

**2011 HOUSE HUMAN SERVICES**

**HB 1457**

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

HB 1457  
February 1, 2011  
Job #13789

☐ Conference Committee

Committee Clerk Signature

*Vicky Crabtree*

## Explanation or reason for introduction of bill/resolution:

To provide a district nursing services grant to have a nurse in each school.

## Minutes:

See attached testimonies #1-26

**Chairman Weisz:** Called to order the hearing on HB 1457.

## SUPPORT

**Rep. Kathy Hawken:** From District #46 sponsored and introduced the bill. (See attached Testimony #1.)

**Bev Nielson:** Belongs to the School Board Association and testified in support of the bill. I am also bringing in the ND Council of Educational Leaders position of support of this bill. I've been before you several times on this issue. The things that are frustrating the schools are all of the health needs of the children. With drug free schools the children can't carry their own medications or aspirin or anything. School secretaries are dispensing medication and coaches trying to repair injuries and it is a liability issue for schools. We have never supported using our classroom dollars for health services. Rather seen this as a function of county health. We think this grant program having the match attached to it is finally a compromise of good faith and a good place to start. So we can have access to health professionals during school hours.

**Rep. Porter:** Who does and doesn't have school nurses now? How are they being paid, and what are their hours?

**Nielson:** I can't give you exact data, but I can tell you it is all over the board. We have several districts working in cooperation with their counties to provide some nursing services. Those are paid for with school classroom dollars. The larger schools pay for nurses and the nurses don't stay in one school, they travel around. We don't have any that have full time nurses in every school, nor do I think that would ever be.

**Rep. Hofstad:** Give me an idea within your association the support you have with the larger and smaller schools. Do you have the support from both sides of the per-spectrum?

**Nielson:** Our position has always been that we need these services provided. But, using classroom dollars for it we don't have. Overall our membership would support county health partnering with schools to help provide these services. I don't think it is a big school small school issue.

**Rep. Hofstad:** Have you surveyed the schools so you have a definitive answer if they support this program?

**Nielson:** No we have not surveyed them. We have resolutions that have passed our delegate assembly that support services. This is optional, this is a grant program and we are not telling schools they have to do it or which services they have to provide. This is permissive language, but still a local control issue.

**Rep. Porter:** You have said a couple of times that this is a starting point. Where do you see the end point?

**Nielson:** I see the end point as schools having access to a healthcare professional to meet the health needs of their students that doesn't put a drain on classroom dollars.

**Rep. Porter:** With this formula of \$1,000,000 coming from the state as a match, what is currently the amount of money the school districts across the state are spending on school nurse programs?

**Nielson:** I don't know. They don't report to us.

**Rep. Louser:** How do you determine after this biennium that this was successful?

**Nielson:** I don't know what type of data you would require. Data people would have to figure that out.

**Rep. Devlin:** Where would you take the matching dollars from?

**Nielson:** That is part of where my starting point is. Right now schools are using classroom dollars. If there was an opportunity of more of a match with county money and so forth, it would be fewer classroom dollars that some districts would have to spend. They would be using classroom dollars or other grants. It would be up to the districts on how much they could divulge of their funds.

**Susan McCullough:** Serves as a Chairperson for the Health & Welfare as a parent volunteer for the ND PTA. (See Testimony #2.)

**Nancy Kopp:** Representing the ND Optometric Association. (See Testimony #3.)

**Tim Hathaway:** Executive Director of Prevent Child Abuse ND. (See Testimony #4.)

**JoAnn Brager:** Vice-President of Public Policy for ND Association for the Education of Young Children. (See Testimony #5.)

**Dr. John Salwei:** Superintendent of Bismarck Public Schools. (See Testimony #6.)

**Wilfred Volesky:** Superintendent of Mandan Public Schools. (See Testimony #7.)

**Keith Johnson:** Administrator of Custer Health, Mandan, ND. (See Testimony #8.)

**Gail Schauer:** Assistant Director of Coordinated School Health for the Dept. of Instruction. (See Testimony #9.)

**Lisa Clute:** Executive Officer of Statistic Health Unit. (Passed out testimony from two parents.) This money goes to the Dept. of Health to be distributed to the schools. It is up to the schools who they contract with. This isn't a public health exclusive bill. They can determine if they want to hire their own nurse. They may have a private healthcare entity they would like to contract. Minot public schools does contract with First District to do very limited school nursing. Minot public schools have two full time school nurses and one who goes in 4-6 hours a week. In the rural schools we have very limited services. The county nurse is supplying some screening and vaccinations.

**Rep. Porter:** This has a very specific ending date. What is going to happen to the schools if we fund this and in two years it goes away?

**Clute:** I can't answer that. That is a decision that is going to be up to the schools. We started out on a pilot project in Minot in 1997 and they didn't put any dollars into it. Now they are putting close to \$90,000 in it.

**Rep. Porter:** The funding site coming right out of the general fund and currently the general fund is basically broke in the state of ND. It is over spent by hundreds of millions of dollars. It is supplanted by oil funds on the last day of session before we go home. The revenues in and expenses out on general funds appropriations don't even come close to match it. For us to figure out a funding mechanism for this and a hundred other programs that we had to listen to is very difficult. One source of funding that is out there is the tobacco cessation money. If you had to gage what was more important and what would work to fund a continuous type program forever, what would you pick?

**Clute:** That's why we pay you the big dollars to make those decisions. Obviously I wouldn't support and be very concerned if you were to pull tobacco dollars over into this. Those are dedicated tobacco prevention dollars and you know all of the issues behind that. I wouldn't support that as an administrator of a health unit. That is an impossible question.

**Jane Prather:** A school nurse and represent ND School Nurse Organization read the testimony of Betty Otteson the President of that organization. (See Testimony #10.)

#### **HANDED IN WRITTEN TESTIMONY**

**Kelly Buettner-Schmidt:** (See Testimony #11.)

**Brekka Kramer:** (See Testimony #12.)

**Carla Solem:** (See Testimony #13.)

**Melody Sundbakken:** (See Testimony #14.)

**Sherry Veit:** (See Testimony #15.)

**Gay Newman:** (See Testimony #16.)

**Kathy Mitchell:** (See Testimony #17.)

**Todd Twogood:** (See Testimony #18.)

**David Flowers:** (See Testimony #19.)

**Tracey L. Lawson:** (See Testimony #20.)

**Darryl Tunseth:** (See Testimony #21.)

**Cathy Haarstad:** (See Testimony #22 #23.)

**Scott and Amy Senger:** (See Testimony #24.)

**Donene Feist:** (See Testimony #25.)

**Paul Ronnigen:** (See Testimony #26.)

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

HB 1457  
February 2, 2011  
Job #13840

☐ Conference Committee

Committee Clerk Signature

*Vicky Crabtree*

## Minutes:

**Chairman Weisz:** Does everyone have HB 1457? Welcome to students from Velva, ND.

**Rep. Devlin:** Move a Do Not Pass.

**Rep. Hofstad:** Second.

**Vote:** 10 y 3 n DO NOT PASS CARRIED

**BILL CARRIER:** Rep. Hofstad

Date: 2-2-11  
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1457

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☐ Do Pass ☒ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Devlin Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN		✓
VICE-CHAIR PIETSCH	✓		REP. HOLMAN		✓
REP. ANDERSON	✓		REP. KILICHOWSKI		✓
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	✓				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 10 No 3

Absent \_\_\_\_\_

Floor Assignment Rep. Hofstad

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

D N P

**REPORT OF STANDING COMMITTEE**

**HB 1457: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1457 was placed on the Eleventh order on the calendar.



**2011 TESTIMONY**

**HB 1457**

#1

**Testimony  
Regarding 1457  
Human Service Committee  
February 1, 2011  
By Kathy Hogan**

Chairman Weisz and members of the Committee, My name is Kathy Hogan, District 21 which is central Fargo. I urge your support of HB 1457.

HB 1457 is a bill that many of you may have heard in previous sessions. The concept of school nurses is not new to North Dakota. In the 1960 and 1970, most schools had school nurses. As budgets became tight, these services were reduced. In the 1990, a major study of the status of children completed by the Child Welfare League of America, recommended that ND reconsider school nursing. School districts, local health boards and the state have had on-going discussion regarding the value and funding for school nursing programs.

HB 1457 is a bill whose time has come. As the book of Ecclesiastes 3:1 says, *There is a time for everything, and everything on earth has its special season.* I sincerely believe that the time for the state to become a partner in school nursing is now. This bill will help local schools provide an essential service for children.

Thank you Chairman Weisz. There are a number of individuals who will talk about the specifics of the bill and the program. I am willing to answer any questions.

= #8

Testimony of Susan McCullough in support of HB 1457

February 1, 2011

Good morning, Chairperson Weisz and Human Service Committee members,

Thank you for the opportunity to speak in favor of HB 1457 which will provide funding for school nursing services to the students of our state. My name is Susan McCullough and my role for the ND PTA, as a parent volunteer, is serving as the Health & Welfare Chairperson. National and State PTA supports the school nurse because of the impact they have on the health and academic success of students.

Today, we are addressing school nurses by three categories: absenteeism, safety/liability and intervention/prevention. When students see a school nurse, 92% return to class and if students see a staff person, 77% return to class. If absenteeism is occurring, students aren't learning and need to catch up. Schools are losing funding and when parents lose time from work, it is a monetary loss for the parent and for the parent's employer.

Nurses have been educated and are qualified to handle emergence and non-emergent situations. Having school nurses be responsible for these situations provides greater safety to the student and eases the possibility of litigation for the school staff and administrators. Students and parents with and without special health needs feel safer with a school nurse being available. Chronic health needs such as diabetes, asthma, and allergies are on the rise. In the state of ND, we have 720 students with diabetes. Twelve of every 100 students have asthma. The school nurse is the appropriate person to have available to assist students.

