committee☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken reduce to \$1 mMotion Made By Sen. E. Seconded By Sen. Po.

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1-31-07

Roll Call Vote #: 4 5

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2385

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken DP Amended / rerefer to Approp.

Motion Made By Sen. Heckaman Seconded By Sen. Pomeroy

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2385: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2385 was placed on the Sixth order on the calendar.

Page 1, line 1, after "district" insert "or nonpublic school"

Page 1, line 5, replace "\$3,000,000" with "\$1,000,000"

Page 1, line 7, after "district" insert "or nonpublic school"

Page 1, line 9, replace "section" with "Act" and after "district" insert "or nonpublic school"

Page 1, line 21, replace "section" with "Act" and replace "school district" with "recipient"

Page 1, line 22, replace "school district" with "recipient"

Page 1, after line 23, insert:

- "3. A recipient may use a grant awarded under this Act to directly employ one or more individuals for the purpose of providing school district nursing services or a recipient may contract for the provision of school district nursing services with public or private entities.
4. Grants under this Act may not supplant existing school nursing services offered during the 2006-07 school year but may be used to enhance existing school nursing services.
5. For the purposes of this Act, a recipient may be a single school district, a group of school districts, a nonpublic school, or an educational association governed by a joint powers agreement."

Page 2, remove lines 1 and 2

Page 2, line 3, replace "4." with "6."

Page 2, line 4, replace "section 1" with "this Act"

Page 2, after line 5, insert:

- "7. The state department of health shall report to the legislative council during the 2007-08 interim regarding grants provided under this Act."

Renumber accordingly

2007 SENATE APPROPRIATIONS

SB 2385

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2385

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-12-07

Recorder Job Number: 3416

Committee Clerk Signature

Shirley Delzer

Minutes:

Chairman Holmberg opened the hearing on SB 2385 on February 12, 2007 regarding Nursing Services Grant Program.

Senator Fischer, District 46, Fargo introduced the bill and gave oral testimony in support of SB 2385.

Chairman Holmberg asked questions regarding the source of funding. He was informed it would come from the Department of Health Trust Fund.

Linda Wright, Member of Executive Committee of the North Dakota School Nurse Organization and on the Board of the National Association of School Nurses presented written testimony (1) and oral testimony in support of SB 2385.

Senator Bowman asked if there was enough nurses for every school district, and in the case of his district, the school is right next to hospital could the program be flexible enough to have the County Health Nurse do the job. He also asked who makes the decision as to what school gets a school nurse. Further in testimony he asked about the larger schools, like Fargo, West Fargo and Minot. He was informed that Fargo uses the Dakota Medical Foundation for their support, and Bismarck and Minot use Title 5 grants.

Senator Christmann expressed concern regarding the size of the schools and if they are smaller do they get a health nurse.

Page 2

Senate Appropriations Committee

Bill/Resolution No. 2385

Hearing Date: 02-12-07

Kim Senn, Director of the Division of Family Health for North Dakota Department of

Health presented written testimony (2) and gave testimony regarding the fiscal impact of SB

2385 on the Department of Health. She gave testimony in support of bill.

Senator Kilzer had questions regarding if we have public health nurses covering every square mile of North Dakota, and if not why not.

Nancy Sand, NDEA gave oral testimony in support of SB 2385.

The hearing was closed on SB 2385.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2385

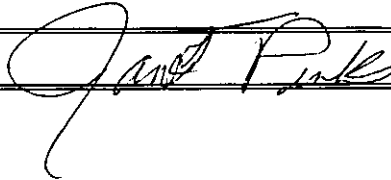
Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 02-13-07

Recorder Job Number: unknown

Committee Clerk Signature



Minutes:

Chairman Holmberg opened the hearing on SB 2385.

Senator Fischer moved a do pass on SB 2385, Senator Seymour seconded. Discussion followed. A roll call vote was taken resulting in 8 yes, 6 no, 0 absent. Senator Heckaman will carry the bill.

Chairman Holmberg closed the hearing on SB 2385.

Date: 2/13Roll Call Vote #: 1**2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO.**Senate Appropriations

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

2385

Action Taken

DP

Motion Made By

Fischer

Seconded By

Seymour

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm		✓	Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm		✓	Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm		✓	Senator Tim Mathern	✓	
Senator Randel Christmann		✓	Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer		✓	Senator Harvey Tallackson	✓	
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner		✓			

Total (Yes) 8 No 6

Absent _____

Floor Assignment

Hum Serv

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2385, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman)
recommends **DO PASS** (8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2385 was placed on the Eleventh order on the calendar.

2007 HOUSE EDUCATION

SB 2385

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2385

House Education Committee

☐ Check here for Conference Committee

Hearing Date: **28 February 2007**

Recorder Job Number: **4093**

Committee Clerk Signature



Minutes:

Chairman Kelsch opened the hearing of SB 2385.

Senator Tom Fisher, District 46, introduced the bill. (Testimony Attached.) He also distributed a proposed amendment which is also attached.

Senator Tim Mathern, District 11, one of the cosponsors, did not appear before the committee, but submitted written testimony. That testimony is attached.

Phyllis Hanson, part-time school nurse, Mandan, testified in favor of the bill. I have enjoyed being a part of the educational team. I have learned about how education is done and how they address children to be healthy. I have become aware of the IEP process and have been asked to serve as a health consultant on some IEP meetings. I have become aware of some regulations that the schools are under to provide health services for any child with any health care needs; for example, asthma, diabetes, seizures, etc. It is my understanding that there may be some legal taken against the school for not providing adequate health care for some of these students. Passing SB 238 would enhance the abilities of the school districts to help meet these health needs. The first testimonial I handed out is from **Linda Wright, our representative to the National Association of School Nurses.**

She read the testimony (**attached**).

Vice Chairman Meier: Currently you are employed part time as a nurse for Mandan schools. How many schools do you serve?

Hanson: I serve five schools: high school, junior high, special needs pre school, and two elementary schools. We also have another part time nurse that handles two other elementary schools. The schools do like to know when they have access to me. I schedule two to three hours per week. My schedule does change if I get called for an IEP at another school. It is process of flexing and not being everywhere that I need to be. I do work closely with the principals and the special ed teachers. I try to make it to the IEPs that have a strong need for medical.

Vice Chairman Meier: What are some of the needs you address? In the past year? Are you involved with working with the teachers in administering some of the medications?

Hanson: All the asthmatics and we have been working on allowing the students to carry inhalers and the EPI pen, diabetics—many of them give themselves insulin during the day. My RN license is that I cannot delegate a medical process to school staff but I can assist and make sure they do it correctly. The parents must do the delegating to the school staff and I try to make sure that they do the correct things.

Representative Herbel: We had a nurse in Grafton and it was wonderful. She took care of a lot of the kids' problems. When I look at the budget here, how do you propose to make \$1 million work?

Hanson: This is just one step in the right direction. We did originally request more money. We are not going to be able to provide adequate nurses' services to all the schools in ND.

Representative Herbel: How many nurses do we presently have in the schools?

Hanson: Off-hand I don't know. I can get you that information.

Mary Beth Traynor (via audio conference): We have about 30 FTE across the state.

Representative Hunsakor: In the smaller schools are nurses shared? Do they travel? Do they stay in one school? Obviously many of the smaller schools do not have a nurse.

Hanson: I do think there is some sharing. Sometimes it's just a public health that makes a stop or is available but does not come regularly. It varies across the state. I do think there are many schools that do not have access to nurses.

Representative Mueller: My wife did what you do but she worked for the county. What is the way the county and public schools interface? How does that all work?

Hanson: I am employed by Custer Health. I do know they use some grant money, we do get some money from the Mandan School District—it is minimal. In one of elementary schools in Mandan the PTO has been committed to school nursing and they raised enough money for a school nurse to be at their school for four hours per week.

Representative Haas: So you are employed by the public health unit; does Mandan have any nurses on their payroll. The model you are thinking about in this bill, is it planned for the entire budget to be funneled through the district health units across the state?

Hanson: They do give us the money. They do have a nurse at the high school who is a medical health careers teacher. She is an instructor. The budget was to be determined—there are a variety of models. It was meant to provide at least some services to schools that have none and maybe enhance services to some that need it.

Mary Beth Traynor, school nurse in Fargo, testified via audio conference, in favor of the bill. (Testimony Attached.) She also told the Committee about how nurses were funded in Fargo: We have a \$5 million grant from Dakota Medical Foundation to Grand Forks, Fargo Public Schools and Fargo Catholic Schools. It is based on need. In Fargo, 16% of the funding is Dakota Medical Foundation, roughly 38% is from the public schools, and 45% from the county health department and the nurses are employed by Fargo Public Health. In Grand

Forks they are employed by public health and funded by the high school and public health as well. In the elementary schools they are employed by the school but they also receive funding from Dakota Medical Foundation, public health and the school system. This program can be replicated in the rural areas.

Representative Karls: In your testimony about "Annie," was there not a counselor?

Traynor: School counselors are trained for educational services and guidance, not medical services.

Arlene Rice, parent, testified in favor of the bill. She introduced daughter Alexandra, aged 6, a first grader with type I, insulin dependent, diabetes. I went to school every day for a month to take care of medical needs. Alex learned to test blood, draw and inject insulin, and track carbs. Nurses were not there for Alex. An aide helps figure out how much insulin she should have based on blood sugar before lunch and the carbs in the lunch she brings. I'm on call each day in case there is a reason for the school to call. One day they did call because there was an accident with the insulin and they didn't know how much she take. Since I wasn't available, someone decided she needed more. If there had been nurse there or on call, the aide would have been able to call and consult. I send my daughter to school for 6.5 hours every day, leaving care to others and hoping that if she has a problem they will know what to do. If Alex gets the flu, the blood sugar can go low fast. Teachers are not trained to cope with that. I believe the school needs a nurse not just for children like Alex with chronic illnesses, but for the health and safety of all of our children.

Chairman Kelsch: Alex, you are amazing! When I see what you are doing at only 6 years old, you deserve credit for understanding how to take care of yourself. Hopefully this will help you so that mom doesn't have to worry about you quite so much. I must say you are a pretty big girl. We are happy you came and stood by your mom today.

Jason Hornbacher, principal, Centennial Elementary School in Bismarck, testified in support of the bill. Alex is one of my shining students. I don't think you will find a more caring parent than you just heard. We live in an age when data is used to define directions and make decisions. I'm here to give you a snapshot of Centennial Elementary School. We educate 524 students, one of which is Alex. We currently have 35 students documented with asthma, 6 with EPI pens for allergies related peanuts, peas, fish, soy, dairy, we have an additional 15 students with allergies that do not have EPI pens. We have 23 students who have other medical conditions which include diabetes, seizures, cerebral palsy, kidney problems, heart murmurs, severe heart issues, severe migraine headaches. Of these 79 different students, 45 have individual health care plans filed. We have a nurse from 8 – 12 on Tuesday and Thursday. The majority of time we have with our nurse is spent on health training and health planning and documentation. We are uneducated in handling these medical issues but we do our best. My instructional assistants are hired to help students learn but are spending an increasingly amount of time attending health care training.

Representative Hanson: What's the liability you have on giving shots and things like that?

Hornbacher: I'm not sure what the liability issues are. I look at if there a kid lying on the playground, we need to save the life of the child. That's what we are going to do. I'm sure there are some liability issues there.

Catlin McDonald, representing the State Association of Non-Public Schools: I want to say we are in support of SB 2385.

Vice Chairman Meier: Do non-public schools have school nurses?

McDonald: I'm not aware of any. There may be some.

Chris Hall, school social worker at Janet Myhre School testified in favor of the bill.

Myhre is the only school that didn't meet the AYP of the NCLB. I have to believe that some of

the reasons are due to medical needs that aren't being taken care of and children are staying home and not coming to school. Because they don't come to school, they can't learn. I am one of the people that have been trained on Glucagons. I am a social worker, not a nurse. I am very concerned if I would need to do that. Liability wise I think I would be at risk. Students that don't have the proper medication are unable to learn because they can't focus and they can't concentrate. We have many children who take medication for ADD and our school nurse is instrumental in working with the doctors on proper dosage. She also does a lot of education for parents about head lice. It is a problem. She also works with me on issues of abuse and neglect.

Evelyn Monzelowsky, a nurse hired for special education in Bismarck, testified in favor of the bill. She distributed and read the testimony of **Grant Benjamin, Fargo Police Officer.**

(Testimony Attached.)

Nancy Sands, NDEA, testified in favor of the bill. Members call us out of concern for the frequency they are being asked to provide medical procedures and administer medication and their concern for the lack of training, the lack of the professional availability to ask questions of. I think this bill could help make more school nurses available to assist our educational staff people. Students need to be healthy to learn. I hope this bill will come out of your committee with a do pass recommendation and as it continues to move through the legislative process that you will believe in it and advocate for the appropriation in this bill. It's not a lot, but it certainly will help.

Paula Flanders, director of Bismarck Burleigh Public Health. I am here to bring you the testimony of **Mary Kay Herman, Fargo Cass Public Health (attached).**

Doug Johnson, ND School Boards Association, and on behalf of Bev Neilson voiced his support of the bill. When I was principal of Simle MS and we had no school nurses, I was able

to set up a relationship with the U of Mary and their student nurses provided services to our school. It was invaluable.

Valarie Fischer, director of School Health, DPI, testified in favor of the bill. (Testimony Attached.) She also presented the testimony of **Kathryn Pederson, JPA coordinator for the MDEC (attached)** and the written testimony from **Lorna Van de Streek, principal of Lewis and Clark Elementary School in Minot (attached).**

Nancy Kopp, representing the ND Optometric Association, testified in favor of the bill. She distributed a worksheet of information of optometric services after vision screenings by school nurses (attached).

Becky Bailey, child and adolescent nurse consultant for ND Department of Health's Division of Family Health, testified in favor of the bill. (Testimony Attached.)

Representative Haas: What direct involvement do you have with school nurses?

Bailey: As a nurse I provide consultations, I manage an early childhood grant, and answer questions about general health concerns relating to child and adolescent health.

Representative Haas: Do you actually go out to the schools at any point?

Bailey: Currently I am just working here at the Department of Health.

The following papers in support of the bill were distributed during the course of the hearing:

School Nurse Case Scenarios

Dakota Medical Foundation Model School Nurse Program Outcome Summary

What School Nurses do to Help Student Learning

There was no Opposition to the bill.