School nurses can be the primary health care professional students see if there are not medical facilities in their community. School nurses can save parents and insurance companies money because they help to prevent or treat conditions that might otherwise require a trip to the doctor or to the emergency room. They assist with planning and implementing school health policies. They also provide health education and the promotion of healthy lifestyles to students, staff and families. The health of our students is a reflection of the health of our communities.

My husband and I have two high school daughters. When my daughters were in the lower grades of elementary school, I became a stay-at-home mom. I had worked for a total of 13 years as a nurse manager in the NICU and in an IVF Clinic. I then became more active in the activities of the PTA and in particular, health screenings.

As my daughters entered middle school, I helped in three school nurses' offices. My eyes were opened as I saw what these tweens were facing in their lives and what the school nurse does. I saw how students were dealing with stresses in their lives. Some students were being the adults in the households in which they lived. Some students lived with the stress of the possibility of their parents kicking them out of their homes. Other students were not being accepted by their peers. Some were not getting sleep at night because of chaotic homes or were not getting breakfast before school. These

students were not coming to school ready to learn. They had basic needs to first be met. I wanted to hug many of them.

I watched as these nurses stopped whatever they were doing to give the student at hand, her full attention, as she initiated the conversation with the student with compassion and respect. Each of these nurses would ask the student what they thought they needed to get back to class. I believe each student, realized they were being given the opportunity to give their input. The feeling of their own empowerment showed in the way they interacted and spoke with these nurses.

The nurses handled whatever presented through their doors calmly and effectively. For some things, they need to figure out what actually had happened to bring the student to her office. Sometimes a stomachache is more than a stomachache. I watched as administrators, teachers, counselors and parents consulted with them regarding health plans or came with just a question.

I could see a difference in the students when the nurse addressed their concerns and when another school staff helped them. The students were cautious to take the advice they were told by the non-nursing personnel. I could also feel the anxiety of the staff tending the student. The staff person would be addressing the student with traffic flowing around them and would occasionally have to stop to answer the phone. After the student went back to class or went home, the staff person would need to catch up on duties she had been doing when the student first entered. School staff doesn't feel comfortable being "back-up" nurse when the school nurse isn't on-site. School administrators, staff, students and parents don't feel safe with this situation. On a day when the school nurse wasn't at school, a parent didn't send their newly diagnosed diabetic student to school.

This past summer, I was asked by the Departments of Public Instruction and Health to participate in a workgroup. This group consisted of over 50 people from across the state who worked with children and their needs. As we were presented with the eight components of the Coordinated School Health program and as we listed the needs of the children in our state, I thought, "These needs are addressed by school nurses. This is what a school nurse does. All of this."

The American Academy of Pediatrics, including the North Dakota Chapter, supports school nurses. One of the physicians in our state shared a recent story with me. He is caring for a 15 year old male who has terrible control of his diabetes and whose mother works nights. His plan was to assign the school nurse to the boy and have her report to the doctor. Unfortunately, his school does not have a school nurse. Also, this student spent four days in the ICU in November. Consider the health of this student and the cost.

School nurses care for the whole student: physical, mental, emotional and social. They are part of a comprehensive health program. What great assets they are to our schools and to our communities. It's time to provide more nursing services to students across our state by supporting HB 1457.

Thank you for your time and if you have questions, I'd be happy to address them.



## **Support for School Nurses**

ND School Nurse Organization

ND PTA

ND Nurses' Association

American Academy of Pediatrics

ND SACCHO

ND School Board Association

ND Counselors Association

ND Optometric Association

American Diabetes Association



Blue Cross Blue Shield

Family Voices

Path Finder Parent Center

Bismarck Public School District

Fargo Public School District

Mandan Public School District

Minot Public School District

West Fargo Public School District



# HB1457

## Support Funding for School Nursing Services

*"We know students need to be healthy to learn, school nurses play a vital role in making sure children are healthy and ready to learn"*

- Secretary of Education Arne Duncan

School nurse play a crucial role in the seamless provision of comprehensive health services for our children and youth. The three key issues addressed by school nursing are;

### **Absenteeism**

- School nursing addresses school health concerns promptly and professionally, keeping kids at school and parents at work and increasing the amount of federal funds local schools receive.

### **Intervention/Prevention**

- Nurses are on-site resources to assist in the planning and implementation of school health policies and practices including nutrition, disease prevention and health education to students and staff.
- A partner with other school and community professionals to address the key risks factors affecting today's youth (i.e. depression, suicide, chemical usage, bullying, weight, violence & injury, and sexual behavior)
- For some students without medical insurance who require medical attention, school nurses can be the initial and primary health care professional with whom students come into contact.
- Care provided by school nurses helps prevent or treat conditions that may otherwise necessitate a trip to the doctor or emergency room.
- School nurses assist in the reducing the spread of communicable diseases through tracking and assessment.
- Nurses provide many basic health care including; immunizations, diabetes care, medication.
- Assist parents with referrals and advocacy to better address their student's health & safety needs.
- Nurses initiate and assess students with chronic medical conditions for individualized health plans.

### **Safety/Liability**

- Both parents and students report feeling more comfortable and safer when attended to by a professional nurse vs. other school staff.
- Schools can avoid tragic outcomes or potential lawsuits by having a trained professional available to manage emergency situations.
- When all school staff are allowed to do the jobs they are paid and qualified to do student's receive better educational and health services and staff utilize their skills more effectively.

**Proposed Services:** According to the National Association of School Nurses, in 2009 North Dakota ranked 48<sup>th</sup> in the school nurse to student ratio. This funding would allow ND to add a minimum of 18 school nurses.

- Administration/Supervision: The Department of Health is requesting 5% for administration fees for Program Management, Nursing Training and Data Collection.
- Single District Model: A single district may seek a grant up to \$50,000 to create or expand school nursing services. All services would be provided directly to the students of that district.
- Multi-district model: Multiple districts or public health regions may submit a joint application for up to \$50,000 a district. One or more nursing positions may cover multi-districts, sharing time between various schools.

**School nurses play a vital and multi-faceted role in school settings. Support ND1457 to assure ND Students receive quality and safe medical care at school; while improving schools ability to achieve academic outcomes by improving the health of ND Students.**

## **School Nursing**

- The National Association of School Nurses (NASN) and Healthy People 2010 recommended the following school nurse to student ratios:
  - 1:750 **WELL** students
  - 1:225 in the student populations that may require daily professional school nursing services or interventions such as Special Education inclusions
  - 1:125 in student populations with complex health care needs
  - 1:1 may be necessary for individual students with multiple disabilities
- The current ratio of school nurses to students in North Dakota is approximately **1:4,359** (2009-2010 school year).
- The predominant model of school nursing services delivery is through local public health units.
- The role of school nurses varies across North Dakota depending on available staffing and resources.

## **Role of the School Nurse**

- According to NASN, school nursing is defined as: A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.
- School nurses:
  - Provide direct health care to students and staff
  - Provide leadership for the provision of health services
  - Provide screening and referral for health conditions
  - Promote a healthy school environment
  - Promote health and well-being
  - Serve in a leadership role for health policies and programs
  - Serve as a liaison between school personnel, family, community, and health care providers

## School Nursing and Coordinated School Health

- According to NASN, the school nurse may provide leadership or play a supporting role in any of the eight components of Coordinated School Health.
  - *School Health Services*: By assessing student health status, providing emergency care, ensuring access to health care, and identifying and managing barriers to student learning.
  - *Health Education*: By providing resources and expertise in developing health curricula and providing health information.
  - *Health Promotion for Faculty & Staff*: By providing health information and health promotion activities, monitoring chronic conditions, and maintaining records.
  - *Counseling, Psychological & Social Services*: By collaborating with counseling staff to identify student psychosocial problems and provide input and intervention.
  - *School Nutrition Services*: By providing education about nutritious foods, monitoring menus and food preparation, and encouraging the inclusion of healthy foods on menus, in vending machines, and for classroom snacks.
  - *Physical Education Programs*: By collaborating with physical educators to meet physical education goals, providing information to students about physical activity, and helping to design appropriate programs for students with special health concerns.
  - *Healthy School Environment*: By monitoring, reporting, and intervening to correct hazards, collaborating to develop a crisis intervention plan, and providing adaptations for students with special needs.
  - *Family & Community Involvement*: By taking a leadership role in collaborating with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.

School-age children face developmental and social challenges that have an impact on existing chronic conditions, such as asthma and diabetes, and lead to other serious problems such as pregnancy, sexually transmitted diseases, motor vehicle accidents, and suicide. Factors like poverty, lack of parental involvement, and a need for better access to high-quality health care exacerbate these problems. Educating and supporting students, particularly those at high risk, to develop health promoting behaviors and effective coping strategies can improve health and contribute to patterns of healthy behavior that will extend into adulthood. Coordinated school health programs that have a strong emphasis on health education and health promotion are an important strategy to foster student health. However, the intensity and types of school health programs vary considerably from one state to another and within the same state.

For more information about North Dakota school nursing, visit:

<http://www.ndhealth.gov/school-nursing/>



# Nurses Remain The Most Trusted Profession

12/3/2010 1:45 PM ET

## TOP MARKET NEWS

[WSJ: Alpha Natural Close To Acquiring Massey Energy For \\$7 Bln Cash, Stock](#)

[Enbridge Energy Partners Slips To Q4 Loss - Update](#)

[Stocks Plummet Amid Bedlam In Egypt - U.S. Commentary](#)

[Stocks Posting Heavy Losses As Week's Trading Winds Down - U.S. Commentary](#)

[Dollar Steadies Amid Unrest In Egypt](#)

(RTTNews) - Nurses continue to rank at the top of the polls when it comes to honesty and ethics.

For the 11th time in 12 years, nurses topped Gallup's annual Honesty and Ethics survey. All told, 81 percent of Americans ranked nurses at "very high" or "high" and just 1 percent ranked them "low."

Military officers, pharmacists, grade school teachers and medical doctors rounded out the top five in the survey, which was taken from November 19th to 21st. Pharmacists, bankers, lawyers, clergy and business executives saw the most improvement from last year.

Lobbyists ranked last in the survey, as just 7 percent ranked them "high" or "very high," compared to 61 that gave them "low" scores.

Next on the bottom five were car salespeople, Congress, advertising practitioners and state office holders. Police officers saw a 6 percent decline from last year.

The only time nurses did not top the survey was in 2001, when firefighters were added on a one-time basis following the September 11th terrorist attacks.

by RTT Staff Writer

## Litigation

- "Legal Victory for American Nurses Association (ANA), School Nurses and the Patients we serve as California appellate court upholds decision to recognize California Nursing Practice Act."  
**Issue** – Non medical personnel administering insulin to children with diabetes.  
**Outcome** – Ruling Dec. 2008, "California legislative choice to protect the health and safety of the state's children who suffer from diabetes by limiting the administration of insulin injections at school to licensed individuals."  
*Target News Service, Washington, D.C. – June 8, 2010*
- "Springs mom fights school board to keep on-site nurse"  
Coral Springs Washington, Broward County School Board  
**Issue** – Diabetic child needing a school nurse in the school than two hours per day.  
**Outcome** – Out of court settlement with a ruling to have a school nurse in the school four hours per school day.  
*Tribune Business News, Washington – Oct. 2, 2008*

## Unlicensed Personnel

- The negative implications of unlicensed personnel as "nurses" cannot be overstated.  
**Issue** – Unlicensed assistive personnel (UAP) are assigned the responsibility of "providing nursing services including first aid, medication administration and care of students with chronic health conditions such as asthma, diabetes and seizures."  
**Outcome** – Result of a 2000 survey by University of Iowa revealed mistakes are more than three times more likely to occur when an unlicensed person is responsible rather than a nurse. The use of unlicensed personnel has resulted in life threatening situations and even death in some instances.  
*Udesky 2005*

## Access to Nursing Services

- "Utah Mom on Mission in State with Few Nurses"  
**Issue** – Ten year old student had taken four puffs from her inhaler during an asthma attack. There was no nurse in the school that day.  
**Outcome** – Scared and alone, she took eight more puffs from her inhaler which triggered seizures. From there, the student was hospitalized for three days. "I was lucky. My child didn't die," says Tuck, 35. "She's too young to babysit. She's too young to stay home by herself. She shouldn't have her life in her own hands at school."  
*USA Today, December 2005*

**North Dakota School Nursing Services Match Grant**

**Notice of Funds Available (NOFA)**

The Department of Health invites North Dakota school districts to submit an application for the 2011-2012 **School Nursing Services Match Grants**. These competitive match grants are designed to address the need for school nursing services within local public school districts.

**Timeline:**

- May 1, 2011 Grant announcement, guidelines, and application form
- May 15, 2011 Teleconference regarding guidance for submitting an application
- July 1, 2011 Application deadline
- Aug. 1, 2001 Notice of intent to award grants and notification of all applicants
- Sept. 5, 2011 Statewide School Nurses Training

**Note:** *Final grant timeline will be determined by completion of state budget.*

**Application Process:**

Submit an original application and three (3) copies. Applications must be received no later than July 1, 2011. The Department of Health will not accept applications delivered by either fax or e-mail, regardless of date or time of submission. Applications not received by the deadline date will be considered a late application and therefore not considered as part of the current competition.

**Program Description:**

The 2011-2013 School Nursing Services competitive grants are designed to address the need for new or expanded school nursing services within the North Dakota school districts based on such factors as school population, current nursing services, special health care needs of students, and the proportion of students in low-income households. There will be a required fifty percent (50%) match requirement of either in-kind or cash secured at time of application.

**Who is Eligible to Apply:**

A school district, alone or in cooperation with another school district, may apply for a match grant under this program.

**Amount of Funds Available**

A total of \$900,000 in grant funds will be made available with a maximum grant request of \$50,000 per school district. Equal funds will be granted to urban and rural areas. After the initial grant awards and

at the discretion of the Department of Health, any unspent funds may be distributed to a proven grantee in excess of the initial grant amount or urban/rural ratio.

#### **Eligible Uses**

Requests can be made for either new or expanded school nursing services; however, funds may not be used to replace existing funding or support from public health or a school district. Eligible expenses include: salary, benefits, travel reimbursement (limited to training or mileage between school sites), computer, and school health office supplies. Salary expenses are limited to those spent on North Dakota Licensed Registered Nursing services.

#### **Links to application materials or other grant information**

[School Nursing Grant Program Application Guidelines for 2011-2013](#)

[School Nursing Services Grant Application](#)

Submit the original application and three (3) copies to:

North Dakota Department of Health

School Nursing Services Grant

600 East Boulevard Ave.

Bismarck, ND 58505

**SENATE APPROPRIATIONS COMMITTEE**

Good Morning Mr. Chairman and Members of the Committee,

For the record, my name is Nancy Kopp. I represent the North Dakota Optometric Association and appear before you in support of HB 1457.

The North Dakota Optometric Association and its member optometrists have had a long standing partnership with the North Dakota School Nurses Association and Public Health Departments who have provided vision screenings to school age children in most, if not all schools across the state. We have for the last five years, been compiling the data on the results of the school vision screenings. I have provided you a copy of those results for school year 2009-2010. As you can see, the nurses play a vital role in identifying a number of children that have undiagnosed vision conditions, which could have long-term effects on academic achievements and success.

15% of the children screened, were referred for a comprehensive eye examination, but unfortunately we don't have the evidence that the parents followed up on the referral.

The school nursing programs are essential in addressing the health and well being needs of our school aged children.

The North Dakota Optometric Association has worked closely with the school nurses to assure that no child is left behind, as to obtaining vision and eyecare services, regardless of ability to pay through our Vision USA North Dakota Project and the VSP Sights for Students Program.

In closing I sincerely urge your support to fund the school nursing services program to keep our children healthy and a clear vision for their future.

# Fall 2009 to Spring 2010 School Year - Vision Screenings

# of Grades Reported	Grade Level	Total # Screened	Total # Referred	Total # Referrals Returned	# Glasses Prescribed
10	Headstart	105	9	0	0
73	Kindergarten	1,726	169	17	16
85	1	1520	238	43	24
67	2	1214	161	9	28
78	3	1,369	218	41	22
48	4	694	105	2	27
71	5	1298	262	37	32
31	6	721	106	3	20
15	7	225	54	2	2
10	8	354	39	3	3
9	9	136	33	0	0
0	10	0	0	0	0
0	11	0	0	0	0
0	12	0	0	0	0
106	K-12	13236	2024	533	363
<b>603</b>		<b>22598</b>	<b>3418</b>	<b>690</b>	<b>537</b>

Total

% Referred: 15%

% of Referrals Returned: 20%

Total Schools Screened: 203

# Schools That Reported Vision Screenings

Adams  
 Alexander  
 Anamoose  
 Ashley  
 B.M. Hanson  
 Bakker  
 Bel Air  
 Belfield  
 Ben Franklin Elem.  
 Ben Franklin – Fargo  
 Bennett  
 Berthold  
 Beulah Elem.  
 Beulah Middle  
 Bottineau Central  
 Bottineau High  
 Bottineau Middle  
 Burchman  
 Burlington  
 Cannon Ball  
 Carl Ben Eielson  
 Carrington  
 Carson  
 Cathedral  
 Cavalier  
 Centennial Elem  
 Centennial – Fargo  
 Central Cass  
 Central School  
 Century  
 Clara Barton  
 CTK  
 Custer  
 Dakota  
 DC Elementary  
 Discovery  
 Drake  
 Drayton  
 East Fairview  
 Edinburg  
 Eilson Elm  
 Elgin  
 Ellendale  
 Enderlin  
 Eureka  
 Fairmount  
 Fessenden-Bowdon  
 Flasher  
 Glendive  
 Lincoln  
 Port Ransom  
 Garden Valley  
 Glen Ullin

GPA  
 Grafton Central  
 Grafton Century  
 Grenora  
 Grimsrud  
 Gussner  
 Hagen ES  
 Hagen Jr. High  
 Hankinson  
 Harvey  
 Hawthorne  
 Hazelton Moffit  
 Braddock  
 Hazen Elementary  
 Hazen Middle  
 Heart River Elem  
 Hebron  
 Highland Acres  
 Hillcrest  
 Horace Mann  
 Horse Creek  
 Jefferson Elementary  
 Jefferson Middle  
 Johnson Corner  
 Kelly Elem  
 Kennedy  
 Kensal  
 Kindred Middle  
 Kindred Public  
 Lake Agassiz  
 Lewis & Clark – Ward  
 Lewis & Clark – Fargo  
 Lewis & Clark - Mandan  
 Lewis & Clark - Bismarck  
 Lewis & Clark - GF  
 Lidgerwood  
 Lincoln Elem  
 Lincoln Grade  
 Linton  
 Lisbon Elem  
 Lisbon Middle  
 Litchville  
 Little Heart  
 Longfellow – Ward  
 Longfellow – Fargo  
 Louis Lamoure  
 Madison  
 Mapleton Elem  
 Martin Luther King  
 Mary Stark  
 McKinley – Ward  
 McKinley – Fargo  
 Medina