Chairman Kelsch closed the hearing of SB 2385.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **SB 2385**

House Education Committee

☐ Check here for Conference Committee

Hearing Date: **5 March 2007**

Recorder Job Number: **4361**

Committee Clerk Signature



Minutes:

Chairman Kelsch opened discussion of SB 2385.

Representative Herbel: For discussion purposes, I move **Do Not Pass**.

Representative Johnson: I **Second**.

Representative Herbel: I have witnessed the program to be very good in my schools. There are needs with the health problems in school, but with a million dollars. . . It would cost us \$52.0 million to make the program work. This would be like giving your kid a hundred dollar bill and telling him to go buy a new car. We're just spitting in the ocean with this. If we are going to do something it would have to be at a price where we couldn't afford it. I do think that we have an \$84.0 million hopefully going to schools and they can find ways to work out a nursing program. I'm going to oppose the bill for those reasons not because I am opposed to the nursing program.

Representative Haas: I too think there is no question about the value of the nursing program and about the need. I suppose the need is going to continue to grow. There are and have been innovative approaches to providing those services where you get two or more either agencies or groups or foundations cooperating financially and they get the job done. Districts need to start thinking about those approaches for solving some of these problems rather than simply always coming for huge appropriations and think we can solve all those problems. The

resources of the state are finite and there's no question about that. From the testimony that we heard here in Committee, it seems some of the most excellent programs we have now are partnerships between school districts, district health units, and private organizations. I would like to see school districts continue along those efforts.

Representative Sukat: In dividing this I estimate we will get 20 nurses. Twenty nurses are not going to go very far and I think this is tremendously under funded. It would be really tough to decide who is getting those 20 nurses. I have a little trouble supporting this the way it is, too.

Vice Chairman Meier: I commend the district that I come from—the Bismarck School District. They do provide funds for nursing currently. I think it is up to the district to look at where the needs really are and our district is already doing that. I think spreading out a million dollar appropriation--where would be the equity and fairness in it all.

Representative Hunskor: If we don't this, we are saying "you are your own, we can't help you," and we have the health and lives at stake. I know it's not enough money and I know it gets spread thin, but it could make the difference in a kid's life or a kid's health. Maybe it's a first step in getting toward where we need to get rather than just dismissing it and tell the schools to take care of your selves. As we talked about this morning in SB 2200 some of the schools aren't going to turn out so good. What are they then going to do to take care of the funding that's necessary for this type of program? I'm going to vote in favor of the bill.

Representative Myxter: I find it ironic that we just revisited a PE to promote the health and well being of our students and we have a chance to put some nurses out there somewhere to help the health of our students and we are turning it down so I would vote for the bill too.

Chairman Kelsch: I have a question for Representative Johnson, you mentioned to me in passing that your daughter is a nursing student at Med Center One and what she is doing. .

Representative Johnson: She is a senior in nursing and graduates in May. Their class is rotating in and out of the Mandan school system. They work different schools. I don't know what their program is or how many students are involved, that's one area where the Mandan School District is taking advantage of these services.

Chairman Kelsch: I do know that the larger school districts do have a greater number of students that have some sort of physical concern or health issue. I remember when we were talking about Alexia and diabetes. I sent my kids to school in kindergarten with inhalers in their pockets and they knew how to use those inhalers. What I find interesting is one time my oldest was having an asthma attack and the school nurse told him to take his inhaler. He said I just took two puffs and she said take it again and he said, no, you call my mom and she said to take it again and he said I will not because I cannot overmedicate. He was a first grader at the time and he was right because we had taught him. While I think there are benefits, the most important thing is to educate kids as to what is good for them and what is not good for them is beneficial.

When we heard from Mary Beth Traynor and they have the Dakota Medical Foundation that has a partnership with them. There are a lot of things that can be worked out with the district health district, schools of nursing, community hospitals and clinics, and perhaps the JPAs in collaborative partnerships.

Representative Haas: There are several successful delivery models out there and it might be helpful for DPI to put together a description of all of those models and get that information out to all the schools. There is almost no limit to what you can do at the local level with different types of partnerships of some public school money, some private money, etc. It might be helpful to schools if they knew what delivery models were currently being successfully used.

Page 4

House Education Committee

Bill/Resolution No. **2385**

Hearing Date: **5 Mar 07**

A roll call vote was taken on the Do Not Pass motion: Yes: 8, No: 4, Absent: 1

(Solberg).

Representative Herbel will carry the bill.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2385

Page 2, line 11, replace "five" with "ten"

Renumber accordingly

From Sen Fischer

Date: 5 May 07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. SB 2385

House Education Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Also Not Pass

Motion Made By Herbel Seconded By Johnson

Representatives	Yes	No	Representatives	Yes	No
Chairman Kelsch	✓		Rep Hanson		✓
V Chairman Meier	✓		Rep Hunskor		✓
Rep Haas	✓		Rep Mueller		✓
Rep Herbel	✓		Rep Myxter		✓
Rep Johnson	✓		Rep Solberg		
Rep Karls	✓				
Rep Sukut	✓				
Rep Wall	✓				

Total Yes 8 No 4

Absent 1 (Solberg)

Floor Assignment Herbel

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 5, 2007 3:23 p.m.

Module No: HR-41-4479
Carrier: Herbel
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2385, as engrossed: Education Committee (Rep. R. Kelsch, Chairman) recommends
DO NOT PASS (8 YEAS, 4 NAYS, 1 ABSENT AND NOT VOTING). Engrossed
SB 2385 was placed on the Fourteenth order on the calendar.

2007 TESTIMONY

SB 2385

SB 2385

Madam Chair, members of the Human Services Committee
For the record I am Tom Fischer, State Senator, District 46,
Fargo.

I am before you today to introduce and ask for your support of
Senate Bill 2385.

I have been involved for the past two years with the process to
bring this school nurse bill before you. Many hours of
discussion have taken place among this group of dedicated
nurses to bring us to this point.

I also have some amendments for your consideration that
have been offered to enhance the implementation of this
legislation.

I will trust the committee's infinite wisdom whether or not they
are adopted.

Madam chair, the nurses and others are here today to present
their hard work to you and your committee. I would ask for
your support and with that I will turn the podium over to those
who have waited a long time for this moment.

Thank you

SB 2385
Human Service Committee
January 29, 2007

*Same
given to
House
Education*

Madam Chairman Lee and Members of the Human Service Committee,

My name is Tim Mathern. I am the Senator from District 11 in Fargo and here in support of SB2385. This bill provides for increased services for school nurse services through a match grant program.

I have raised four children and through them have learned that illness and school often intersect. Now my wife works at Hawthorne elementary school in Fargo. Because of this I have had many contacts with the principal, office staff, aids, and teachers. I have heard first hand about the many medical needs of students and the pressures placed on school staff to deal with these needs. Student health needs, particularly in the area of medications, have risen dramatically since my kids were in school.

SB 2385 sets some parameters for making grants to school districts to get nurse care. This will increase the quality of life for our students and permit our educators to focus their time on education.

I encourage a do pass on SB 2385.

Thank you.

Testimony

Senate Human Services Committee

Monday, January 29, 2007; 10:30 a.m.

North Dakota Schools Nurses Organization

Good morning, Madam Chairperson and members of the Senate Human Services Committee.

My name is Kathy Mack and I am the president of the North Dakota School Nurse Organization, an affiliate of the National Association of School Nurses.

I am here to represent the children of the state of North Dakota and their health needs.

The scope of school nursing has dramatically changed over the past few years. Today, school nurses play a key role in chronic disease management, substance abuse prevention, mental health issues, early identification and referral for health issues, student/staff/and parent health education, health coverage, and more. Thus, we are requesting funding to expand school nursing services to more of North Dakota's children, especially students in rural areas who already experience limited access to health services.

The testimony you will hear today will tell you how improved access to health services in the school system will result in healthier children, better learners and healthier communities.

Because the current bill language does not allow school districts with existing school nursing services to apply for funding the North Dakota School Nurses Organization is offering the following amendment to clarify that school districts with existing programs during the 2006-07 school year be eligible to apply for funding to enhance their school nursing services.

On page 2, delete lines 1 and 2 and replace with the following, so lines 1 and 2 will read:

3. Grants under this section cannot supplant existing school nursing services offered during the 2006-07 school year but can be used to enhance existing school nursing services.

Madam Chairperson and members of the Senate Human Services Committee, the North Dakota School Nurse Organization asks for a DO PASS on SB2385 on behalf of the health of the children of North Dakota.

Every child in North Dakota deserves a school nurse.

Thank you.

School Nurse Case Scenarios

- A student made suicide threats openly in class. The teacher immediately called the school nurse because she had been working with the student and her family. The school nurse visited with the student and called her parents. The school nurse stayed with the student until the parents arrived. The school nurse recommended taking their daughter to local psychiatric hospital. The girl was admitted and placed on 24-hour suicide watch. The school nurse followed up with the girl's parents over the weekend and they made the comment "Thank you for saving our daughter's life." The parents requested that the school nurse educate their daughter's classmates on depression. The following week, the school nurse provided education to various classes on depression.
- A teacher in the classroom was noticing behavior in a student that appeared to be abnormal. She put a referral note in the school nurse's box. The school nurse did a classroom observation and observed behavior consistent with a possible seizure disorder. Parents were notified and further examination by a physician indicated the student did have a seizure disorder. The student was subsequently put on medication, the appropriate staff was involved by the school nurse and the school nurse follows up with parents as needed. The parents have been so thankful to the teacher and the school nurse for this information. It has had a tremendous impact on the student. She had been through testing with special services for a learning disability and did qualify. When the seizure disorder was identified, the school nurse made contact with special services to see if any changes should be made to her educational plan. The teachers, nurse and special services collaborated on her case to get the best services for this student.
- Through the use of the health care form, families with no health insurance have been identified. This year alone the school nurse has linked six families with vision vouchers offered through a community based program for vision exams and glasses. These students were identified through the vision screening at school and were cross-referenced with the non-insured families list. The school nurse contacted these families with the information regarding the vision vouchers and also the information on the SCHIP program. The families were all very thankful for this information. One single mother said, "This is the only way my son could get the help he needs."
- The Fargo Catholic Schools Network did not have a coordinated health plan in place prior to the year 2000. Medications at the schools were distributed by parent volunteers, ill students would lie on old tattered couches, and the only medical supplies in the buildings were old band aids found under the counter. Specific monies awarded by the Dakota Medical Foundation beginning in 2000 have been used to set up health offices in each building with all the necessary first aid supplies. A full-time school nurse is on staff and is available to the students and families in the network through regular office hours and a pager system. Medication policies have been written and designated staff has been trained in medication administration. Students are receiving needed first aid and symptom management in their schools.
- The school nurse has identified kindergarten students who have not received their pre-kindergarten immunizations. Parents have expressed appreciation as the nurse called to remind them to make an appointment and get the appropriate immunizations for their children.

- The school nurse has been actively involved with a student who is having trouble with school anxiety. The student missed several days of school the second week (due to headaches and stomach aches). The school nurse was asked to meet with the school social worker and counselor. During the meeting, the problems were discussed and the school nurse provided information about generalized anxiety and school phobia. The team continues to meet weekly and have developed communications with the student's teachers, parents and private psychologist. The psychologist and parents were unaware of the problems in school. This communication has been very helpful to the student's therapy both outside of school and in school.
- The school nurse was in her office working on immunizations when the secretary phoned her and frantically said to get down to the office. The school nurse grabbed her health bag and quickly went to the school office to find a 3rd grade girl crying, holding her right wrist and hand close to her body and holding ice to her face. The student's teacher was there and informed the nurse that the girl had fallen while running on the cement outside. The two school secretaries and the school nurse calmed the girl. The school nurse then provided first aid by gently positioning a splint under her right wrist and used a triangular bandage as a sling to provide stability. The girl's mom was also called during this time to come to the school. When the girl's mom arrived, the school nurse explained what had happened and encouraged her to bring her daughter to the clinic since she felt her wrist could be broken; then the school nurse assisted in positioning the girl in the car. The girl's mom called later that day to say that both herself and the doctor were impressed with the first aid provided at the school and that everything was done correctly in providing first aid to a broken wrist. The school nurse continued to check on the girl who is healing nicely.
- A third grade student was experiencing daily headaches. This student had many dental cavities and had been scheduled for oral surgery a year prior but did not have it. The school nurse called the student's mom and discovered the reason for her daughter not having the surgery was that the family did not have the money that needed to be put down before the surgery. Several calls were made to the mom to discuss the importance of the surgery and that the headaches her daughter was experiencing daily may lessen after the surgery. A meeting was scheduled with the mom, principal, social worker, teacher and the school nurse. We discussed possible solutions to assisting the family in obtaining the finances for the surgery. The girl did have the surgery and she is back in school and headache free!
- In one of the schools, there are two siblings, a brother and sister, that both have asthma. At the beginning of the school year they were sharing their inhalers and nebulizer tubing. The school nurse was unable to get in touch with the parent by phone, so the social worker and the school nurse went to the home and talked to the mom about the importance of each child having their own inhaler and nebulizer tubing. We offered her financial assistance, transportation assistance and insurance information. Both children now have their own prescribed inhaler and nebulizer tubing.
- The nurses have been invaluable as a liaison to the medical profession to help us in a school setting with children's medical issues. One example where the nurses helped tremendously was with a student who had an unexpected seizure. At the time, the child had not previously had any history of having seizures. The nurse came immediately to the classroom, checked the student, called the mother, and also coordinated medical information with the child's physician. A school health plan has been developed so a plan is in place should another seizure occur.

- Nurses have helped with some challenging medical conditions. One such example is the coordination of a child with selective mutism. They helped coordinate ongoing school and home plans for the child, working closely with the child's physician and medical providers.
- I can't image not having a school nurse on a regular basis at our school. Their presence is greatly needed and appreciated. The nurse has helped me handle children who have forgotten their medication. They identify children who are ill and need to be seen by a doctor or go home. They helped me with a student who has diabetes. The support the nurse gives through the day with med distribution, illness identification, and first aid application is extremely valuable.
- I think the school nurses serve an invaluable role in our school. I have many students on my caseload that take meds. It is a comfort to know the school nurse is following up to make sure students have their meds when they need them.. This helps the day run smoother for the children and the adults they work with throughout the day.

- **IDENTIFY NEEDS, IMPROVE SCHOOL COMMUNICATION, STUDENT HEALTH**

The School nurse was called to check a young student with bruises and reddened areas on the body. Administrators were preparing child abuse report. The school nurse suspected a blood dyscrasia, phoned the parent, and learned the student did have a chronic disease that causes this. The school nurse was able to identify the issue, teach staff, and plan ahead for student's health needs at school.

- **INCREASE ATTENDANCE, IMPROVE SCHOOL PERFORMANCE**

Diabetes Discussion Group: A Public Health School nurse formed this group, got community financial support, school administration and parent support, and met monthly with students who have diabetes. Her purpose was to provide peer support and education, with resulting improved self-management and increased attendance. Received many "thank you" notes and comments from the participants, expressions of how this helped them, a letter from a local pediatrician who treats young people with diabetes throughout ND. He shared with the School nurse that since the group began these students had fewer hospitalizations.

- **INCREASE ATTENDANCE, HELP PARENTS HELP THEIR CHILDREN**

A principal told School nurse "When you are here (at school) attendance is up". He wanted the School nurse there early mornings because she was able to keep students there that needed her services or consultation, also many parents wanted her consultation on their child's health status. The school nurse was usually able to help students feel better and stay in school.

- **IMPROVE STUDENT PERFORMANCE, HELP ACCESS HEALTH CARE**

A teacher asked The school nurse to come see a student that was in the hearing-impaired class, and had "drainage from their ears for months". The school nurse examined the student, and found copious amount of infectious drainage from both ears. School nurse was able to get the student into an ENT specialist who provided free antibiotics (took two courses of the Rx), the ear infection was successfully treated, and the student could hear again.

- **IMPROVE STUDENT PERFORMANCE, ACCESS MEDICAL CARE FOR FAMILY,**

SCHOOL NURSE was called to a school to check a student with "arm weakness". This little student had garbled speech, upper extremity weakness, was lip reading the SCHOOL NURSE, and had no physician care. The school nurse went to the home, visited with the parent. This parent had been experiencing emotional problems, and had concerns with her other children as well. school nurse was able to get care for the parent and support the parent to take care of her family and their needs. The school nurse referred the family to Public Health Maternal Child Health Nursing for follow-up. The student was able to receive treatment for cerebral palsy, hearing loss, OT-PT, and speech therapy. The family is doing fine now.

- **IMPROVE HEALTH AND PERFORMANCE, IDENTIFY NEEDS, ACCESS CARE**

SCHOOL NURSE was called to see a student for "possible asthma". The school nurse examined the student and assessed needs. The child's family was faced with many additional challenges and a family friend was taking

care of the child. The school nurse got a bike for the student from the Police Impound, so they could ride bike to the Salvation Army Clinic for asthma assessment and treatment appointments. The student did get a ride from the caretaker only for the first visit. During follow-up the school nurse tested vision – discovered color blindness and need for glasses. Color blindness has a definite impact when you are a student: reading graphs and charts, maps in Geography, and other classes as well. The school nurse was able to get glasses for this student. Also found out that this young student was in “Anger Management” classes. In discussing this with the students, their own insight and comment was *“I don’t seem to get as angry on the days that we have food at home”*. The school nurse was able to get the Salvation Army Social Worker involved to help with this. Early on the school nurse was not able to get Social Services involved because the caretaker would not complete the necessary forms --- as is often the case.

- **IMPROVE HEALTH AND PERFORMANCE, HELP PARENT HELP CHILD**

A student came to the school nurse’s office with a friend crying --- The school nurse was able to elicit a history of sexual abuse that happened in younger years. Student did not want parents involved / told of this. The school nurse was able to assist student in telling parent, dealing with their reaction, and continuing to see professional counselor. This was a student who had visited the school nurse office frequently prior to this. The school nurse knew something was wrong and worked to develop a relationship of trust and professional caring, which is vital with teens and sensitive issues.

- **SAVE A LIFE AND IMPROVE HEALTH AND PERFORMANCE**

A student who had a chronic illness presented frequently with symptoms of depression; the school nurse had encouraged parents to get professional care but they were still resistant. One day the school nurse was able to elicit that the student had made a plan to commit suicide that evening. The school nurse consulted with the school counselor and parent, and the student was taken to the hospital for care. The student kept in communication with the school nurse for about two years, thanking her for “saving my life”, for caring, believing in and supporting them.

- **EARLY INTERVENTION, SAVE STUDENT’S VISION**

Student was injured in athletic event and came to school nurse office. Student complained of eye pain. The school nurse examined, observed, and phoned parent, directing immediate physician care. Physician found serious eye injury, ordered several days of bed rest. Parent and principal thanked the school nurse for preventing possible loss of vision in that eye by providing early nursing intervention and referral.

- **PREVENT SERIOUS MEDICATION ERRORS** Many times the school nurse caught medication errors at schools:

- In one month a pharmacy error occurred 5 times at one school.
- Medications sent in a Baggie, unlabeled.
- Anti-depressant was prescribed for the parent but sent to school, asking school personnel to give it to their child who “seems depressed lately”.
- School personnel were asked to give dangerously high dose of stimulant medication because child seems “extra hyper”.
- A school staff person unknowingly plans to give “5 ccs of insulin” to diabetic student with elevated blood sugar. Correct dose is “5 units”. “5 ccs” could be fatal! SCHOOL NURSE arrived in time to correct her, but also aware that we did not have “cc” syringes there. What if there had been? This is so dangerous!

- **IMPROVE HEALTH AND PERFORMANCE, ACCESS MENTAL HEALTH CARE**

The school nurse was asked to see a student about frequent “asthma-like attacks”. After several health consult visits with the student, family, and teachers, the school nurse was able to get the student to a physician and get treatment for anxiety, depression. The student had also been self-mutilating. The School nurse follow-up was vital in keeping the student compliant with medication and counselor visits, in providing care during panic attacks, and in reducing the incidence of attacks and cutting.

- **INCREASE ATTENDANCE, TEACH SELF CARE / COPE WITH STRESS**

The school nurse was consulted about a student who was missing a lot of school, probably due to school phobia, anxiety. At the IEP meeting the school nurse suggested allowing a 10-minute rest period or “down time” in the nurse office as needed, up to one time per day. This was successful in reducing absenteeism. This worked well with other students too, who just needed some down time and a professional to visit with regarding their mental or physical health. They were then able to stay the day by reducing their stress level.

- **IDENTIFY NEEDS AND PROTECT**

At a home visit the school nurse determined a student was being sexually abused. The police intervened, as did Social Services. I continued to see this vulnerable student through pregnancy and to teach about improved health.

- **SAVE LIVES, PREVENT SERIOUS INJURY**

Every fall the school nurse teaches school staff in the proper procedure for giving Epinephrine injection for severe allergic reactions. The school nurse had just done this at a school, when the following day (while the school nurse was at another school) a school employee had to do this for a student who had a severe allergic reaction to an insect sting. The employee had never done this before but was grateful to have had the instruction on how to recognize this emergency and how to administer the epinephrine. Several years earlier the school nurse led the effort to have Epi-Pens placed in the schools because she was seeing a great number of students and staff who have severe allergies.

- **IMPROVE HEALTH AND PERFORMANCE, PREVENT SERIOUS INJURIES**

A student with emotional problems, eating disorder, was found unresponsive in the school parking lot. The school nurse assessed, was not able to reach any family. EMS took the student to the ER, and the school nurse also went to the hospital to be with her. During nursing follow-up the student thanked the school nurse for helping her with self-image, substance abuse, and relationships.

- **IMPROVE HEALTH AND PERFORMANCE, PREVENT EMERGENCIES**

A young student had an asthma attack at school. Parents could not be reached. Student had several sample inhalers in pocket and did not know how to use these. Some were steroid inhalers (prevent attacks) and one was a bronchodilator. Student did not know the difference, or how to use them. The school nurse instructed the student and the caretaker in the care needed. The school nurse followed up with a request to the parents to send the appropriate prescribed medication with student. Events like this one happen very often.

- **IMPROVE HEALTH AND TEACH TO ACCESS HEALTH CARE**

A student was having frequent seizure-like episodes in school. It was frightening to staff and other students as the child would be unresponsive. Family and student were resistant to seeing physician for this. Family also needed much education and assistance in making the appointments, understanding the medical tests, and following-up with medical referrals. School personnel needed much school nurse assistance in understanding this process and how to respond to the student. Outcome was very beneficial to the student and the family, and episodes eventually ceased. Student wrote and expressed thanks for the school nurse's help in dealing with these health concerns.

- **HEALTH EDUCATION, PEER RELATIONSHIPS**

A parent asked for the school nurse to help in talking to the entire middle school about how kids have different needs, with the hope of preventing teasing and alienation of their child who was going to get a body brace to be worn during school. The school nurse presented to this large group of adolescents about sameness, differences, braces (teeth, ankles, knees, back), and feelings. This parent expressed appreciation and the school nurse never heard of the student having any further problems with this concern.

- **INCREASE ATTENDANCE, IMPROVE HEALTH**

A student who was self-mutilating was recently discharged from the hospital, came to the school nurse's office with fresh cuts, bleeding. Because the school nurse had established a good, professional relationship and trust, this student was able to seek her help immediately. Because the school nurse knew the student well, the school nurse was able to assist the child in staying at school, consulting with the parent, and do close follow-up. The student and the school nurse were able to communicate well and work together to help the student stay in school and do well.

Senate Bill 2385

Testimony from North Dakota American Academy of Pediatrics

Dr. Todd Twogood (President)

As pediatricians of the state we value the quality of nurses and all they do for children. It would be a great benefit to have them placed within schools. The ability to triage, care for and treat children will be instrumental in the overall process of streamlining our health care systems. If we are to invest in the future of our children, this is a venture that would be one of the best benefits. It has been shown that in states that have school nurses, there is overall cost savings to health care dollars spent, because of prevention and first line treatment. We strongly support this bill.

Testimony on SB2385
Monday, January 29, 2007

Madame Chairperson Lee and members of the Human Service Committee: My name is Mary Beth Traynor. Regrettably, I cannot be here today due to a health concern; however, I am writing on behalf of the school nurses across the state of North Dakota. I have been a school nurse for 8 years. I serve 1100 students K-12 on 3 campuses. My stories are similar to those of other school nurses. Over the past 8 years, I have seen the role of nurses expand and unfold in today's schools. In times when school educators face new challenge brought on by the times and legislation such as the No Child Left Behind Act coupled with cuts in personnel and funding, the role of the school nurse has expanded beyond first aid. School nurses are no longer just putting on bandaids and taking temperatures. School nurses are part of the education team, ensuring that our children are healthy and ready to learn. School nurses are in the classroom teaching part of the health curriculum: they educate parents, students, and staff, providing necessary links to resource inside and outside the school system. Most importantly, school nurses are in the best position to identify students struggling emotionally and physically.

The National Institute of Mental Health reports that 1 out 10 adolescents suffer from mental illness severe enough to result in significant impairment. Suicide is the most serious manifestation of mental illness in teenagers. It is the third leading cause of death among 15-24 year olds. North Dakota Youth Risk Behavior Survey reports for 2005 that 15.4% of students in grades 9-12 and 14.1% of students in grades 7-8 have seriously considered suicide. These are staggering numbers; yet, we must consider that these are treatable disorders.

Who sees these students in our schools? Who is there for the families of these students? These students take a great deal of time and patience. Classroom teachers, counselors, and administrators find themselves inundated with a plethora of student issues and concerns, sometimes impairing these professionals from recognizing symptoms and discerning the correct course of action. School nurses throughout our state identify and work with these students who are in such need. Because school nurses have training in the identification of mental illness, they are fundamental to the health of these students. Their experience and connection with the health community facilitate appropriate and necessary referrals.

Often, the school nurse is the liaison between the parties involved, parents, students, healthcare providers, and staff, in the situation of a struggling student. This makes it crucial that the school nurse advises the staff as well as the parents regarding the mental health issues of students. In one of our middle schools, each student is given a yellow ribbon with their name written. Students may use this ribbon if they are experiencing difficulties with friends, daily activities, home or emotional issues. The student may give the ribbon to the school nurse, counselor, clergy, or whomever he or she feels most comfortable. Once a student gives the yellow ribbon to a staff member, discussion with that student is as immediate as possible. This practice has been beneficial in helping middle school students to start conversation with an adult who can help.

We had a student, Annie, who used her yellow ribbon. Annie talked to the school nurse about feeling sad most of the time: how she did not look forward to anything and it was hard to find anything positive in her life. The school nurse asked if she ever thought about taking her life. Annie responded, "no." The conversation continued with the nurse

discussing positive attributes that Annie had and how she did not have to feel alone. Someone was always there for her. Annie went back to class with a plan to visit the school nurse later in the week. The next morning, Annie entered the nurse's office and sat down. After a period of silence, Annie finally said, "I lied yesterday." The school nurse responded, "lied about what?" Annie was quiet again and finally said, "I do think about taking my life—all the time." The nurse asked, "Do you know how you would take your life?" (Pause) Annie replied quietly, "yes. . . I would slit my wrists with a razor." After some discussion, Annie agreed to let the nurse call her mother. Annie's mom came in crying and upset. The nurse was able to calm both and discuss a plan. Annie's parents admitted her to the hospital. After some time, she returned to school. The school nurse facilitated her transition back to school. Later in the school year, Annie returned to the same room she was in months earlier, sat down, shifted in her seat, and finally uttered, "thank you for saving my life!"

Testimony on SB2385
Monday, January 29, 2007

Same
given to
House
Education

Chairman Lee and Members of Senate Human Service Committee:

I would like to express my appreciation allowing me to present this letter on behalf SB2385 that would provide funding for nurses to be assigned to North Dakota schools, to assist in the care of students and staff. Please allow me to introduce myself, my name is Grant Benjamin, I am a Fargo Police Officer, and my current assignment is a School Resource Officer in the Fargo School District. I have been in this position for 5 years and have seen first hand the benefit of having a nurse in the school building.

In my years as a SRO, I have worked in schools with and without nurses. I have seen the great work a school nurse does with the students and how the school nurse assists the school staff. When the "Great American Smoke Out" day is upon us in November, I am guaranteed to see the school nurse in her "cigarette butt" costume promoting anti tobacco to the students. I have seen the displays of what a tongue looks like after smoking or chewing tobacco. The nurse has information for the students and the students adhere to that information more than when I put out the same information. When students see a school nurse teaching and providing information on the danger of tobacco, alcohol, or other drugs the students seem to listen to them more.