Miller  
 Minto  
 Montpelier  
 Moses  
 Murphy  
 Myhre  
 Neche  
 New Leipzig  
 New Salem  
 New Town Elem  
 New Town Middle  
 Newburg United  
 North Border  
 North Central  
 North Plains  
 Northern Cass Hunter  
 Northridge  
 Oakes  
 Oriska  
 Park River  
 Parshall Elem  
 Parshall Middle  
 Phoenix Elem  
 Pioneer  
 Plaza  
 Pleasant Valley  
 Prairie Rose  
 Ray  
 Richardton Taylor High  
 Richland 44  
 Rickard  
 Riverside  
 Roosevelt Elem-Grant  
 Roosevelt Mid-Grant  
 Roosevelt Elem – Stark  
 Roosevelt Mid – Stark  
 Roosevelt – Fargo  
 Roosevelt – Mandan  
 Round Prairie  
 Saxvik  
 Selfridge  
 Shiloh  
 Solen  
 Solheim  
 South Heart  
 Spiritwood  
 St. Anne  
 St. Anthony  
 St. Catherine  
 St. Johns  
 St. Johnson  
 St. Joseph – Mandan  
 St. Joseph

St. Mary  
 St. Thomas  
 Stanley Elem  
 Stony Creek  
 Strasburg  
 Surrey  
 Sweet Briar  
 Taylor – Mid  
 Taylor Elem  
 TGU Granville  
 TGU Towner  
 Tioga  
 Trenton  
 Trinity  
 Trinity Elem East  
 Trinity Elem West  
 Trinity High  
 Twining Elem  
 Valley City Jefferson  
 Valley City Preschool  
 Valley City Washington  
 Valley Elem  
 Valley High  
 Velva  
 Viking  
 Wahpeton Middle  
 Walhalla  
 Washington – Fargo  
 Washington Grade  
 Watford City Elem  
 Watford City High  
 West Elem  
 Westhope  
 Wilder Elem  
 Wilkinson Elem  
 Will Moore  
 Williston Jr High  
 Wimbledon  
 Wimbledon Preschool  
 Winship  
 Wishek  
 Wyndmere  
 Zeeland  
 Zimmerman

#4

February 1, 2011

HB 1457

Chairperson Weisz and Members of the House Human Services Committee,

My name is Tim Hathaway, Executive Director of Prevent Child Abuse North Dakota. My organization exists for the purpose of eliminating child maltreatment in its various forms.

School nurses are on the front lines of abuse prevention by promoting mental health, positive self care and healthy practices. North Dakota's school nurses provide critical education to our students that builds children's resiliency by bolstering their health and self awareness. Children that are healthier are less like to become victims of child abuse.

Currently in North Dakota, there is 1 nurse for every 3,067 students. The recommended average is 1/750. They represent less than .01 percent of our ND school faculty and staff yet school nurse personnel made two percent of the child abuse reports originated in our schools in 2009. Their involvement in prevention and protection of children is pivotal.

I urge you to support HB 1457 and the health of our children.



#5

Tuesday, February 1, 2011

HB 1457: An appropriation for a school district nursing services grant program

To: Representative Weisz and members of the house human service committee

My name is JoAnn Brager and I am the Vice President of Public Policy for the North Dakota Association for the Education of Young Children. NDAEYC represents approximately 400 members who work with or on behalf of children ages birth to eight years of age. NDAEYC's mission is "To serve and act on behalf of the needs, rights and education of all young children."

HB 1457 will provide an opportunity for school districts to apply for a matching dollar-for-dollar grant to provide nursing services. Many children enter the public school with serious health issues such as diabetes, severe allergies, some types of disabilities, and asthma. This bill will help provide a healthy environment for the very youngest children in schools with issues such as medication administration.

NDAEYC supports HB 1457 for North Dakota's children.

I am happy to answer any questions you may have.

off 6

## HOUSE BILL NO. 1457

Dr. John Salwei

Superintendent, Bismarck Public Schools

Bismarck Public Schools presently has a contract with the local public health department to provide limited nursing services to 16 district elementary schools and BECEP. There are no nursing services provided to secondary students in grades 7-12.

The Bismarck District has approximately 11,000 students in K-12, about half at the elementary and half at the secondary level.

The amount of time budgeted for nursing services for 5,631 elementary students is equal to 4.5 FTE's. That translates into approximately 2 minutes per elementary student per week.

If all Bismarck Public School students were served with our present budget, the ratio of nurses to students would be 1 nurse for every 2,560 students. The National Association of School Nurses recommends a ratio of 1 nurse for 750 students.

For the past 5 years, Bismarck Public Schools has completed the CDC School Health Index Assessment. Of the 8 components measured, our lowest score has always been in health services, due to a lack of school nurses.

As superintendent, my greatest concern is student medication administration done daily by office personnel, most often secretaries.

Today, students are taking an increasing number of medications, most of which are controlled substances. From a legal stance, the responsibility of non-medical staff to maintain the security, inventory, and administration of these types of medications is an increasing liability. The risk of error increases when we have to assign a busy person in the office to dispense medications due to a lack of school nurses.

The secretary is not qualified to recognize symptoms of medication reaction or misuse. There are emergency medications requiring specialized training to be administered when allergies, seizures, or diabetes become life threatening.

Nurses are the best judges of health emergencies, and the most capable person in the school to administer medications is a school nurse.

Presently, in Bismarck Public Schools there 1,800 students reporting allergies and another 655 students have serious chronic conditions such as seizures, asthma, and diabetes.

The above statistics do not even begin to address:

- Direct health care for injuries and illness
- Health Screening
- Immunization monitoring and reporting
- The promotion of individual health and healthy school environments
- Substance abuse
- Health Education

With modern medical technology there are more medically fragile students entering Bismarck Public Schools, bringing with them complex health issues. To provide for these students, and all district students, with adequate nursing services, BPS is asking for your support of HB 1457

**Testimony on House Bill 1457**  
**House Human Services Committee**  
**February 1, 2011**

Chairman Weisz and members of the House Human Services Committee my name is Wilfred Volesky and I am the Superintendent of the Mandan School District.

I am here today to speak in favor of HB 1457. HB 1457 addresses an appropriation of \$1,000,000 to the state department of health for the purposes of establishing a grant program to provide school districts with nursing services. I believe that school nursing services need to be an essential part of every school district.

In the Mandan School District we currently purchase nursing services from Custer District Health Unit. We have three different individuals that come to our schools to help provide health services to students. Each of these individuals are in our schools on a part-time basis.

The services that the nurses provide to the staff in our schools include:

1. Review student files to make sure immunizations are complete and to check for allergies, medications and other student health concerns.
2. Assist in facilitating health plans by making sure that health concerns are addressed in a student's individualized education plan or 504 plan. They participate in IEP/504 meetings when health issues are a major concern. They also update teachers on any health related issues that a new student may have in their classroom.
3. We have several elementary schools that have a high rate of low income families that attend. They assist these families in scheduling doctor appointments and help these families with acute health needs their children exhibit.

4. Provide training to our staff on Epi-pens, diabetic students, and help keep out staff up to date on dispersal of medication to students.
5. They are heavily relied upon to help with emergency health issues such as seizures and other serious health issues that many of our students in our Mental Retardation rooms often exhibit.

At the present time we pay the Custer District Health Unit \$15,000 annually for services. In addition Custer Health provides our students with services for \$7500. With our current funding we receive about 700 hours of service annually for 3400 students located in seven different school buildings. That is not enough time to meet all of our student health related needs.

If HB 1457 is passed the Custer Health Unit could receive a grant to help us increase the nursing services in our district. The Mandan School District would be very willing to match the grant to obtain those services. Additional nursing services would enable us to place the responsibility of dealing with health related issues on the nursing professionals rather than on school staff who do not have the necessary training to do so.

I would encourage you to give HB 1457 a Do Pass recommendation. I want to thank you for the opportunity to speak on this bill.

## Support for HB1457

#8

**Keith Johnson, Administrator**

**Custer Health, Mandan ND**

Custer Health currently provides 0.6 FTE to the Mandan Schools. Given the school population of 3500 students, this works out to a ratio of 5800:1, which is nowhere close to the recommended 750:1 ratio. However, it is enough for us to provide a brush fire type of service, and to help us realize what opportunities exist for us to serve students and teachers better.

We respond to emergencies first, as in the shigella outbreak last year. This makes us more reactive than we'd like, preferring instead to head these things off through preventive measures. More time in the schools would certainly make a proactive program more likely.

Custer Health serves five counties – Mercer, Oliver, Morton, Grant, and Sioux. The services we are providing to Mandan are unique in our area, and other schools would like to have even the minimal services we are presently providing to the Mandan District.

When school nursing is discussed, usually, the first question is “What do you do there?” That is a good question, and one that can be answered better if you also ask “What happens because you are there?” I asked Heather Weaver, one of our school nurses, these questions. I'd like to present her reply, because it shows what happens to our students. And what happens isn't always what should happen.

Heather says: “My primary role as a school nurse is as a consultant to the schools on health issues. In the past, I have consulted with school secretaries on medication issues, discussed adverse effects of medications, and contacted health care providers on the health concerns of the children attending the schools. I have checked students for head lice, assessed stomach aches and headaches, and looked at sores on students' fingers.” So, this is what they do. What happens because they're there?

Heather continues, “Because of the consultation that I do, students are not sent home unnecessarily for minor illness. Students are administered their medications as safely as possible. Students are receiving special education services due to consultation from the physician. A parent is reassured that we will do all we can to help her child improve his learning experience. A student was able to go to the eye doctor and now has glasses. We react to situations.

When the nurse is not present in the building, it is up to the teacher or secretary to address the health needs of the students. A student sat in the office for over an hour with a bloody nose. A student having an asthma attack was sent to the office to assistance. This student had no health plan and no inhaler in the building. Students are sent home for minor illnesses and left in school when they should be attended to by a parent or physician. There is little prevention and health promotion done except for what the teachers are doing during class time.”

We presently have supplemented about \$20,000 in loss of MCH Title V funding to maintain the school nursing program. This comes straight off our bottom line in the budget and can't be maintained without cutting something else. I am asking you to help us get started with school nursing in ND.

[Keith.johnson@custerhealth.com](mailto:Keith.johnson@custerhealth.com)

#9

**TESTIMONY ON HB 1457**

Human Services Committee

February 1, 2011

Gail Schauer, Assistant Director of Coordinated School Health

328.2265

Department of Public Instruction

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Chairman Weisz and members of the Human Services Committee – I'm Gail Schauer, Assistant Director of Coordinated School Health for the Department of Public Instruction (DPI). On behalf of DPI, I am here to provide supportive testimony for HB 1457 which proposes grant funding to the Department of Health (DoH) for the purpose of establishing a grant program to provide school district nursing services.

The DPI along with the DoH coordinate and collaborate together in implementing the Coordinated School Health (CSH) program. The CSH program works to help schools identify and address barriers to learning, hoping to close the achievement gap. There are eight components covered in the CSH program; health services; health education; counseling, psychological & social services; family & community involvement; health promotion for staff; physical education; healthy school environment; and nutrition services. School nursing services support all eight of the CSH program's components.

The importance of providing health services to students in schools is widely accepted. Our office hears almost daily the concerns of administrators about increased students' 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. In fact,

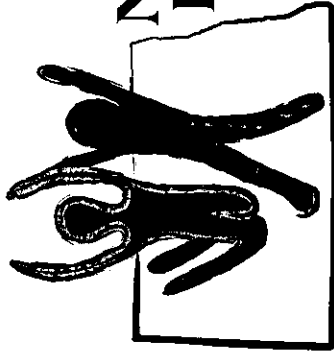
having school staff administer medical care to students could pose a liability concern that could easily become more costly than this bill.

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 learners and better learners are higher achievers. When schools address health-related concerns, they foster academic achievement and establish positive lifelong behaviors.

The North Dakota Counseling Association has also declared their unanimous support for HB 1457. They have stated that students who have either a short term or chronic health issues benefit greatly from the expertise of school nurses and that it is vital to have that liaison between the medical providers and school staff. They go on to say that the training and education that school nurses provide students and staff in various health issues are simply critical.

The passage of this bill and provision of nursing services is a giant step towards creating and obtaining high academic standards. Thank you for your time and support for HB 1457. I would be happy to answer any questions you have.





**North  
Dakota  
Coordinated  
School Health**

*Building Lifelong, Healthy Behaviors*

## **Department of Public Instruction Department of Health**

### **Coordinated School Health**

**Health Services**

**Health Promotion for Staff**

**Health Education**

**Physical Education**

**Counseling, Psychological & Social Services**

**Healthy School Environment**

**Family & Community Involvement**

**Nutrition Services**

**Health Education** involves classroom instruction that addresses physical, emotional and social dimensions of health; develops health knowledge, attitudes and skills; and is tailored to each age level. This component is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors.

#### Strategies:

- Motivate and assist students to maintain and improve their health and wellness.
- Design a comprehensive coordinated approach that is sequential and developmentally appropriate.
- Address health concerns that are relevant to students and the community.
- Ensure that curriculum is evidence- and research-based on national and state standards.



**Physical Education** involves instruction that promotes lifelong, safe physical activity. This component is designed to develop basic movement skills, sports skills and physical fitness, as well as to enhance social and emotional abilities.

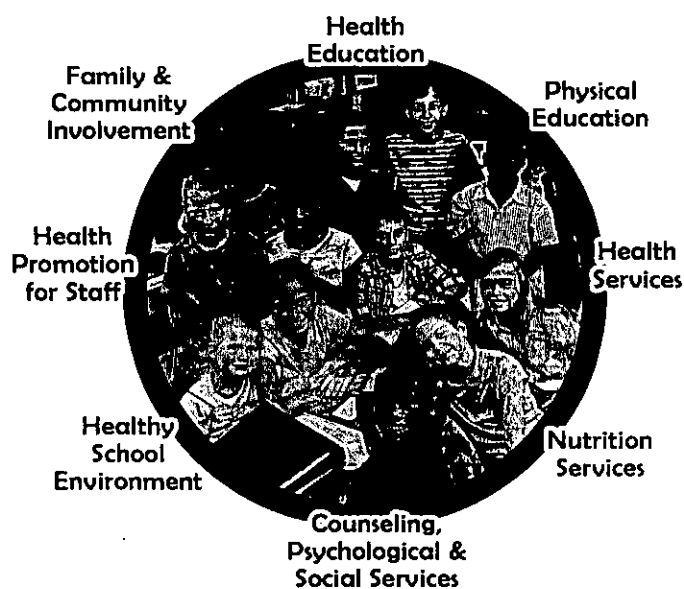
#### Strategies:

- Target programs that promote lifelong, safe physical activity, particularly for girls and other groups that are less likely to remain physically active.
- Provide a balanced approach that includes movement, sport and physical fitness for all students.
- Integrate physical education with health education and health-risk reduction.
- Conduct activities that promote cooperation, skill building and fitness rather than competition.



**How can students** be expected to learn when they come to school hungry or tired, experience acute and/or chronic health conditions, or fear violence and bullying at school? Schools by themselves cannot, and should be expected to address the nation's most serious health and social problems. Families, health-care workers, media, religious organizations, community organizations that serve youth and young people themselves must be involved and work together.

Coordinated School Health (CSH) is a powerful approach to recognizing and addressing the close relationship between health and learning. A comprehensive CSH model consists of eight interactive components.



Coordinated School Health is a multi-faceted approach to helping youth establish healthful behaviors and attitudes. Healthy students make better learners, and better learners make healthy communities!

## Coordinated School Health

**Health Services**

**Health Promotion for Staff**

**Health Education**

**Physical Education**

**Counseling, Psychological & Social Services**

**Healthy School Environment**

**Family & Community Involvement**

**Nutrition Services**

**Health Services** includes preventive services, education, emergency care, referral and management of acute and chronic health conditions. This component is designed to promote the health of students, identify and prevent health problems and injuries and ensure care for students.

**Strategies:**

- Provide schools with a qualified health professional to coordinate policies, procedures and student care.
- Promote the health of students including early identification of health issues.
- Design processes that will ensure follow-up with families and appropriate staff when a student health issue or need is identified.



**Health Promotion for Staff** involves assessment, education and fitness activities for school faculty and staff. This component is designed to maintain and improve health and well-being of school staff who serve as role models for students.

**Strategies:**

- Communicate the connections among staff health, student health and school success.
- Encourage and provide opportunities for staff to enhance personal wellness and model positive health behaviors for students.
- Acknowledge and support contributions and excellent behaviors by staff.



**Health Services**

**Health Promotion for Staff**

**Health Education**

**Physical Education**

**Counseling, Psychological & Social Services**

**Healthy School Environment**

**Counseling, Psychological & Social Services** involves activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups and families. This component is designed to prevent and address problems and facilitate learning and healthy behavior and development.

**Strategies:**

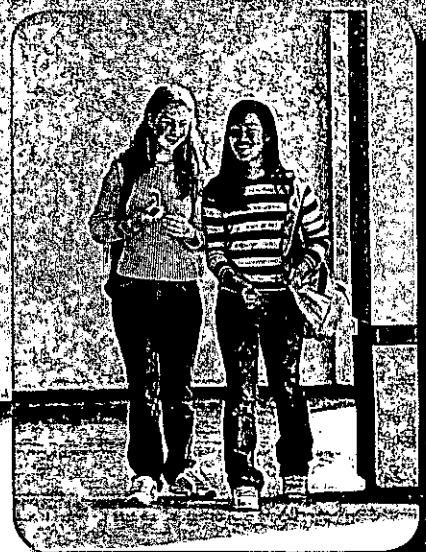
- Allow counselors to be accessible and provide multiple opportunities for students to know about available services before there is a need.
- Provide guidance and counseling services for individuals, groups and families that address cognitive, social, emotional and developmental needs.
- Provide services that are affirming and designed to promote healthy behavior and development, as well as academic success.



**Healthy School Environment** involves the physical, emotional and social climate of the school. This component is designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning.

**Strategies:**

- Monitor buildings and grounds consistently for cleanliness, safety and allergens that would be detrimental to the health of students and staff.
- Foster a school climate that promotes learning and involves student and staff input.
- Instruct and practice respect and tolerance for individual, cultural and other differences.
- Implement policies and procedures to ensure student and staff safety and security in and around school.



**Family & Community Involvement** includes partnerships among schools, families, community groups and individuals. This component is designed to share and maximize resources and expertise in addressing the healthy development of children, youth and their families.

**Strategies:**

- Move towards more joint school and community programs that target personal health and disease prevention for students, families and staff.
- Form a formal committee to work towards effective school, family and community relationships.
- Involve family and community members in decision making through various boards and organizations.



**Nutrition Services** is an integration of nutrition education, nutritious and appealing meals, and an environment that promotes healthy dietary behaviors for all children. This component is designed to maximize each child's education and health potential for a lifetime.

**Strategies:**

- Provide appealing food in a pleasant, well-supervised atmosphere.
- Serve foods consistent with guidelines being taught in health and fitness classes.
- Make the food that is available at school nutritious and suitable to promote the healthy growth and development of students.





**North Dakota Department of Public Instruction**

Dr. Wayne G. Sanstead  
State Superintendent  
600 E. Boulevard Ave., Dept. 201  
Bismarck, N.D. 58505-0440



**North Dakota Department of Health**

Dr. Terry Dwelle, M.P.H. T.M.  
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Bismarck, N.D. 58505-0200

**For more information contact:**

North Dakota Department of Public Instruction  
Coordinated School Health  
701.328.2753

[www.dpi.state.nd.us/health](http://www.dpi.state.nd.us/health)

Support provided by:

**U.S. Centers for Disease Control & Prevention**  
Cooperative Agreement No. U87/CCU822621-04



#10

# North Dakota School Nurses Organization

February 1, 2011

Dear Chairperson Weisz and members of the House Human Services Committee:

My name is Betty Otteson and I am the president of the North Dakota School Nurse Organization, an affiliate of the National Association of School Nurses. I would like 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, this role is becoming more important, as increasing numbers of students are entering schools with chronic health conditions that require management during the school day. Some of these health conditions include diabetes, asthma, physical and intellectual disabilities. Many children in North Dakota do not have a school nurse to ensure that they receive care for their acute or chronic health condition. Children today are at great risk for obesity which requires teaching about healthy lifestyle choices and making changes to the school environment, which are activities unique to school nursing.