The school has a great asset with the nurse. The school nurse is a person the students will trust. The nurse has been able to provide me and other staff members with assistance in classes or when interacting with a student who has digested some substance into their system. Working with my school nurse, we had determined the need to assess if students

could be under the influence of some drug substance. Working with the Fargo Police Department and our Drug Recognition Expert training officer, Sergeant Nestler, we were able to develop a course for the school nurses to attend. This course gave the school nurses an outline and assessment plan for the nurses to use to determine if a student is possibly under the influence of a drug. This has been a great tool for the school administration and SRO'S to use when dealing with students using while in school. By the use of a school nurse, the assessment can cover areas they are already trained in, such as pupil dilation, muscle coordination and strength, skin temperature, and taking the students vital signs. Coming from a school nurse, parents are more apt to comply with the findings than a lay person conducting the same tests.

During the 2005 – 2006 school year, while working in a school assigned a school nurse, the school administration and I were informed of several students that appeared to be acting peculiar and possibly under the influence of a illegal substance. While the school principals and I were interviewing the students, we too, felt the students were acting peculiar. Utilizing our school nurse and her training, we were able to detect possible illegal drug usage by the students. When talking with the parents, the tests performed by the school nurse were more credible due to the school nurses profession.

I have also worked in schools, where due to budget cuts, there is no nurse. I have been present and assisted when students have been injured or suffered a concussion during the day. This is a very nerve racking experience by all. Staff and students were very anxious during the time we were treating the injured student. In the same situation where a school

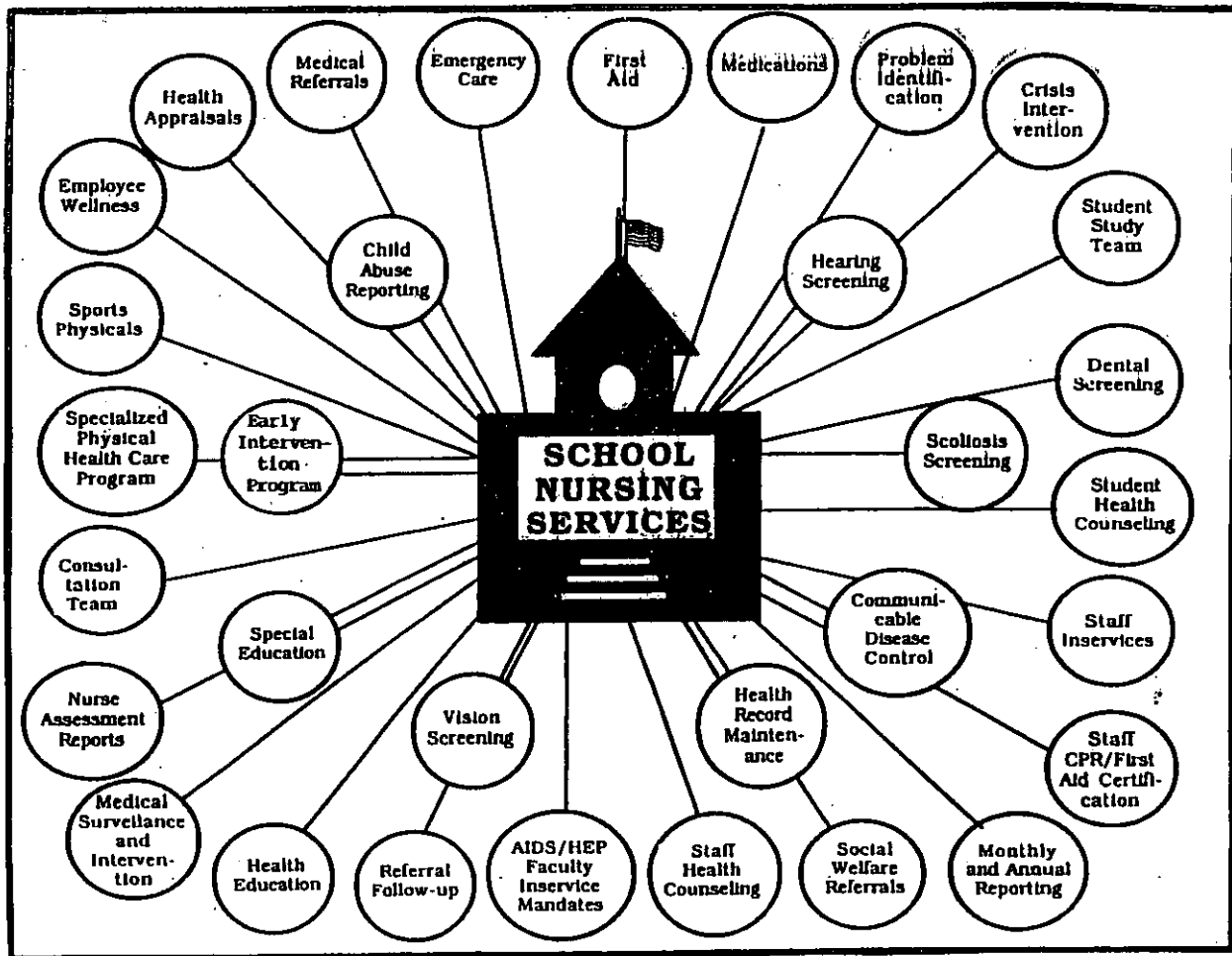
nurse, nurse, is present, the anxiety level is much lower. In the school with no nurse, I was able to assist as was another teacher who is EMS trained. I would dare to think of a school with no nurse, no SRO, or teacher trained to handle emergencies that can arise in a school. Another area where a school nurse is invaluable is the dispensing of prescribed medications to students. When the nurse follows the medication policy and has the knowledge and expertise in the medical field, this ensures the medications are given per policy and prescription.

I can not stress enough the benefit a school receives from having a school nurse in the building. The benefit is not just from a nurse dispensing pills or putting a band-aid on a student. The benefit comes from the vast experience the nurse has in the medical field and passes on that experience and knowledge to the students, teachers, administrators, SRO'S and parents. I am hoping that you will find a way to fund the nurse programs through out North Dakota and allow all school districts this fantastic resource.

I will answer any questions you may have; I can be reached at 701-730-8882

SB 2385

Attachment # 8



Attendance

School nurse statistics prove that school nurses improve attendance. In the 2005-2006 school year 91.3% of students returned to class after a routine school nurse office visit.

School administrator's state October 2006:

Carl Ben Eielson Middle School:

"Most often students need someone to look at them and reassure them that they will be ok. Our nurse (Clydine Fey) remains positive with all students, students feel safe going to her."

Brad Larson
Principal

Ben Franklin Middle School:

"Having a school nurse definitely helps with student attendance. Our nurse [Tracy Huebner] is able to keep kids in school, verify their symptoms and provide parents with feed back."

Oak Reile
Assistant Principal

Discovery Middle School:

"It is a well known fact that academic achievement and school attendance go hand and hand. It's hard to learn if you are not present to receive the instructional guidance provided through the classroom. Our school nurse plays a vital role in discouraging excessive absences. With her expertise, she determines if students really are ill or just avoiding something at school. She helps identify when an ongoing health problem needs a physician's attention, or when it is something that can be addressed at home."

Linda Davis
Principal

South High School:

The school nurse at South High School is a valuable resource. Students and faculty utilize the nurse for personal and daily health concerns. If a student becomes ill at school, he/she is referred to the nurse for an evaluation. Often, the result of the visit is to return to class. If this is not the case, parents are notified of the recommendation or decision by the school nurse.

Also, to have the school nurse in the building to address emergency medical situations has been invaluable. In addition, the school nurse's role in the school district's emergency response plan has been determined.

The school nurse is an important resource for students and staff. It would be unfortunate if this position would be removed or reduced at South High.

Todd Bertsch
Principal



Fargo Public Schools

Fargo North High School

801 17th Avenue N, Fargo, ND 58102
Office 701-446-2400 Fax 701-446-2799

Andy Dahlen, Principal, 446-2404

Gary Mailloux, Asst. Prin./Ath. Dir., 446-2407

Kathy Cieslak, Asst. Prin., 446-2406

Dale Miller, Asst. Prin., 446-2499

To Whom It May Concern:

I am writing today in support of the Becky Pederson, the school nurse at North High School. I can honestly say that since she has been on staff, our attendance has definitely improved. If a student feels ill, he/she must go to Becky for a quick check over. If Becky deems it necessary for him/her to leave, the parent is contacted and the student is able to leave. If Becky feels the student can return to class, there is no fever, etc., the student returns to class. By having Becky as our nurse it has become much help the students who really need help and send those students back to class if they just need a little attention.

Becky has been a great asset to our school. She is kind, compassionate and caring. We are lucky to have her here!

Sincerely,

Kathy Cieslak

Asst. principal

Drug and Tobacco Education/Prevention

In the fall of 2001 school nurses began to take an active role in tobacco prevention and education. School nurses became certified instructors for the smoking cessation program "Not on Tobacco" [NOT]. This smoking cessation program was approved by the North Dakota Athletic Association for middle and high school students who voluntarily want to stop smoking. The school nurses in rural Cass county also have been certified and teach "Know your Body" which is an approved curriculum which focuses on prevention. School nurses visit classrooms and set up informational displays for students throughout the school year to educate about the adverse affects tobacco has on personal health and the health of our community. School nurses work with school administrators and the school resource officers' to help monitor students for drug use. A Questionable Substance assessment form was developed, with the help of Fargo Police, to aid in this process.

Fargo Cass Public Health
QUESTIONABLE SUBSTANCE USE HEALTH ASSESSMENT

Name of Student _____

Date and time of visit _____

Reason for visit _____

VITAL SIGNS _____ BP _____ Temperature _____ Pulse _____ Regular Irregular _____ Respiration Regular Irregular	LEVEL OF CONSCIOUSNESS _____ Alert _____ Oriented _____ Confused _____ Stupor SPEECH _____ Clear _____ Yelling _____ Rambling _____ Slurred _____ Talkative	NOSE _____ Normal _____ Septal Perforation _____ Rhinorrhea _____ Residue _____ Mucosal Color _____
PUPILS <u>Right Eye</u> _____ Normal _____ Constricted _____ Dilated _____ Size in mm _____ Reactive _____ Slowed _____ Non-reactive _____ Convergence <u>Sclera</u> _____ Clear _____ Reddened _____ Glossy Horizontal Gaze Nystagmus _____ Yes _____ No Vertical Nystagmus _____ Yes _____ No <u>Left Eye</u> _____ Normal _____ Constricted _____ Dilated _____ Size in mm _____ Reactive _____ Slowed _____ Non-reactive _____ Convergence <u>Sclera</u> _____ Clear _____ Reddened _____ Glossy Horizontal Gaze Nystagmus _____ Yes _____ No Vertical Nystagmus _____ Yes _____ No		MOUTH / LIPS <u>Mouth</u> _____ Normal _____ Odor _____ Mucosal Color _____ <u>Lips</u> _____ Raw _____ Dry _____ Cracked
SKIN _____ Normal _____ Punctures _____ Scars _____ Lacerations _____ Bruises _____ Color Pale Flushed _____ Sweaty _____ Cool to touch Fingertips Burns Red	PHYSICAL APPEARANCE _____ Neat _____ Disheveled _____ Clean _____ Unclean _____ Odor of substance _____ Tremors COORDINATION _____ Walk a straight line _____ Finger to nose (eyes open) _____ Touch toes _____ Romberg Sign (positive or negative)	MUSCLE STRENGTH <u>Right and Left Arms</u> _____ Equal strength _____ Unequal strength <u>Right and Left Legs</u> _____ Equal strength _____ Unequal strength
THOUGHT PROCESS (Evaluate this during the general assessment screening) _____ Focused _____ Excited _____ Wandering _____ Delusions _____ Paranoia _____ Flat Affect _____ Hallucinations _____ Increased Alertness _____ Decreased Alertness _____ Incomplete sentences _____ Inappropriate words _____ Poor perception of time and distance		
BEHAVIOR _____ Anxious _____ Depressed _____ Hyperactive _____ Euphoric _____ Belligerent _____ Irritable _____ Sleepy _____ Dazed _____ Restless _____ No eye contact _____ Lethargy _____ Increased Appetite _____ Decreased Appetite _____ Breakdown of inhibitions		
ASSESSMENT/PLAN _____ Not impaired _____ Questionable _____ Impaired _____ Return to class _____ Urgent Medical care/EMS called _____ Parent/Guardian called _____ Administration referral _____ Guidance referral _____ Other referral _____		

Comments

Nurse Signature _____

Headaches and Stomachaches

Students see the school nurse for many reasons during their school day, but headaches and stomachaches represented 39% of the school nurse visits in the 2005-2006 and 45% in 2004-2005 school years. Through the assessment process the school nurse finds out the cause for these headaches and stomachaches, which may vary from simple to complex reasons. Hunger, not enough sleep, emotional upset, family problems, vision problems, medication interaction, chronic migraines, acid reflex, needing time to use the rest room, misuse of medications or not taking prescribed medications, chronic disease or cold or flu symptoms are just a few examples for the possible cause of these ailments. The professional school nurse does not just give students a Tylenol and send them back to class. The school nurse does an assessment and provides interventions to help students' achieve healthier outcomes and better school attendance.

Migraine Management

Headache Diary

Date _____

Hours of sleep last

Quality of

Night _____

Sleep _____

Medication(s) taken _____

	Excellent	Very Good	Good	Fair	Poor
My health today	1	2	3	4	5

What activity did I do today: sports, work, fun, exercise, other

What activity did I have to eliminate due to my physical health: sports, work, fun, exercise, other _____

	None	Mild	Moderate	Severe
Headache rating	0	1	2	3

How long did the pain last? _____

Method of relief? _____

Location of pain _____

Description of pain _____

Symptoms associated with headache _____

What has the weather pattern been? _____

My feelings today were	Happy Energetic	Little Uptight Nervous	Downhearted Worried or Blue	Tired No Energy	Hopeless Helpless
	1	2	3	4	5

Things I did, ate, or drank that weren't good for me _____

Arguments I had _____

Unexpected events that happened to me _____

Worries or fears _____

Accomplishments _____

Something I will do tomorrow that will be a little different _____

Medication

Students are required to take medications at school for many reasons. The Fargo School District has a very specific policy that deals with the administration of medications at school.

Administering medications, especially controlled substances like Ritalin, may have physical as well legal ramifications. The school nurse has the knowledge and expertise to administer medications following the strict medication policy, complying with health care providers and parents orders and to ensure the safety of the students. In the 2005-2006 school year 21% of routine school nurse office visits were for medication administration.

REFERRALS

In 2005-06 Fargo Public School nurses had office visits by students that totaled 46,779 visits. Of these 46,779 visits 42,639 students were returned to the classroom after treatment/assessment/care.

Referrals to other professionals totaled 893 students.