Students seek care from school nurses in increasing numbers because of depression, drug and alcohol abuse, challenges within their families or because they have witnessed or experienced bullying in their school. The school nurse is the link between students and their families, and the community programs that can help them reach their full potential. The health of our students reflects the health of our schools and communities.

The school nurse, as a health professional, improves the safety of the school environment and can decrease the liability for school administrators and staff through recommendations for safe administration of medications and treatments that students receive each day and training for staff members. Fulfilling this role, the school nurse ensures that each school professional spends the maximum amount of time educating students.

House Bill 1457 requests 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. As President of the North Dakota School Nurse Organization, it is my request that you vote DO PASS on HB1457 on behalf of the health of the children in North Dakota. Every child in North Dakota deserves a school nurse.

Sincerely,

Betty Otteson, RN, BSN  
President  
North Dakota School Nurse Organization

Betty Otteson, President  
Grand Forks Public Health  
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Vacant, Treasurer

Linda Wright, NASN Director  
Jane Prather, Past President



#11

January 30, 2011

Members of the House Human Services Committee  
ND House of Representatives  
ND State Capitol  
600 East Boulevard  
Bismarck, ND 58505-0360

Dear Members of the Human Services Committee:

**"Children must be healthy to learn, and learn to be healthy."**

This letter is in support of House Bill 1457 to provide an appropriation for a school district nursing services grant program. I write to you as the mother of a child who developed a chronic illness during her high school years, as a former public health nurse, and as the Chair (Administrator) of Minot State University's Department of Nursing. The above quote, author unknown, is a quote I have used as I teach nursing students the importance of school nursing, stressing the hope that one day North Dakota will have school nurses. Over the years, I have frequently had nursing students who lived and are amazed that ND doesn't have school nurses and can provide to the other students the roles and impact of school nursing. The quote also has rung very true for my child, as I will describe next.

#### *Managing Chronic Illnesses*

My daughter began developing an illness during 9<sup>th</sup> grade that continued to worsen throughout her 10<sup>th</sup> grade year, and even now as a 11<sup>th</sup> grader, although relatively stabilized the disease is unpredictable on a day to day basis. The acronym for her illness is "POTS" – postural orthostatic tachycardia syndrome. Basically her autonomic nervous system isn't working correctly; it is thought her illness began with a case of infectious mononucleosis. She has fainted numerous times at school, occasionally unconscious for up to 20 minutes, the school had to call the ambulance when she once hit her head in the girls' locker room first on metal locker then falling to hit it a second time on the cement floor, needless to say this caused one of her many concussions.

During the initial and follow up visits to diagnose and treat her at Mayo Medical Center in Rochester, MN, the physicians have printed instructions to give to "the school nurse." The instructions include requesting the nurse take my daughter's blood pressure and heart rate whenever she is lightheaded, dizzy, or has fainted as this would assist in managing her illness. The instructions also inform the nurse how to appropriately treat and care for a student with POTS. The Mayo physicians have been quite surprised that there are not school nurses in ND. While the Minot Public School system has been wonderful in assisting us to manage educational expectations during this time; as a nurse-myself, I know that a school nurse could have been a tremendous asset to the school, my daughter, and me as a parent. This is true not only for my daughter but for all children with acute or chronic illnesses.

#### *Managing medications*

My daughter is on beta blockers to decrease her heart rate, this is the same medication used to treat angina and high blood pressure in adults. She is also on meds to increase her blood potassium, to increase fluid retention, and to treat migraines. At times these powerful and potentially dangerous medications have had to be taken during the school day. At one point she was taking more than 20 pills in a day. We are lucky in that my child's illness began at a stage of development where I could trust her to be sure she is getting the correct medications at the correct time.

In my previous experiences as a public health nurse, I have been in the front offices of schools throughout North Dakota when children come in to take their medications. The usually extremely busy

secretary, who is simultaneously answering the phone, talking to parents in person, and assisting educators, is responsible for giving students, including elementary school aged students, their medications. I have seen small baggies filled with a variety of pills handed to the young students, who are then to identify the appropriate medications to take at that time. In this situation, the secretary does not even know what the medications are named, let alone being able to assess if the meds are being taken at the correct time, in the correct quantity, and to be aware of side effects. There are many variations of this situation across ND.

#### *Healthy School Environment*

As a public health nurse, I came across a school that did not have doors on the bathroom stalls in the girls' bathrooms. The lack of privacy provided to these girls during the school day was appalling to me. Imagine being a young girl experiencing her menses, or period, during the school day and not having the privacy to perform the intimate act of changing tampons, let alone the other bodily functions. The school cited vandalism to the doors and smoking in the bathrooms as reasons to remove the stall doors. I also was in a school where the soap containers in the bathrooms were not consistently refilled; a situation that again was unimaginable to me. In both cases, I discussed the issue with the school administrators.

#### *Please Support House Bill 1457*

I could provide additional stories for many of the purposes identified in the bill that school nursing services would provide. House Bill 1457 provides an opportunity for schools to apply for a grant with a matching funds requirement to employ or contract for school nursing services. It is time for North Dakota to assist children to be healthy in order to be able to learn, HB 1457 provides an excellent vehicle to achieve this.

Respectfully,

Kelly Buettner-Schmidt, RN, MS  
210 9<sup>th</sup> Ave SW  
Minot, ND 58701  
701-858-3256 (work)  
701-720-5693 (cell)  
701-839-5253 (home)

#12

January 31, 2011

Dear Chairman Weisz and members of the committee,

This letter is to show support for the funding of nurses in our school system. We live in the Minot Public School District and have two daughters - Haley (age 13, 8<sup>th</sup> grader at Jim Hill Middle School) and Emma (age 10, 4<sup>th</sup> grader at Lincoln Elementary School). Both our girls are type 1 diabetics.

Type 1 diabetes is when the pancreas stops producing insulin and is a disease our girls will never outgrow until there is a cure. Because it is a disease that can be managed by testing blood sugars and giving the proper doses of insulin there is a lack of awareness of the serious nature of the disease should there be complications. Even those that manage their blood sugars well still experience both highs and lows and typically this can come on quickly without much warning. Because of this, we have worked to cultivate good relationships with school staff, but still when complications arise with either high or low blood sugars our daughters need to be treated quickly and should be overseen by someone who understands how to properly treat both the highs and lows.

We have placed our girls in schools that close to our places of employment versus in the neighborhoods we live in to ensure we can get to the schools should anything happen. Also while both our girls were in elementary school we were at the school each day for lunch to assist in testing their blood sugars and helping them to determine the correct dosage of insulin needed to cover their lunches. Not all parents can do this and it certainly is something that wouldn't be necessary should our schools have nursing staff available to help. We have found that the school secretary is the one that takes on much of the responsibility to help the students in need. We have been fortunate to have one that is willing to do this but not all schools have this level of support.

In addition to the time we've spent at the schools being there to test them, we've had to be on call for anything else that is needed or if there is a question including simple things like how to plan for school parties where treats are available to the students.

Even with all the planning and a strong support team from the teachers and staff, things can happen. Last year when Haley was in 7<sup>th</sup> grade she didn't feel well and asked to go to the office. Because there was a substitute they let her go but didn't call down to the office to let them know she was coming. A teacher from the school found our daughter in the hallway lying on the floor from experiencing a low blood sugar. Because Haley wasn't responsive when they found her they called us and asked what to do. We fortunately were both available by phone when the call came through and were able to direct them to give her juice until we could get there, but if we weren't available who would have made the decision on how to treat our daughter.

We strongly encourage you to support nurses in our schools to help ensure our kids not only have the support they need but to ensure their safety while there.

Sincerely,

*Brekka Kramer*

Jesse and Brekka Kramer

17 Vista Drive - Minot, ND 58703

[jesskramer@odney.com](mailto:jesskramer@odney.com)

[jesskramer@yahoo.com](mailto:jesskramer@yahoo.com)

701.852.6144



#13

January 31, 2011

**NDPTA State Office**

623 East Main Ave.  
Suite #106A  
West Fargo, ND 58078  
(701)297-9168 Ph/Fax  
[ndptaoffic@702com.net](mailto:ndptaoffic@702com.net)

Dear Representative Weisz and  
Human Services Committee Members:

The North Dakota Parent Teachers Association (NDPTA) realizes that the health of a student is directly linked to his/her academic achievement. NDPTA believe we all have an important role to play in making sure parents, schools, and communities have the support and resources they need to help every student reach their full potential. Therefore, NDPTA strongly supports HB1457 to increase School Nursing Services in North Dakota Schools.

The school nurse plays a crucial role in the seamless provision of comprehensive health services for our state's students. The school nurse supports student success by providing health care assessment, intervention, and follow-up for all children within the school setting. This role is becoming more important as an increasing number of students are entering schools with chronic health conditions that require management during the school day.

Through recent surveys, NDPTA heard from many teachers, administrators and parents who expressed their appreciation of school nursing services and their desire to see those services increased. Administrators stated an interest for increased health and wellness education, the need to have staff focus on their assigned duties versus handling medical emergencies, the concern with the schools ability to respond to medical emergencies, and a desire to have an on-site resource for disease prevention/intervention. Teachers express the concern with being taken from their duties to attend to students with chronic health conditions, feeling ill prepared and untrained to handle the monitoring and care of student's with conditions like diabetes, and the lack of privacy these students have when dealing with a health situation in the classroom versus the health office. Parents expressed their concern with sending their child with a chronic health condition to school when nurses were not present and their fear of communicable diseases or skin conditions spreading due to lack of prevention or intervention.

I personally asked my son and a few of his friends what they felt was the difference from going to a school nurse versus their teacher or office staff. Their primary response was wasted time in the office versus being able to go home or back to class. Another issue not mentioned, but researched by NDPTA is the liability issue. When untrained staff need to handle student's health care, whether it be routine immunizations or emergency care, the likelihood of mistakes leading to injury or even death increases.

In North Dakota, there are many examples of how local PTA units have partnered with school nurses to strengthen the health of families and schools. Whether it be Family Fitness nights, vision screenings, or supplementing supplies for the school health office. PTA and North Dakota parents know the value of health education, prevention and intervention to their student's success.

Please consider supporting HB1457 and increase the health and safety of our North Dakota students, as well as their potential for academic success!

Sincerely,

*Carla Solem*

Carla Solem, President  
North Dakota Parent Teachers Association

#14

My daughter attends Bel Air Elementary school in Minot, ND. We are lucky enough to have a school nurse in our school once a week. I know many schools do not have a nurse at all. My daughter has exercise induced asthma. I feel comfortable knowing that there is a health care professional at her school to keep in contact with us and her if there are any problems. The school nurse also develops an asthma plan with us and our doctor. The nurse helps educate the staff about the plan because she is not there 4 of the 5 days during the week. This adds a feeling of security for us knowing that the school is able to handle an emergency if our daughter has an asthma attack. Many times the extreme cold affects my daughter. She can have an attack during recess or just from walking from the car to the building. It is nice to have a healthcare professional there to educate the staff and help my daughter at a time when she may be very scared. The education we have received from our school nurse has also helped us better understand asthma and what it means for our daughter to have asthma. Our school nurse has educated our daughter on how to function throughout the day and not worry about having an asthma attack. She has taught her that she can still be active and be a normal child, something that is very important for a very active 5<sup>th</sup> grade girl.

For many children, the school nurse may be the only healthcare provider they come in contact with. The school nurse may be the first to detect something abnormal and refer the parents to a doctor. Our school nurse also did a preliminary eye check on our daughter and referred us to the optometrist. While my daughter was not struggling to see the board, she was having quite a bit of strain on her eyes while reading. Because of the referral from the nurse, my daughter now has reading glasses and says it is more comfortable for her to read, an activity she thoroughly enjoys.

I wish our school nurse could be at the school two or three days a week, but because of funding, that is not possible. As our schools have more and more children in them, and as childhood obesity becomes more of a problem, it is important now more than ever to have a healthcare professional educate our children and our parents about health and wellness. Our children need to learn how to eat healthy, engage in exercise, and take care of their bodies. With children spending 7 hours a day at school, the physical education teacher, the classroom teacher, and the school nurse can work together in conjunction with the parents to help our children be happy and healthy. This will lead to better academic performance.

I cannot think of any downfall to having a nurse on staff at the schools. The benefits are very numerous. Education, medical care, academic achievement and security are all reasons to have a school nurse. Every child in a school would benefit from having a nurse on staff.

I believe the North Dakota House of Representatives should approve House Bill 1457 allowing funding for grants for a school nurse. The benefits to the children of North Dakota far exceed the costs of having a school nurse.

Melody Sundbakken  
Minot, ND

#15

As a registrar at the school, I sit in the student services area where the school nurse is also located. When the school nurse is absent I am asked to fill in for the duties that she normally would handle on a day to day basis. I have listed a few of the duties which are asked of me in her absence:

- Dispense daily meds
- Dispense standing order meds ( Acetaminophen, Ibuprofen, etc)
- Tend to first aid incidents such as lacerations, bruises, bloody noses.
- Help with physical education class accidents (sprained ankles, etc).
- Hand out menstrual supplies and bandaides.
- Help out with emergency situations – seizures, excessive bleeding, etc.

To me, it is very necessary to have a school nurse.

Sherry Veit, Registrar

Fargo South High School

1840 15th Ave S

Fargo ND 58103

(701) 446-2016 Phone

(701) 446-2200 Fax

#16

January 28, 2011

When the nurse is not on duty I have several concerns. I am an attendance secretary and my office is near the nurse so I'm sometimes asked to cover the nurse's desk when she's not here.

I am VERY UNcomfortable with giving kids their meds or giving them Tylenol or IBP

We have students that are diabetics. If there were a diabetic reaction I don't want to be responsible for knowing what to do. The nurse has made us aware of things we need to do but I'm not comfortable remembering everything.

Students who need inhalers:

Students with allergies that may need an epi pen.

Students that have seizures.

Bloody noses

Broken bones

Frozen fingers and toes

There are MANY things that I do not feel comfortable with in the nurse's office. I don't want the school to be sued or myself for something that I might do because of lack of info, not being a nurse, etc could cause.

Gay Newman  
Discovery Middle School  
Attendance Secretary



#17

January 28, 2011

I am writing in support of the HB1457. I volunteered in the nurses office in a middle school in Fargo for four years while my children were students there. I am an RN but had never worked in the school setting and I was amazed at the positive impact that the nurse had on the students. Like many schools today, this middle school was very multi-cultural and the nurse had to be aware of cultural practices and mores. She was very sensitive to the beliefs of the different ethnic groups when working with the students. Many times referrals were made to counselors if a student seemed to be struggling with a social or economic concern. The nurse also worked with outside agencies to try and find the best solution to a student. There were times when students didn't have money for lunch and she would provide that from her own funds.

These days many students are on medications and the nurse was responsible for dispensing them. I recall a couple of times when she was able to notice drug interactions for a student that had not been caught by their primary providers. She also provided education about medications if the student had a question.

In the four years that I volunteered I saw examples of students that had "fallen through the cracks" either medically or socially and this was observed by the nurse and action was taken. I strongly urge you to vote for HB1457 for the welfare of the students in this state. Thank you in advance for your support.

Kathy Mitchell RN

#18

**House Bill 1457**

**Written Testimony from North Dakota American Academy of Pediatrics**

**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.**

**Thanks for all you do for children,**

**Todd Twogood MD, FAAP (Past President and Legislative Chair of NDAAP)  
Office phone # (701)-323-5815  
Medcenter One in Bismarck**

HB 1457

#19

From: **Flowers, David** (FLOWERS@west-fargo.k12.nd.us)



Sent: Fri 1/28/11 4:26 PM

To: skpmc@hotmail.com (skpmc@hotmail.com)

Susan,

I am writing in support of HB 1457, on behalf of West Fargo Public Schools. This legislation would appropriate \$1 million for matching grants for school districts to initiate or enhance their nursing services. Our school district is fortunate to have school nursing services. However, our students' health and welfare would be better served if we could afford to add more. A matching grant would provide an incentive to enhance these services and ramp up to assume the cost of the enhanced services. Currently our school district of 7100 students has three FTE nurses who must divide their time among our 15 buildings. Some elementary buildings receive 1 hour a day of nursing services. Obviously children need medication, become sick, need services at times other than when the nurse is "in." In the other times, the office staff must do their best to help with students' needs in the absence of the nurse. Our students would benefit from additional nursing services that could be provided with assistance under the matching grant provisions of HB 1457.

David Flowers  
Superintendent  
West Fargo Public Schools



#20

**TRACEY L. LAWSON**  
509 19th Ave SW, Minot, ND 58701  
838-2378 (H) - 857-4450 (W) - Tracey.Lawson@sendit.nodak.edu

January 31, 2011

Dear Members of the Legislative Assembly of North Dakota,


I am requesting your support for House Bill No.1457 to increase school nursing services across our state. As the principal at Longfellow Elementary in Minot, I see firsthand the positive impact that school nurses have at my school. Our district has two school nurses that provide services at 12 elementary schools. Our school enrollment is 272 students in grades PreK - 5. Our school nurse is scheduled to be at Longfellow on Monday afternoons for approximately 2-3 hours. With many school holidays on Mondays, the time we have a school nurse gets further decreased while the medical needs of our students have increased over time.

The secretaries at our schools have assumed the role of a school nurse. They are monitoring sick children, passing medications, and treating injuries, just to name a few of the duties. The number of medications given at my school has dramatically increased since last year. We are passing 15 medications to 13 students on a daily basis. This does not include the as needed medications such as Tylenol or inhalers that can be requested by students daily. My secretary also checks the daily insulin injections for a student that is learning to administer them to herself. All of these duties are in addition to the duties she has as a secretary. This is a safety and liability issue.

Every school does not require a full time school nurse, but having school nursing services increased would mean that more health or medical situations could be handled by these trained professionals. Our school nurse also provides health education to classrooms and her time to deliver these services is limited because of the short amount of time she is at our school.

Therefore, I urge you to support this important legislation. I would like to see North Dakota invest our money in the health of our youth. Evidence is clear that the health of our students is directly linked to their academic success. Healthy students and schools reflect the health of our communities and state.

Thank you for your time and consideration.



Sincerely,  
Tracey Lawson  
509 19th Ave SW  
Minot, ND 58701



#21

To: State Legislators

As a building principal the challenges of educating the youth of today is becoming more and more complex. An issue that is on the rise is student health. Several of today's students begin school with serious health issues that need to be monitored and addressed daily, diabetes, food allergies, autism, etc. In order for schools to successfully address these issues is by having a school nurse available. School nurses can directly work with students to address their needs as well as educate school staff on appropriate care. 504 plans can be written with input from the school nurse that is clear and concise which will provide school staff with appropriate direction.

School nurses also do a wonderful job of educating students and staff about healthy living lessons. Nurses can address a wide array of issues such as illness prevention, hand washing, eating healthy, exercise, rest, dental health, personal hygiene, etc. The need for school nurses is defiantly necessary. As you look toward funding programs and positions I hope that you will provide your support to school nurses.