Referrals can range from public health service referrals to referral for questionable strep throat, fractured bones, vision concerns, etc. Nurses also do follow up on students without health insurance or incomplete immunizations. Immunization compliance reports are sent to the state annually.

Health Referral Follow-up

My child _____

Was seen by a doctor for _____

_____ Treatment was needed

_____ Treatment was not needed

Parent _____

Chronic Diseases

School Nurses deal with several chronic diseases such as:

Allergies

Asthma

Diabetes

Mental Health Concerns/Issues

Seizure Disorders

Emergency Care Plans are encouraged for students who have chronic diseases, so each student has a written individualized care plan and ROI's (release of information) signed by parents. The ROI allows teachers to be informed of the diagnosis and care needed for that student. This also allows school nurses to collaborate care with health care providers in the community.

EMERGENCY CARE PLAN

STUDENT: _____ DATE: _____
GRADE: _____ DATE OF BIRTH: _____ SCHOOL: _____
PREFERRED HOSPITAL IN CASE OF EMERGENCY: _____
PARENT/GUARDIAN _____ PHONE: _____ (H)
_____ (W)
PHYSICIAN SIGNATURE: _____ PHONE: _____

MEDICAL CONDITION: _____
USUAL TREATMENT: _____

SIGNS OF EMERGENCY: _____

ACTIONS FOR THE TEACHER TO TAKE: _____

IF AN EMERGENCY OCCURS:

- * If the emergency is life-threatening, immediately call "911".
 - a. State who you are.
 - b. State where you are.
 - c. State problem.
- * Stay with student or designate another adult to do so.
- * Call or designate someone to call the principal.
- * The following staff members are trained to deal with an emergency and to initiate the appropriate procedures:

I approve of the above Emergency Care Plan and request school personnel to follow the above Emergency Care Plan in the event of an emergency involving my child. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of this Emergency Care Plan. I further agree that the school personnel or nurse may contact the prescriber as needed and that medical information may be shared with school personnel who need to know.

In consideration of this authorization made at our request, the undersigned agrees to indemnify, defend, and save harmless the Board of Education, the individual members thereof and any officials or employees involved in the rendering of care in accord with the above Emergency Care Plan from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of care in accord with the above Emergency Care Plan.

PARENT: _____ DATE _____

USE OF THE EPI-PEN FOR SEVERE ALLERGIC REACTION

Allergic reactions can happen at any time and can range from very mild to life threatening. The "Epi-Pen" contains epinephrine in a premixed dosage. Epinephrine is the medication treatment of choice for severe allergic emergencies (anaphylactic reactions). Epinephrine quickly constricts blood vessels, relaxes smooth muscles in the lungs improving breathing, stimulates the heartbeat, and works to reverse hives and swelling around the face and lips. Severe allergic reactions, occurring seconds or minutes after exposure, are responses to a foreign protein from a variety of sources: food (especially nuts, eggs, additives), medication (penicillin), pollen, insect stings (bees, wasps, hornets) or to exercise.

SYMPTOMS OF A SEVERE ALLERGIC REACTION

- | | |
|---|--|
| * Dizziness, faintness | * Swelling of the face, tongue and/or lips |
| * Flushing of face, chest, etc. | * Irritability |
| * Tightness of throat and chest | * Seizures |
| * Hard to find or weak pulse (circulatory collapse) | * Loss of consciousness |
| * Breathing difficulty, wheezing or both/ bluish color to the skin (cyanosis) | |
- * If you are not sure, but the individual seems uncomfortable or in distress -- use the "Epi-Pen".
- * It is safer to use the "Epi-Pen" than to wait.
- =====

EPI-PEN PROCEDURE

1. Have someone else call 911, and to notify parents.
 2. Check the Epi-Pen solution color.
 - The color must be clear to use.
 3. Remove the gray safety cap from the Epi-Pen.
 4. Hold the Epi-Pen with the black tip against the front side area of the thigh muscle.
 - Refer to the picture on the Epi-Pen.
 - The *only* area where the Epi-Pen is to be used...front side area of the thigh muscle.
 - If accidentally injected into a hand or foot, go immediately to the emergency department.
 5. Apply moderate pressure to hear the "click" and then hold for 10 seconds.
 - Pushing the Epi-Pen against the thigh releases a spring activated plunger, pushing the concealed needle into the thigh muscle and delivering a dose of epinephrine.
 6. Remove the Epi-Pen and Massage the site (to prevent tissue damage).
 7. If necessary, the Epi-Pen can be used directly through clothing.
 8. Be prepared to begin C.P.R.
 9. Stay with the individual, keeping warm and resting until emergency medical help arrives.
 10. Send the Epi-Pen along with the E.M.T's.
 11. Make sure the parent(s)/guardian has been called.
 12. The effects of the injection wear off after 10-20 minutes. **Symptoms can recur.**
 13. After the injection, the individual may feel a more rapid heart beat, nervousness, and headache.
 14. Notify the School Nurse (if not present) & complete an accident card.
- =====

Ben Franklin
Middle School



1420 North 8th Street
Fargo, ND 58102
701.446.3600
Fax: 701.446.3899
www.fargo.k12.nd.us

John Nelson
Principal

Shane Martin
Assistant Principal

Oak Relle
Assistant Principal

Dear Parent /Guardian,

We plan to start the Diabetic discussion group again for 2006-2007. These meetings will be at North High and Ben Franklin. We will meet monthly for about an hour to discuss and learn more about living as a teen with diabetes. We will hear from guest speakers and have our own discussions. The FM Cosmopolitan Club has diabetes education as their local and national philanthropy and so, again, they have donated funds to purchase meals and beverages for some of the meetings.

I will let your student's teachers know of the meeting dates and times so that they will be excused, not marked absent. We vary the times so that they do not miss the same class too often. The first meeting will be Wednesday October 18th at 10:40 AM at North High.

Myself or a principal will transport your student to and from the site where the meetings are held. I do need your permission to do this so if you would please sign and return the enclosed permission statement I would appreciate it. If you ever have questions or concerns please call me at:

Ben Franklin Jr High #446-36

Sincerely,

Ben Franklin School Nurse

Please sign below and send to

Diabetic Discussion Group.
This is a support and educational
group for students with diabetes..
It is run by the school nurses at
Ben Franklin Middle School and
Fargo North High School

I give permission for my child _____
(Student's name)
to attend Diabetic Discussion Group.

I give permission to _____, a Ben Franklin
Principal or other designated personal to transport my child to the
diabetic discussion group meetings.

(Parent signature)

(date)

CPR/AED

School nurses are trained in the life saving skill of CPR. School personnel are not required in most schools to be trained in CPR. The Automatic External Defibrillator (AED) has been placed in many schools and in the community to assist in saving lives. School nurses have also been trained to use AED's.

School Nurses save lives!

The School Nurse assesses and cares for students with injuries and head injuries and determines if further medical care is needed. These forms are two examples of information the school nurse gathers in the care of the student. These forms become part of the student's permanent file.

STUDENT ACCIDENT REPORT

STUDENT INJURED: _____ GRADE: _____

DATE OF ACCIDENT: _____ TIME: _____

DATE OF THIS REPORT: _____

PLACE OF ACCIDENT (BE SPECIFIC): _____

CAUSE OF ACCIDENT: _____

ACCIDENT OCCURRED:

_____ DURING REGULAR SCHOOL SESSION _____ ENROUTE TO/FROM SCHOOL

_____ DURING SCHOOL-SPONSORED ACTIVITY _____ OTHER

NATURE OF INJURY: _____

UNDER WHOSE SUPERVISION? NAME: _____ DEPT. _____

WERE PARENTS CONTACTED? BY WHOM? _____

WAS A DOCTOR TO BE SEEN LATER? _____

CARE PROVIDED BY: _____

SIGNATURE OF ADMINISTRATOR: _____

SCHOOL: _____

Immunizations

North Dakota State law requires that all students entering school must have their immunizations current and on record at the school they are attending. School nurses play a vital role with compliance to this law. Every fall school nurses check student's immunization records, notify parents if immunizations are not complete and prepare a state required immunization report to the North Dakota Department of Health. School nurses also set up immunization clinics for 7th grade students to receive the Tetanus Diphtheria Pertussis (whooping cough) booster. Previously from 1993 to 2005 three Hepatitis B immunizations were offered to 7 graders. School nurses offer flu shots to all staff each fall as available.



NORTH DAKOTA
DEPARTMENT of HEALTH

School Immunization Requirements
2006-07 School Year

Immunizations Required

Vaccine Type	Minimum Number of Doses Required Per Grade	
	Kindergarten-Grade 6	Grades 7-12
DTaP/DTP/DT/Td	4 or more*	4 or more*
IPV/OPV	4 [†]	4 [†]
MMR	2	2 [¶]
Chickenpox (Varicella)	1 [#]	
Hepatitis B	3 [£]	

- * One dose must have been given on or after the 4th birthday. Three doses Td required for children age 7 or older not previously vaccinated.
- † **In all IPV or all OPV schedule:** If the third dose was given on or after the 4th birthday, the fourth dose is not required. If a child has received a total of four doses of any combination of OPV and IPV at least four weeks apart, he (she) is considered adequately immunized against polio.
- ¶ Two doses of MMR given on or after the first birthday at least four weeks apart are required for children who entered kindergarten or first grade in the 1992-93 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., **for the 2006-07 school year, two doses of MMR are required of children attending kindergarten through grade twelve.**
- # Chickenpox (Varicella) vaccine will be required for entrance into kindergarten, effective with the 2004-2005 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., **for the 2006-07 school year, one dose of chickenpox vaccine is required of children attending kindergarten through second grade.** If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.
- £ Three doses of hepatitis B vaccine will be required for entrance into kindergarten, effective with the 2000-01 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., **for the 2006-07 school year, three doses of hepatitis B vaccine is required of children attending kindergarten through sixth grade.**

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Philosophical, Moral or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by the parent or guardian or physician stating that the child has a reliable history of chickenpox disease.

Emergency and Disaster Team

The Fargo School District has developed an emergency response plan which deals with inclement weather, terrorism, school intruders etc. In an emergency situation it is imperative that all personnel know their roles and responsibilities. The school nurse is responsible for maintaining health medical records, for necessary medications and to begin triage and care for any injured student and/or staff. School nurses have received training for disasters ND emergencies called "National Incident Management Systems" (NIMS) which is a program from the office of Homeland Security.

Health Screenings

The State of North Dakota does not mandate any form of health screenings for our students. Cass county school nurses provide vision and scoliosis screenings.

Vision

In 2005-2006 school year, 7,501 students were screened for vision with 505 referrals made. A total of 285 or 56.4% completed follow up with health care providers.

Problems with vision has been linked to frequent headaches and poor learning!

Scoliosis

Sixth grade girls and 8 grade boys and girls are screened for scoliosis for total of 1,502 students in 2005-2006 school year. Thirty nine were referred with 20 completing follow up with health care providers. One in 10 persons has scoliosis, a 30 second screening between the ages 10-14 can make a lifetime of difference!

Health Insurance

It is our goal that every child in North Dakota, newborn to 18 years old, has access to health insurance. North Dakota's low cost/free coverage is called Healthy Steps. School nurses play an essential role in tracking students/families that may not be covered by health insurance. According to Dakota Medical Foundation, the number one referral source is school based outreach for helping families connect with health insurance. In the 2005-2006, school year school nurse's identified 600 families with no health insurance. Five hundred ninety were referred, resulting in coverage for 181 families and pending coverage for 35 families.



Example of the letter a student's family receives from the school nurse if they do not have health insurance. The school nurse follows up on these referrals throughout the school year.

September 2, 2006

Dear Parents,

Your child may be eligible for a healthcare coverage program offered at no or low-cost. I offer my assistance to you in applying for this program because, as a school nurse, I know that children without healthcare coverage don't always get the medical care they may need.

Please take a minute to let me know how I can help. We are fortunate to have programs in North Dakota that offer health coverage and that offer help with application.

I have enclosed the brochure that lists a local (toll-free) number to call with questions. You may also call me at South High School Monday through Friday 7:45 a.m. to 3:00 p.m. daily at **446-2034**. I would love to assist you.

Sincerely,

Karen Spandl, RN, BSN
South High School Nurse
Phone 446-2034
Fax 446-2200

Check the appropriate box(es) below and return to me at South High School.

- ☐ Do **not** have coverage:
- ☐ **Send** information to me
 - ☐ Do **not** want information
 - ☐ Do **not** want insurance
- ☐ **Call** me at _____
- ☐ **Have** insurance
- ☐ **Have** Medical Assistance
- ☐ **Have** Healthy Steps
- ☐ **Have** Caring Program

student's name

grade

parent/guardian signature

date

Health Promotion

School nurses excel in the area of health promotion! It is a well known theory that positive reinforcement has a greater impact on student's behavior than negative reinforcement. Certain behaviors can be targeted by keeping up with the current trends. Below is just a partial list of health promotions that have been done by school nurses.

Drinking Water Is Healthy	Anti Smoking/Tobacco
Farm Safety	Hand Washing
Personal Hygiene	Body Image
Baby Sitting	Healthy Heart
Bike Safety	Skin Care
Dental Health	Seat Belt Safety
Sun Safety	Back Pack Safety
Effects of Alcohol on Driving	

School Nurses at Discovery and Ben Franklin Middle Schools teach safety classes to 6th and 7th grade students in their FACS (Family and Consumer Science) class. We cover many safety issues, below is a sample of some of the topics we cover...

**Top 7 Causes of Death or Injury
To Young People:**

- 1) Motor Vehicle Accidents
- 2) Drowning
- 3) Fires/Burns
- 4) Suffocation/Choking
- 5) Firearms/Guns
- 6) Falls
- 7) Poisons/Poisoning



The "Great American Smoke Out" was held in the schools 11/16/06. The school nurses had educational displays showing the harmful effects of tobacco throughout Fargo schools.

At the Ben Franklin Middle School 690 students signed "Tobacco Free" pledges! This picture is of the pledges. It also shows the students actively participating in the display ... It was a great success.

This article was in the December '06 newsletter at Ben Franklin Middle School.

"Great American Smoke Out":

We celebrated the "Great American Smoke Out" Thursday November 16th.

This is a day to encourage students to remain tobacco free. It is also a day for tobacco users to quit for a day. This event started in the 1970's when a newspaper publisher challenged tobacco users in his town (Monticello MN) to stop for a day and donate the money they would have spent for tobacco to their local school. This idea caught on in Massachusetts and then in California where the American Cancer Society picked up on the idea. It has since become a national event.

We had a display in the lunchroom showing the harmful effects of tobacco. Tobacco is a major cause of lung cancer, Emphysema, Bladder cancer, Throat cancer, Mouth cancer (lip, cheek, and tongue) and is linked to heart disease, stroke and gastric ulcer. This list will lengthen as research moves on. Almost all of us have loved ones who use tobacco. If you are one of these loved ones who use tobacco, give yourself a Christmas gift and stop. There are different ways to quit, use the way that works for you. Remember, you are dearly loved and your family will thank you.

Staff Wellness

More focus has been placed on health issues for our school staff over the past few years. School nurses have been addressing staff health issues for the last 9 or 10 years. School nurses work closely with community organizations like American Heart Association, Diabetes Association, American Cancer Society, and Mental Health Organization on health related issues. School nurses take blood pressures, set up health screenings, provides informational health topics and offer consultation on a regular basis to staff. Many of our school nurses serve on the staff "Wellness Committees" that provide a wide range of health promotional opportunities for our staff.

Described on the next page is a brief summary of a successful staff wellness project.

Discovery School Wellness Project

January 2005 the Discovery School Wellness committee, chaired by the school nurse, began a walking project called "Tour de Discovery." All Discovery staff were divided into two teams. Team members signed up for walking one Friday per month in fifteen minute increments. Distance was measured by wearing a team pedometer. Teams walked January through April and the mileage was collected.

The results of the wellness project:

Team I	53 total members
	30 active walkers
	188,483 steps
	57% team participation
	94.24 miles walked

Team II	50 total members
	37 active walkers
	197,656 steps
	74% team participation
	98.83 miles walked

The principal and staff considered this to be a very successful wellness project!

Puberty Education

School nurses have been teaching puberty education to 4th grade girls and 5th and 6th grade boys and girls for fourteen years in the Fargo schools. School nurses have become a valuable resource for teachers, counselors, and administrators who may seek additional information and referral sources for students.

National Association of School Nurses [NASN]

North Dakota School Nurse Organization is proud to be active members of NASN. We joined NASN in 2002 with Dede Meidinger, from Fargo becoming our first state representative. Currently, Linda Wright from Minot represents us and attends two annual meetings per year.

By becoming NASN members, North Dakota school nurses are networking with other school nurses across the country and we are receiving new and up dated information which is relevant to the practice of school nursing. We are proud to represent North Dakota and feel that the work of the North Dakota school nurses benefits the students and families of our state!



National Association of School Nurses

WESTERN OFFICE

1416 Park Street, Suite A
Castle Rock, CO 80109
303-663-2329
303-663-0403 fax

EASTERN OFFICE

PO Box 1300
Scarborough, ME 04070
207-883-2117
207-883-2683 fax

The National Association of School Nurses

NASN's Core Purpose is to advance the delivery of professional school health services to promote optimal learning in students.

N.D.S.N.O. (North Dakota School Nurses Organization) is the school nurse organization of North Dakota. Funds for NDNSO come from member dues and fund raising done throughout the year.

North Dakota



School Nurse
Organization

Mission Statement

The mission of the North Dakota School Nurse Organization is to provide leadership, educational opportunities and networking for professional registered nurses actively involved in school nursing.

School nursing supports the educational process by contributing positively and significantly to the health, health attitudes and health behaviors of today's children and, consequently, tomorrow's adults.



North Dakota School
Nurse Organization
<http://ndsno.tripod.com>



North Dakota Department of Health
800.472.2286 (Press 1) or 701.328.4535

North Dakota School Nursing Facts



- 1. In 2004, 210 school districts served 107,564 students.**
 - About 360 school-aged children have diabetes.
 - About 11,700 school-aged children have asthma.
 - Children who have special health-care needs often require observation, education and assistance in the school environment.
 - In 10 percent of schools, a nurse distributes medication to students.
- 2. North Dakota has no state mandate or funding for school nursing. Most students in the state do not have access to a school nurse.**
 - The National Association of School Nurses recommends one nurse for every 750 students.
 - North Dakota has one nurse for every 4,717 students.
 - Minnesota has one nurse for each school district larger than 1,000 students.
 - Montana has one nurse for every 1,500 students.
 - South Dakota has one nurse for each school district with special education students.
- 3. Local public health units provide most school nursing services.**
 - All of North Dakota's 53 counties have public health nurses.
 - Currently, the time school nurses spend in the schools equals only 23.8 full-time equivalents (FTEs) for the entire state of North Dakota.

TESTIMONY ON SB 2385
SENATE HUMAN SERVICES COMMITTEE

January 29, 2007

Valerie Fischer, Director of School Health
Department of Public Instruction
328.4138

Good Morning Madam Chair and members of the committee – I am Valerie Fischer, Director of School Health for the Department of Public Instruction. I am here to speak in favor of SB 2385, which provides appropriations for school nursing services.

The Department of Public Instruction supports the efforts of the North Dakota School Nurse Organization and the Department of Health. Both have worked diligently to identify student needs and design the framework of school nursing services which allow districts and Joint Powers Agreements (JPAs) to best determine and prioritize services given the unique variances that exist across the state. The parameters of this bill support building a cohesive system which allows for local control and still meeting the needs of both students and schools.

Research supports the direct link between health and academic performance - we know healthy students make better students and better students are high achievers. We hear almost daily the concerns of administrators about increased student absenteeism, chronic health conditions, medication administration, substance abuse, and general student health habits. It is not appropriate for school staff and secretaries to be providing medical care. Given the current documented risk behaviors of North Dakota youth via the Youth Risk Behavior Survey, strengthening and expanding school health and wellness services at this time is critical. When schools address health-related concerns, they foster academic achievement and establish positive lifelong behaviors. The passage of this bill and the provision of nursing services is a giant step towards creating and obtaining high academic standards.

The Department of Public Instruction looks forward to working with the School Nurse Organization and the Department of Health. On behalf of the 103,000 school aged youth across the state, I urge your support of SB 2385. I am available to address any questions you may have.

Testimony to the Senate Human Services Committee regarding SB2385

Presented by:

Mary Kay Herrmann

Fargo Cass Public Health

January 29, 2007

Senator Lee and members of the committee, thank you for this opportunity to share with you information on the school nurse program in Fargo and Cass County schools, as one model on how nursing services can be provided through a collaborative relationship between public health and the schools. Presently Fargo Cass Public Health has a partnership between Fargo Public Schools, Central Cass Public School, Kindred Public School, Northern Cass Public School and the Dakota Medical Foundation. This is a shared funding initiative between all the organizations. 16% of the funding is Dakota Medical Foundation, 38.5% is from the public schools and 45.5% is through the health department budget. That is providing a school nurse to student ratio of approximately 1:1400.

School nurses in Fargo see students for illness, special needs, preventative health screening such as scoliosis, vision, hearing and immunizations, they provide classroom education when requested and provide student, parent, and staff consultation. The nurses refer students for medical care when health issues are identified and assist parents in finding appropriate community resources. They oversee the dispensing of medications and work with the parents, the schools and the medical providers to assure that medications are distributed safely. In Fargo the nurses partner with the school resource officers to prevent/reduce substance abuse among students, serving as the "front line" defense in addressing alcohol, drug and critical meth abuse issues in our schools. The nurses also screen students for depression and work with suicide prevention issues; deal with an increasing number of students with difficult mental health issues.

Nationally school nurses are a standard. An article out of the Health and Health Care in Schools, a report on the policies, politics and financing of health programming in schools, cited a study by researchers at the Division of Adolescent Medicine of Children's Hospital Center in Cincinnati, Ohio. The study tried to identify potentially modifiable factors that affect school connectedness. The researchers report showed that decreased school connectedness was associated with four potentially modifiable factors: declining health status, increasing school nurse visits, cigarette use, and lack of extracurricular involvement. The nurse factor may be especially important, the researcher concluded. Students at highest risk of school disconnectedness often perceived themselves as being in poor health, and that probably causes them to make frequent visits to the school nurse, which in turn makes the nurse "an excellent resource for identifying disconnected youth."

Parents are ultimately responsible for their students health, however at times some parents are unaware of their child's health related issues and are unaware of the services available to them. Nurses make referrals for health care, dental care, mental health services, social services, the children's health insurance program, and to many other community resources. All referrals are made in coordination with the parent if one is available.

Parent involvement is key to a successful school nurse program. In the Fargo Public Schools a Health Services Committee was established to provide oversight and policy recommendation to the school health services program. The Health Services Committee is made up of school administration, teachers, school secretaries, school board members, PTA representation, and school nurses.

The school environment has changed over the last decade and the need and demand for nursing services on site at the school continues to grow. By allocating funding for school health programs, current programs such as what we are doing in Fargo and Cass county can be enhanced and places in the state with no programs in place will be allowed to provide this basic service.

Teachers say one of the greatest problems they see today is poor health of students. Children need to be healthy to learn and they need to learn to be healthy. Public Health Departments in collaboration with schools can make that happen. Public Health Departments across the state have established relationships in addressing the needs of students.

As a Public Health Department, we feel that this partnership with schools benefits the health of our students and the health of our community. When children enter our schools they continue to be part of the community and when they leave our schools for the day they are still students. It is a truly a partnership in enhancing public health in our community.

SB2385 allows for public health, another agency to partner with schools, or the school itself to provide school nursing services. Each school and community can make that choice as to which works better in their particular setting.

Attached is a summary of information on the school nursing programs that the Dakota Medical Foundation has been funding over the past five years.



DAKOTA MEDICAL FOUNDATION MODEL SCHOOL NURSE PROGRAM OUTCOMES SUMMARY

1/07

History

In April 2002, Dakota Medical Foundation, Fargo, ND, approved \$1.3 million in grants to fund a five-year model school nurse initiative. Program participants include **Cass County Schools-Fargo/Kindred/Central Cass/Oak Grove/Northern Cass** (through Fargo Cass Public Health), **Fargo Catholic Schools Network** and **Grand Forks Public Schools**. Funding expanded school nursing services in Grand Forks, providing nurse staff at elementary schools; additional nurses were added at Fargo Catholic and Cass County Schools to reduce the nurse:student ratio. Funding for 100% of program expansion costs was provided in years one, two and three. It was the intent of the Foundation, through this initiative, to demonstrate the value of these school nursing programs. Thus, funding was reduced by 25% in year four and 50% in year five. By year five, recognizing the impact and value of school nursing services, all three school systems funded the remaining 50% of the programs.

Program goals demonstrating the impact and value of school nursing programs:

1. Decrease health-related absenteeism.
2. Improve access to community health sources.
3. Early identification, referral, and follow-up for unresolved health problems; determine compliance rate for follow-up health screening referrals.
4. Implement school-wide disease prevention and health promotion campaign.
5. Improve student access to basic health services at school.

Outcomes to-date:

We find that the role of school nurses has dramatically changed over the past few years. In addition to the daily routine of bandaging wounds, administering medications and attending to ill children and staff, school nurses today:

- **Partner with police departments to prevent/reduce substance abuse among students, serving as the "front line" defense in addressing alcohol, drug and critical meth abuse issues in our schools**
- **Screen students for depression and work with suicide prevention issues; deal with an increasing number of students with difficult mental health issues**

•**Work closely with students who have chronic health issues such as asthma, seizures and diabetes; serve as a liaison between the student, parent and teacher in managing the student's chronic disease**

•**Identify uninsured students and educate families about existing free/low cost health coverage programs for children.**

-In the 2005-2006 school year, 16,530 students were screened for health insurance coverage

*4% were uninsured

*98% of the uninsured were referred to a coverage program

*30% of referred students completed follow-up with an outside health provider

•**Serve as a point of early identification for student health issues; provide referral to outside healthcare providers and monitor follow-up compliance.**

-767 referrals were made in 2005-2006 to outside healthcare providers

*65% of those referred completed the follow-up process, as

reported by school nurses who monitored follow-up and resolution of student health issues

•**Provide significant primary health education to students, teachers and parents**

-In the 2005-2006 school year, at the **three** program sites, school nurses provided **108,627 students and 138,829 adults** with **critical health education** information including handwashing, disease management and prevention, substance abuse prevention and lifestyle nutrition/physical activity.

•**Assist in providing services to children with special needs**

•**Monitor student immunization compliance**

-Current compliance rate: 97%

In the 2005-2006 school year at the three pilot sites:

•**19,852 hours of school nurse services provided**

-75% - hands-on nursing services

-15% - medication administration

-10% - administrative duties

•**100,436 nurse office visits were recorded**

-57%-secondary students, 41% elementary, and 2% adult (school staff)

•**92% of the students returned to class following a school nurse visit vs. 83% in the school nurse's absence**

•**Approximately 50% of student absences are due to illness**

•**16,530 students received health screenings including scoliosis, vision and blood pressure**

Fall 2005 to Spring 2006 School Year

# of Schools	Grade Level	Total # Screened	Total # Referred	Total # Referrals Returned	# Classes Prescribed
16	Headstart	204	43	4	5
73	Kindergarten	1,420	139	11	12
89	1	1609	263	31	24
78	2	1309	947	19	25
91	3	1,483	271	45	27
76	4	1361	177	16	33
85	5	1851	225	34	31
55	6	1,107	100	54	21
24	7	350	154	5	2
36	8	107	89	10	16
3	9	801	4	0	1
1	2	0	0	0	0
	11				
	12				
1	K, 1, 3, 5	66	6		
1	K to 4	141	15	3	2
4	Preschool to 6	1097	172	25	18
2	K to 8	50	1		
2	6 to 8	212	22	1	
1	1 to 5	115	3	1	1
3	1, 3, 5	122	10	1	
4	1 to 11	234	7	1	0
1	10	1	0	0	
20	K, 3, 6	2491	185	58	37
1	K to 12	7	3	0	0
1	1, 3, 5, 6	52	8		
1	7, 9, 11	102	4	0	0
1	3, 4, 5	4	0	0	0
8	K, 1, 3, 5, 7, 9	693	73	9	7
3	K-6	518	32	14	14
681		17507	2953	342	276

Total

January 29, 2007

SENATE HUMAN SERVICES COMMITTEE
SB 2385

SENATOR LEE AND COMMITTEE MEMBERS:

My name is Caitlin McDonald. I am appearing today on behalf of the State Association of Non-Public Schools (SANS). We strongly support SB 2385 and urge a do pass with the amendment we are offering at the bottom of my testimony.

This bill, with our amendments, will extend the grants to purchase the much-needed nursing services to the state's 82 non-public schools. These services can make a major impact on the health and safety of all students, not only while in school, but for the rest of their lives.