Sincerely,

Darryl Tunseth

Principal  
Phoenix Elementary School  
Grand Forks, ND

#22



## PATHFINDER PARENT CENTER

1600 22<sup>nd</sup> Avenue SW Ste 30

Minot, ND 58701

January 26, 2011

### ND PTA

Carla Solem, President  
623 E. Main Avenue #106A  
West Fargo, ND 58078

Dear Carla,

I am writing to support the efforts by the ND PTA to secure legislation to fund school nurses in ND. As a parent of a child with special needs and the Executive Director of the Pathfinder Parent Center I know how vital school nurses are to the well-being of children with special needs.

At a time when legislators are concerned on how to limit spending of our unprecedented surplus I urge them to consider an investment in the school nursing program. I believe these vital partners will be instrumental in helping ND schools tackle the increasing rise in obesity among children. They will also be critical in addressing the rise in infectious diseases such as flue and other conditions.

Our family has been fortunate enough to live in a district that has a school nurse. As the parents of a child with special needs her services have been invaluable. She was the one who showed us which products to buy to address the psoriasis that our daughter had when we thought it was just a bad case of dandruff and wondering why the shampoos we were trying didn't work. She is the one who taught our daughter with an intellectual disability about puberty so that she could learn to generalize outside of the home. She is the one who helped to start a social program in our area for teens with disabilities when the phone never rang for them and she is the one who discovered that the mother of one of the boys in the teen program was dying of cancer and didn't know who to turn to for help when she gave that young man a ride home. And when the after school staff made a medication error that might have killed our daughter, she was the one who came in and trained everyone and helped us feel that our daughter was safe again. She helps students with brittle diabetes, allergies to bleach, cystic fibrosis and a large array of medical conditions. She addresses issues of head-lice, anorexia or exhaustion on the field.

One school nurse touches so many lives – I cannot imagine trying to operate as a school without one. It is my considered opinion that we shouldn't. Thank you for all of the work that the ND PTA does on behalf of families and schools. Please feel free to present this letter to legislators who are seeking information on the benefits of the legislation.

Sincerely

Cathy Haarstad  
Executive Director

We have been fortunate enough to live in a district that has a school nurse. As the parents of a child with special needs her services have been invaluable. She was the one who showed us which products to buy to address the psoriasis that our daughter had when we thought it was just a bad case of dandruff and wondering why the shampoos we were trying didn't work. She is the one who taught our daughter with an intellectual disability about puberty so that she could learn to generalize outside of the home. She is the one who helped to start a social program in our area for teens with disabilities when the phone never rang for them and she is the one who discovered that the mother of one of the boys in the teen program was dying of cancer and didn't know who to turn to for help when she gave that young man a ride home. And when the after school staff made a medication error that might have killed our daughter, she was the one who came in and trained everyone and helped us feel that our daughter was safe again. She helps students with brittle diabetes, allergies to bleach, cystic fibrosis and a large array of medical conditions. She addresses issues of head-lice, anorexia or exhaustion on the field.

One school nurse touches so many lives – I cannot imagine trying to operate as a school without one. It is my considered opinion that we shouldn't.

*Cathy Haarstad*



# 24

January 31, 2011

To Whom It May Concern:

Thank you in advance for taking the time to read this letter in regards to the importance of having a nurse at the schools.

As a parent of a child who has type 1 diabetes, we are faced daily with the struggles of keeping blood sugars in the ideal range. To do this, we need our daughter, Samantha, to check her blood sugar by doing daily fingersticks. Depending on that number, it will be determined if she needs a snack or juice (if she is low) or insulin (if her numbers are high) to bring her number down. At meals, she needs insulin (shot). Once again, she will need to do a fingerstick. We give insulin with each meal and need to calculate how many carbohydrates she will be eating. This may all seem somewhat easy, but it is not. It is almost like a scientific equation. We have to take into account whether or not she is excited that day, what activity she will be doing, illnesses, etc. Each ! scenario will need her insulin to be tweaked.

We meet in the fall when the school year starts with the teacher, principal, and school nurse to go over a "plan." We end up going over what should be done if she would go low during the day, if she would go high during the day, if her low would be so low that she would have a seizure and they would need to administer a glucagon injection to bring her out of the seizure. My husband and I along with the nurse that we meet with train the school secretary and Tracy Lawson how to do this if this would happen. They have been great in expanding their knowledge and will do whatever needs to be done to take care of our child, but I really feel someone who is in the medical field should be there part of the day to help assist when these worst case scenarios can occur.

I know our daughter is not the "only child" with some sort of illness. I know there are children that have severe allergies to peanuts and eggs, children with asthma, and children with ADD/ADHD who also need medications. This is why I think it is imperative that the schools have a school nurse available more than one day a week.

Thank you for you time. The staff at Longfellow Elementary have been great with accommodating to our needs and without their teamwork, we would not have the success we have, but I also feel that it would help them to have a school nurse on hand when they are faced with the scary lows that our daughter has had at the school and also meet the needs of all the other children with different needs.

Sincerely,

Scott and Amy Senger

#25

Testimony on House Bill 1457  
2011 Legislative Session  
February 1, 2011  
Rep. Weisz HS Committee Chairperson

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Representative Weisz and Committee Members,

My name is Donene Feist and the state director for Family Voices of North Dakota. Thank you for the opportunity to testify on behalf of House Bill 1457.

I would like to provide you with some important data.

Data from the Federal Maternal and Child Health Bureau conducted a survey in 2005-2006. This survey identified through the Data Resource Center for North Dakota, <http://www.cshcndata.org/Content/StatePrevalence2005.aspx?geo=North%20Dakota> has identified that there are 16, 541 children in North Dakota with special health care needs.

North Dakota has consistently seen an increase in the proportion of students enrolled in special education as compared to all publicly enrolled students. Of all 53 counties, at least 14% of the total public school students were enrolled in special education classes.

A school nurse is necessary in today's school settings. Our children with special health care needs have many unique needs. It is vital for many of our children to have an appropriate Individual Health Plan in the school setting. School nurses are a critical component to assist with care for chronic health conditions; and monitor changes to a child's condition.

Often school staff, secretaries, administrators, and teachers dispense medications and treatments, with little knowledge of the special health care needs that children face. This is very frightening for many of our families. Having school nurses available to provide management of medication administration for many of childhood health conditions such as diabetes, seizures, asthma, and others such as ADHD is crucial. They understand the administration and side effects of medication and how to respond in the event of an emergency.

It is also important to have nursing staff available who understand how to operate some of our children's equipment and provide necessary treatment in order for a child to be included in the school setting.

School nurses can provide screenings, immunizations, and care on a routine basis. Many of our students may not have health care coverage. There is an estimated 1587 children with special health care needs in North Dakota whom are uninsured. A school nurse may very well be the only access to health care they may receive. Our children in North Dakota deserve better.

Nurses are an important component of disaster planning and emergency preparedness, assisting with school readiness in the event of a natural disaster or event of terrorism. Additionally, are readily available to assist a student who may be medically fragile, require various

treatments/feedings, and equipment. Emergencies, as unfortunate as they are do happen. School nurses can assist in providing necessary care in those critical life saving minutes.

Sadly, while North Dakota has historically ranked well in children's well-being, we recently ranked 47<sup>th</sup> in the nation for making improvements to children's well-being. In part, due to the fact that North Dakota is one of the only states in the country who do not utilize school nurses.

Students spend nearly 50% of their day in a school setting. They deserve to have knowledgeable nursing staff available that can assist with the many health care needs that can happen on any given day.

Ongoing dialogue needs to continue to discuss our most vulnerable in this state which is our children. As a state we need to do all that we can to assure our children are taken care of. Health care is a human right not a privilege. For our North Dakota children it is the right thing to do at the right time.

One school district in Iowa, declined to accept responsibility for the services a student needed in order to receive a free appropriate public education, as per 20 U.S. C. §1400(c), the Individuals with Disabilities Education Act (IDEA). The district felt it was not legally obligated to provide continuous one-on-one nursing care. Hence, CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT v. GARRET F., a minor, by his mother and next friend, CHARLENE F. CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE EIGHTH CIRCUIT No. 96—1793. Argued November 4, 1998—Decided March 3, 1999 took place. <http://www.law.cornell.edu/supct/html/96-1793.ZS.html> Had appropriate school nursing staff been in place, this very well could have been avoided.

Let us remember as each of us makes decisions that will affect children—whether we are parents, educators, health professionals, or government officials—it is our duty to consider if that decision either affirms or denies a child's most basic human rights.

Thank you for your consideration.

Donene Feist  
Family Voices of North Dakota  
PO Box 163  
Edgeley, ND 58433  
701-493-2634

#26

HB 1457  
House Human Services Committee  
February 1, 2011

Chairman Weisz and members of the House Human Services Committee, I am Paul Ronningen, State Coordinator for the Children's Defense Fund – North Dakota. I am also representing the North Dakota Economic Security and *Prosperity Alliance (NDESPA) and the North Dakota Conference of Social Welfare.*

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start* in life and successful passage to adulthood **with the help of caring families and communities.**

I wholeheartedly recommend the passage of HB 1457 as it reinforces the values of the Children's Defense Fund and North Dakotans. A Healthy Start is critical for our children.

The activities of the School Nurse as outlined in this bill hit the mark on the needs of our children. As a parent, I had a child with ADHD and required medication during the school day. A nurse administering the medication, as opposed to the secretary would have been a comfort to me.

Also, I attended a hearing on SB 2354 regarding eating disorders. A school nurse, providing information to students and interacting with the student body may have be able to pick up on this disorder. As parents, we are sometimes obvious to these budding eating disorders.

This bill is critically important to the children of North Dakota and their families.

I would be happy to answer any questions that you might have at this time.

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**An ounce of prevention is worth a pound of cure...**