Last year there were 6,510 North Dakota students enrolled in non-public schools – 4,884 in grades K-8, and 1,626 in grades 9-12.

If our schools can comply with the legal requirements and can provide the matching funds for the grants, then we respectfully request that you allow them to apply for these grants.

This program is not supporting non-public schools and we do not believe it raises constitutional questions concerning the separation of church and state. This is merely providing health and safety accommodations to North Dakota students.

If you have any questions, I will be happy to try to answer them. THANK YOU FOR YOUR TIME AND CONSIDERATION.

PROPOSED AMENDMENT TO SB 2385

On page 1, line 1, after "district" insert "or non-public school"

On page 1, line 7, after "district" insert "or non-public school"

On page 1, page 9, after "district" insert "or non-public school"

On page 1, page 21, after "district" insert "or non-public school"

On page 1, page 22, after "district" insert "or non-public school"

Renumber accordingly.

TESTIMONY IN SUPPORT OF SB 2385
Senate Human Services Committee
Senator Judy Lee Chairman
January 29, 2007

Good Morning Senator Lee and Members of the Senate Human Services Committee:

I am Vivian I Schafer representing The North Dakota Children's Caucus in support of SB2385 which provides school nurses through a grant program.

This bill is very much in the best interest of the child.

I think we would be quite surprised how many children's school bags, not only contain books and home work, but medications and medical apparatus for chronic health conditions. These medications and etc are vital for the child to be able to function at a high academic level throughout the school day.

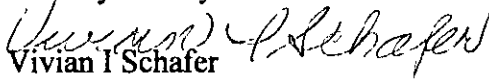
We would also be surprised how many of these medications and services are usually given by the school secretary and even given by the janitor at busy times in the day. I think these staff workers do the very best they can but this practice in my opinion can certainly become a school liability issue,

Having a school nurse gives peace of mind to the parent that these medications and services are being safely provided by a medical professional. This allows the working parent to perform his/her work without worry.

Having a school nurse will allow our highly qualified teachers to do what they have been trained to do and to do what they do best without interruption "TEACH".

As you are aware this is not the first time we have tried to place school nurses back into our schools. We realize that it is not the concept of school nurses that has defeated our attempt. IT IS A MONEY ISSUE. Therefore, I hope that you can find a way to make SB2385 work towards building a school nurse program in our state. This will give those school districts, who realize their responsibility to their students is to provide a safe and healthy environment, the opportunity to reach that goal.

Thank you for your attention to this issue.


Vivian I Schafer
ND Children's Caucus

Testimony

Senate Bill 2385

Senate Human Services Committee

Monday, January 29, 2007; 10:30 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the Senate Human Services Committee. My name is Becky Bailey, and I am the child and adolescent nurse consultant for the North Dakota Department of Health's Division of Family Health. I am here to provide information about school nursing services.

The school environment has changed significantly over the past few decades. Increasing numbers of children who have special health-care needs related to illnesses such as asthma, cancer, cerebral palsy, cystic fibrosis, diabetes and muscular dystrophy attend school regularly. These children require careful attention to ensure optimal health outcomes. Teachers, secretaries and other school staff often provide health services to these children. Although school personnel can be taught to respond to routine health issues, professional health judgment and assessment skills are needed to adequately respond to children who have special health-care needs. In addition, performing these tasks takes time away from student education.

The behavior problems and risk-taking behaviors of children and adolescents also continue to be major sources of public concern. Risk-taking behaviors such as fighting, substance abuse, suicide and sexual activity have harmful, even deadly consequences.

School nurses are the main component in a school nursing service program. They have the education, training and expertise to partner with children, families, school staff and the community to safeguard children's health in the school setting.

The National Association of School Nurses recommends minimum ratios of nurses to students depending on the needs of the student populations: 1 to 750 for students in the general population; 1 to 225 in the student populations that may require daily professional school nursing services or interventions; 1 to 125 in student populations with complex health care needs; and possibly as much as 1 to 1 for individual students who require daily and continuous professional nursing services.

According to the 2004-2005 North Dakota School Nursing Services Survey, there is one nurse for every 3,527 students in North Dakota.

There is a growing awareness of the important link between health and education. Children need to be healthy to learn, and they must learn to be healthy. The purpose of school nursing is to support the educational process by contributing positively to the health, health attitudes, and behavior of today's child and tomorrow's adult. School nursing services can advance health and wellness by providing a wide range of health-related activities driven by the needs of individual schools and communities.

This concludes my testimony. I am happy to answer any questions you may have.

HB 2385
28 Feb 07
✓

SB 2385

Madam Chair, members of the House Education Committee, for the record I am Tom Fischer, State Senator, District 46, Fargo.

I am before you today to introduce and ask for your support of Senate Bill 2385.

I have been involved for the past two years with the process to bring this school nurse bill before you. Many hours of discussion have taken place among this group of dedicated nurses to bring us to this point. I also have some amendments for your consideration that have been offered to enhance the implementation of this legislation.

I will trust the committee's infinite wisdom whether or not they are adopted.

This legislation is designed in a way to promote, not mandate school nursing programs through school districts and their partners applying for a 50-50 match with the state to start a program for school nurses.

I would like to bring a couple of things to your attention,
Madam Chair.

During this session we will be spending the following amount
of money on these programs and agencies.

DHS – Caring for people of all ages	1.6 billion
Higher Education – Education of young adults	800 million+
K-12 Education – Education of children	700 million
Corrections – Jailing people who harm children	200 million
Highway Patrol – Apprehending dangerous offenders	39 million

Corrections – jailing sexual predators (State Hosp) DHS - \$\$\$\$
(we have gone from 19- 54 in civil commitments @100K)

Madam Chair, we are here today to ask for 1 million to protect
the children of ND against some of these so they can enjoy
others and I ask that you support SB 2385

Madam chair, the nurses and others are here today to present
their hard work to you and your committee. I would ask for
your support and with that I will turn the podium over to those
who have waited a long time for this moment.

Thank you

SB 2385
28 Feb 07

Testimony on SB2385
House Education Committee
February 28, 2007

Good Morning Chairwoman Kelsch, Vice Chairwoman Meier and members of the House Education Committee.

My name is Linda Wright and I am a member of the Executive Committee of the North Dakota School Nurse Organization. I also serve on the board of directors of the National Association of School Nurses.

I am here on behalf of the children of the state of North Dakota and their health needs. The role of the school nurse has changed dramatically over the past few years. Health problems that we used to see in hospitals are now seen in the school setting. Children come to school with cancer. Children come to school needing tube feedings. Children come to school needing breathing treatments every two hours. Children come to school with a small needle under the skin and attached to a thin tube that is attached to a pump that continuously puts insulin into their body. Children come to school with severe life threatening allergies to things as common as peanut butter or milk. Children come to school with mental health diagnosis formerly reserved for adults. School nurses have the education, expertise and experience to safely manage these problems. School nurses today are essential members of the educational team in the areas of substance abuse prevention, disaster management planning, wellness policy development and much more. The North Dakota School Nurse Organization is requesting \$1,000,000 to expand school nursing services to more of North Dakota's children.

The National Association of School Nurses (NASN) recommends 1 school nurse for every 750 students. North Dakota currently has one nurse for every 3,527 students.

Montana, Minnesota and South Dakota have one school nurse for every 1300 to 1400 students. Wyoming has one school nurse for every 586 students.

Healthy kids make better learners. You know it's true. Your grand mother knew it was true and now we have research to prove it. School nurses promote academic success.

School nurses increase graduation rates. School nurses decrease absenteeism. Increased attendance leads to improved performance. More students return to class after being seen by the nurse than when they see the secretary for health concerns.

Minot State University nursing students recently conducted a windshield survey to obtain information regarding public perception of school nursing. One of the survey questions was in regard to state legislature funding of school nursing. Eight-eight percent of the respondents said yes, they would support the state legislature funding school nursing.

You are going to hear testimony from people with different backgrounds, but they have one thing in common. They believe that the children of North Dakota will benefit physically, socially and academically from having access to the services of a school nurse. When the vote is called for, I sincerely hope you will be able to give your "aye", "yes", "do pass" and "green light" to SB2385.

Linda Wright, RN, BSN, NCSN
9111 18 Ave. NW
Maxbass, North Dakota 58760
linda.wright@sendit.nodak.edu



Madame Chairperson Kelsch and members of the House Education Committee - my name is Mary Beth Traynor. Regrettably, I cannot be there today due to a health concern.

However, I am writing on behalf of the school nurses across the state of North Dakota. I have been a school nurse for 8 years. I serve 1100 students K-12 on 3 campuses.

My stories are similar to those of other school nurses. Over the past 8 years, I have seen the role of nurses expand and unfold in today's schools. In times when educators face new challenges brought on by the times - and legislation such as the No Child Left Behind Act - coupled with cuts in personnel and funding, the role of the school nurse has expanded well beyond first aid.

School nurses no longer just put on bandaids and take temperatures. School nurses are part of the education team, ensuring that our children are healthy and ready to learn. School nurses are in the classroom teaching part of the health curriculum. They educate parents, students, and staff - providing necessary links to resources inside and outside the school system. Most importantly, school nurses

are in the best position to identify students struggling emotionally and physically.

The National Institute of Mental Health reports that one out of 10 adolescents suffer from mental illness severe enough to result in significant impairment. Suicide is the most serious manifestation of mental illness in teenagers. It is the third leading cause of death among 15-24 year olds. North Dakota's Youth Risk Behavior Survey reports for 2005 that 15.4% of students in grades 9-12 and 14.1% of students in grades 7-8 have seriously considered suicide. These are staggering numbers; yet, we must consider that these are treatable disorders.

Who sees these students in our schools? Who is there for the families of these students? These students take a great deal of time and patience. Classroom teachers, counselors, and administrators find themselves inundated with a plethora of student issues and concerns, sometimes impairing these professionals from recognizing symptoms and discerning the correct course of action. School nurses throughout our state identify and work with these students who are in such need. Because school nurses have training

in the identification of mental illness, they are fundamental to the health of these students. Their experience and connection with the health community facilitates appropriate and necessary referrals.

Often, the school nurse is the liaison between the parties involved: parents, students, healthcare providers, and staff. It is critical that the school nurse advise the staff as well as the parents regarding the mental health issues of students.

In one of our middle schools, each student is given a yellow ribbon with their name written. Students may use this ribbon if they are experiencing difficulties with friends, daily activities, home or emotional issues. The student can give the ribbon to the school nurse, counselor, clergy, or whomever he or she feels most comfortable with. Once a student gives the yellow ribbon to a staff member, discussion with that student is as immediate as possible. This practice has been beneficial in helping middle school students start a conversation with an adult who can help.

I had a student, Annie, who used her yellow ribbon. Annie talked to me about feeling sad most of the time and

how she did not look forward to anything. It was hard for her to find anything positive in her life. I asked if she ever thought about taking her life. Annie responded, "no." The conversation continued, discussing positive attributes that Annie had and how she did not have to feel alone -someone was always there for her. Annie went back to class with a plan to visit me later in the week.

The next morning, Annie entered my office and sat down. After a period of silence, Annie finally said, "I lied yesterday." I responded, "Lied about what?"

Annie was quiet again and finally said, "I do think about taking my life—all the time." I asked, "Do you know how you would take your life?"

Annie paused and replied quietly, "Yes. . .I would slit my wrists with a razor."

After we discussed the situation, Annie agreed to let me call her mother. Annie's mom came in crying and upset. I calmed both of them and began to discuss a plan.

Annie's parents admitted her to the hospital. After some time, she returned to school. I assisted in her transition back to school. Later in the school year, Annie

returned to my office - the same room she was in months earlier. She sat down, shifted in her seat, and finally said, "Thank you for saving my life."

*Submitted
for record*

Testimony to the House Education Committee regarding SB2385

Presented by:

Mary Kay Herrmann
Fargo Cass Public Health
February 28, 2007

Representative Kelsch and members of the committee, thank you for this opportunity to share with you information on the school nurse program in Fargo and Cass County schools, as one model on how nursing services can be provided through a collaborative relationship between public health and the schools. Presently Fargo Cass Public Health has a partnership between Fargo Public Schools, Central Cass Public School, Kindred Public School, Northern Cass Public School and the Dakota Medical Foundation. This is a shared funding initiative between all the organizations. 16% of the funding is Dakota Medical Foundation, 38.5% is from the public schools and 45.5% is through the health department budget. That is providing a school nurse to student ratio of approximately 1:1400.

School nurses in Fargo see students for illness, special needs, preventative health screening such as scoliosis, vision, hearing and immunizations, they provide classroom education when requested and provide student, parent, and staff consultation. The nurses refer students for medical care when health issues are identified and assist parents in finding appropriate community resources. They oversee the dispensing of medications and work with the parents, the schools and the medical providers to assure that medications are distributed safely. In Fargo the nurses partner with the school resource officers to prevent/reduce substance abuse among students, serving as the "front line" defense in addressing alcohol, drug and critical meth abuse issues in our schools. The nurses also screen students for depression and work with suicide prevention issues; deal with an increasing number of students with difficult mental health issues.

Nationally school nurses are a standard. An article out of the Health and Health Care in Schools, a report on the policies, politics and financing of health programming in schools, cited a study by researchers at the Division of Adolescent Medicine of Children's Hospital Center in Cincinnati, Ohio. The study tried to identify potentially modifiable factors that affect school connectedness. The researchers report showed that decreased school connectedness was associated with four potentially modifiable factors: declining health status, increasing school nurse visits, cigarette use, and lack of extracurricular involvement. The nurse factor may be especially important, the researcher concluded. Students a highest risk of school disconnectedness often perceived themselves a being in poor health, and that probably causes them to make frequent visits to the school nurse, which in turn makes the nurse "an excellent resource for identifying disconnected youth."

Parents are ultimately responsible for their students health, however at times some parents are unaware of their child's' health related issues and are unaware of the services available to them. Nurses make referrals for health care, dental care, mental health services, social services, the children's health insurance program, and to many other community resources. All referrals are made in coordination with the parent if one is available.

Parent involvement is key to a successful school nurse program. In the Fargo Public Schools a Health Services Committee was established to provide oversight and policy recommendation to the

school health services program. The Health Services Committee is made up of school administration, teachers, school secretaries, school board members, PTA representation, and school nurses.

The school environment has changed over the last decade and the need and demand for nursing services on site at the school continues to grow. By allocating funding for school health programs, current programs such as what we are doing in Fargo and Cass county can be enhanced and places in the state with no programs in place will be allowed to provide this basic service.

Teachers say one of the greatest problems they see today is poor health of students. Children need to be healthy to learn and they need to learn to be healthy. Public Health Departments in collaboration with schools can make that happen. Public Health Departments across the state have esblished relationships in addressing the needs of students.

As a Public Health Department, we feel that this partnership with schools benefits the health of our students and the health of our community. When children enter our schools they continue to be part of the community and when they leave our schools for the day they are still students. It is a truly a partnership in enhancing public health in our community.

SB2385 allows for public health, another agency to partner with schools, or the school itself to provide school nursing services. Each school and community can make that choice as to which works better in their particular setting.

TESTIMONY ON SB 2385

House Education Committee

February 28, 2007

Valerie Fischer, Director of School Health

Department of Public Instruction

328.4138

Good Morning Madam Chair and members of the committee – I'm Valerie Fischer, Director of School Health for the Department of Public Instruction. On behalf of the Department, I am here to speak in support of SB 2385, which provides appropriations for school nursing services.

The Department of Public Instruction supports the efforts of the North Dakota School Nurse Organization and the Department of Health. Both have worked diligently to identify student needs and design a framework of school nursing services which allow districts and Joint Powers Agreements (JPAs) to best determine and prioritize services given the unique variances that exist across the state. The parameters of this bill support building a cohesive system which allows for local control and still meeting the needs of both students and schools.

The importance of providing health services to students in schools is widely accepted. Such services began over 100 years ago and have evolved to keep pace with changes in the health care, social, and educational systems in the United States. Current models of school health services reflect an understanding that children's physical and mental health are linked to their abilities to succeed academically and socially in the school environment. Research supports the direct link between health and academic performance - we know healthy students make better students and better students are high achievers.

Our office hears almost daily the concerns of administrators about increased student absenteeism, chronic health conditions, medication administration, substance abuse, and general student health habits. It is not appropriate for school staff and secretaries to be providing medical care. Given the current documented risk behaviors of North Dakota youth via the Youth Risk Behavior Survey, strengthening and expanding school health and wellness services at this time is critical. When schools address health-related concerns, they foster academic achievement and establish positive lifelong behaviors. The passage of this bill and the provision of nursing services is a giant step towards creating and obtaining high academic standards.

The Department of Public Instruction looks forward to working with the School Nurse Organization and the Department of Health. On behalf of the 103,000 school aged youth across the state, I urge your support of SB 2385. I am available to address any questions you may have.

**TESTIMONY FOR SB 2385
FEBRUARY 28, 2007**

Good Morning Chairperson Kelsch and Members of the House Education Committee.

My name is Kathryn Pederson. I am the JPA Coordinator for the Mid-Dakota Education Cooperative located in Minot, North Dakota. I am here today in support of SB 2385.

I personally and professionally support this effort and bill and stand before you as a representative of all JPA coordinators, who support this bill and urge the committee's do pass recommendation.

I currently represent 10 school districts with 8595 K-12 students. The schools in the MDEC JPA are very diverse - they range from Minot, a large district in a metro area, to Eureka, a small district "between far away and the middle of nowhere" with an enrollment of 11 students. All students, regardless of their district size, deserve to have the support of a school nurse and services.

Last fall, an Administrator believed he had students with head lice at school. He called the local Health Unit and was told they did not have the resources to have a nurse come to his school, but could mail him a pamphlet. Had he had the proposed shared resources for a nurse and services, an on-site assessment would have immediately addressed the problem for the students, provided education for the staff and families in lieu of missed school days.

In addition to supporting the bill to provide for nursing services to those districts who desire such, we advocate the delivery system of school nurses through the JPA model. By using the JPA model, we can most effectively utilize the funds and ensure student services as effectively as possible.

Thank you.

February 28, 2007

To: The North Dakota House Education Committee

From: Lorna Van de Streek, Principal, Lewis & Clark Elementary School, Minot, ND

Re: Senate Bill 2385

My name is Lorna Van de Streek. I am the principal of Lewis and Clark Elementary School in Minot and I am here today to voice my support for the School Nurse bill.

I must admit I was a skeptic. When Dr. Sanstead asked Minot Public Schools to be a pilot project in developing a School Based Integrated Services Project in three target schools and that school nurses were to be an integral part of this project I wondered. What would school nurses do besides pass out medication and take care of accidents or sick children?

My eyes were opened wide as I saw the difference a qualified health care professional could make in a school. That was the beginning of my advocating for school nurses for all children. We began our program with full time school nursing services, because of budget cuts that has been cut to one and one half days per week.

Our nurse, Linda Wright, has become an integral part of our school staff. The quality of care our children receive from her is not measurable. She is an important member of educational planning teams as we determine the best plan for a child. And then there is the rapport she has developed with our children and staff. I know of no other place than our Health Room at Lewis & Clark where adults aren't afraid to get a shot. Our school nurse does classroom presentations, staff inservice, and is a resource for all of us with health related questions.

Our school has many special programs for children. Often when children are in these programs they have medical issues which need to be monitored. In addition, we have a number of medically challenged children. As we work with children who are medically needy our school nurse has the knowledge and ability to observe children and provide valuable input to the doctors and school staff.

I am not qualified to deal with a child who is going into a diabetic coma or a child who is

having an asthma attack and cannot breathe. Have I done it in the past, yes, is it what is best for kids, no. The first day of school this year started out with a bang. A child was bit by a bee and needed his epi pen - can I inject an epi pen - absolutely - is it a responsibility I want - no.

We are beginning our fourth year as a demonstration site for Coordinated School Health. Our school nurse was an important advocate in getting this program for our building. We have been able to build a walking path, an exercise room for staff and parents, have inservice on better health for all and the list goes on. We believe that "healthy learners make better students."

Educators are being asked and expected to do more all the time; we can't do it alone. Please help us provide the best for the children of North Dakota and support Senate Bill 2385.

Thank you for your time, if you have any questions I would be happy to answer them.

Fall 2005 to Spring 2006 School Year

# of Schools	Grade Level	Total # Screened	Total # Referred	Total # Referrals Returned	# Glasses Prescribed
16	Headstart	204	43	4	5
73	Kindergarten	1,420	139	11	12
89	1	1609	263	31	24
78	2	1309	947	19	25
91	3	1,483	271	45	27
76	4	1361	177	16	33
85	5	1851	225	34	31
55	6	1,107	100	54	21
24	7	350	154	5	2
36	8	107	89	10	16
3	9	801	4	0	1
1	2	0	0	0	0
	11				
	12				
1	K, 1, 3, 5	66	6		
1	K to 4	141	15	3	2
4	Preschool to 6	1097	172	25	18
2	K to 8	50	1		
2	6 to 8	212	22	1	
1	1 to 5	115	3	1	1
3	1, 3, 5	122	10	1	
4	1 to 11	234	7	1	0
1	10	1	0	0	
20	K, 3, 6	2491	185	58	37
1	K to 12	7	3	0	0
1	1,3,5,6	52	8		
1	7,9,11	102	4	0	0
1	3,4,5	4	0	0	0
8	K, 1, 3, 5, 7, 9	693	73	9	7
3	K-6	518	32	14	14
681		17507	2953	342	276

Total

< 17% referred

< 12% referrals returned

Testimony

Senate Bill 2385

House Education Committee

Wednesday, February 28, 2007; 11 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the House Education Committee. My name is Becky Bailey, and I am the child and adolescent nurse consultant for the North Dakota Department of Health's Division of Family Health. I am here to provide information about school nursing services and the fiscal impact of Senate Bill 2385 on the Department of Health.

The school environment has changed significantly over the past few decades. Increasing numbers of children who have special health-care needs related to illnesses such as asthma, cancer, cerebral palsy, cystic fibrosis, diabetes and muscular dystrophy attend school regularly. These children require careful attention to ensure optimal health outcomes. Teachers, secretaries and other school staff often provide health services to these children. Although school personnel can be taught to respond to routine health issues, professional health judgment and assessment skills are needed to adequately respond to children who have special health-care needs. In addition, performing these tasks takes time away from student education.

The behavior problems and risk-taking behaviors of children and adolescents also continue to be major sources of public concern. Risk-taking behaviors such as fighting, substance abuse, suicide and sexual activity have harmful, even deadly consequences.

School nurses are the main component in a school nursing service program. They have the education, training and expertise to partner with children, families, school staff and the community to safeguard children's health in the school setting.

The National Association of School Nurses recommends minimum ratios of nurses to students depending on the needs of the student populations: 1 to 750 for students in the general population; 1 to 225 in the student populations that may require daily professional school nursing services or interventions; 1 to 125 in student populations with complex health-care needs; and possibly as much as 1 to 1 for individual students who require daily and continuous professional nursing services.

According to the 2004-2005 North Dakota School Nursing Services Survey, there is one nurse for every 3,527 students in North Dakota.

There is a growing awareness of the important link between health and education. Children need to be healthy to learn, and they must learn to be healthy. The purpose of school nursing is to support the educational process by contributing positively to the health, health attitudes, and behavior of today's child and tomorrow's adult. School nursing services can advance health and wellness by providing a wide range of health-related activities driven by the needs of individual schools and communities.

Senate Bill 2385 allows for 5 percent of the total amount appropriated to be used for the costs of one full-time equivalent employee position and related operating expenses to manage the school nursing services grant program. With a \$1 million appropriation, this would equal \$50,000 per biennium. However, the development and management of the school nursing services grant program would cost the department \$145,000 per biennium – \$105,000 for salary and fringe, and \$40,000 for operating expenses.

One full-time equivalent position (Project Director) will be vital to achieve a successful program. The Project Director will be responsible for:

- Program development and planning.
- Establishing a continuum of local school nursing staff development that includes orientation and continuing education.
- Setting statewide quality standards for school health policies, nursing procedures and health records.
- Initiating and coordinating a quality assurance program for evaluation and accountability.
- Serving as a liaison and resource expert in school nursing practice between state agencies, parents, school systems and other constituents.

Leadership at the state level is an essential component to ensure that school nursing services are effective in addressing the health and safety needs for our students.

This concludes my testimony. I am happy to answer any questions you may have.

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Testimony on SB2385

Senate Appropriations Committee

Feb 12, 2007

Good morning Chairman Holmberg, Vice Chairman Bowman, Vice Chairman Grindberg and members of the Senate Appropriations Committee.

My name is Linda Wright and I am a member of the Executive Committee of the North Dakota School Nurse Organization. I serve on the board of directors of the National Association of School Nurses.

I am here on behalf of the children of the state of North Dakota and their health needs.

The role of the school nurse has changed dramatically over the past few years. Today, school nurses play a key role in chronic disease management, substance abuse prevention, mental health issues, early identification and referral of health issues, student, staff and parent health education, disaster and crisis planning, healthcare coverage monitoring and more. The North Dakota School Nurse Organization is requesting funding to expand school nursing services to more of North Dakota's children. Students in rural areas who already experience limited access to health services are in critical need of this service.

The National Association of School Nurses (NASN) (2002) recommends one nurse for every 750 students. All students have a right to have their health needs safely met while in the school setting. Providing reasonable school nurse to student ratios ensures that every student will receive appropriate preventative services, health promotion services, and early identification and intervention services. According to the National Association

of School Nurses (2006), Utah has 90 school nurses which is one school nurse for every 5,539 students (public ratio only). This is the highest ratio in the nation. North Dakota, the only state without an organized school nurse program, has a ratio of one nurse for every 3,527 students. Minnesota has a school nurse to student ratio of 1/1401, Montana 1/1467 and South Dakota 1/1,354.

The state of North Dakota does not mandate or fund school nursing. The majority of funding for school nursing comes from local public health units. Some local public health units use monies they receive from federal grants such as Maternal and Child Health Block Grants to indirectly fund school nursing. Other funds may come from cost sharing with a school district (Fargo and Minot), local grant sources such as the Dakota Medical Foundation or funding from parent teacher organizations. These are insignificant when compared to the funding necessary for school nursing. The originally requested appropriation of \$3,000,000 would allow North Dakota to reach a school nurse to student ratio of 1/1000.

SB2385 focuses on improving direct health care for acute injury, illnesses, and chronic health conditions of children in North Dakota schools. This bill will help decrease the gap of nursing care to vulnerable school children. SB2385 will help improve health education, management of medication administration, provide services to the students with special needs, and help in the identification, support, and referral of students impacted by substance use and abuse. The school nurse is a professional member of the educational team and a valuable community resource. Research has proven that having a school nurse can decrease absenteeism and improve test scores. The goal of this legislation is to provide every child in North Dakota access to a school nurse. However,

the reduction in the appropriation from \$3,000,000 to \$1,000,000 severely restricts our ability to provide essential school nursing services to the children of North Dakota.

Mister Chairman and members of the Senate Appropriations Committee, on behalf of the children of North Dakota, I ask you to restore the appropriation to \$3,000,000 and support SB 2385.

Every child in North Dakota deserves a school nurse.

Thank you for your attention to this matter.

Linda Wright, RN, BSN, NCSN
9111 18 Ave NW
Maxbass, ND 58760
701-268-3389
bruceandlindawright@ yahoo.com

Testimony

Senate Bill 2385

Senate Appropriations Committee

Monday, February 12, 2007; 5 p.m.

North Dakota Department of Health

Good afternoon, Chairman Holmberg and members of the Senate Appropriations Committee. My name is Kim Senn, and I am director of the Division of Family Health for the North Dakota Department of Health. I am here today to present information on the fiscal impact of Senate Bill 2385 on the Department of Health.

Senate Bill 2385 allows 5 percent of the total amount appropriated to be used for the costs of one full-time equivalent employee position and related operating expenses to manage the school nursing services grant program. With a \$1 million appropriation, this would equal \$50,000 per biennium.

The development and management of the school nursing services grant program would cost the department \$145,000 per biennium – \$105,000 for salary and fringe, and \$40,000 for operating expenses.

One full-time equivalent position (Project Director) will be vital to achieve a successful program. The Project Director will be responsible for:

- Program development and planning.
- Establishing a continuum of local school nursing staff development that includes orientation and continuing education.
- Setting statewide quality standards for school health policies, nursing procedures and health records.
- Initiating and coordinating a quality assurance program for evaluation and accountability.
- Serving as a liaison and resource expert in school nursing practice between state agencies, parents, school systems and other constituents.

Leadership at the state level is an essential component to ensure that school nursing services are effective in addressing the health and safety needs for our students.

This concludes my testimony. I am happy to answer any questions you may have.