

MICROFILM DIVIDER

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ROLL NUMBER

DESCRIPTION

1376

2001 HOUSE HUMAN SERVICES

HB 1376

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1376

House Human Services Committee

Conference Committee

Hearing Date January 31, 2001

Tape Number	Side A	Side B	Meter #
Tape 2	X		4460 to end
Tape 3	X		0 to 50
Committee Clerk Signature <i>Cornie Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Doseh, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HB 1376.

Rep. Cleary: Presented Bill. HB 1376 may be one of the most important bills we consider this session. Under this bill the Public Health Agency could apply for a grant from the State Department of Health. Some of the tobacco money could be used for this project. Providing school nurses is long over due. This bill is a step in the right direction. Please give this bill a unanimous yes vote.

Vice Chairman Devlin: This was a \$10,000,000 price tag last session - has that changed?

Rep. Cleary: \$2,000,000 is put in the bill with matching funds.

Chairman Price: If School of Nursing was rolled out statewide, it would be a \$10,000,000 budget.

Rep. Porter: The \$2,000,000 that is coming out of the tobacco money - is it coming out of a lump sum of tobacco settlement or a particular part of it?

Rep. Cleary: The Health Care Trust Fund of the tobacco settlement.

Rep. Porter: Last session when we dealt with the trust fund, I was more in favor of putting less in the School Trust Fund and more into the Health Care Trust Fund so that projects like this could be looked at. The bill that has been put in by the department for the Community Grant Program with the 10% kind of covers the money you're spending already. Would you be opposed to taking this \$2,000,000 out of the schools share of the 45% that they're getting?

Rep. Cleary: I think it should come out of this part of it.

Rep. Porter: CDC came in during the interim and they talked about the cost of doing a statewide tobacco cessation program somewhere around \$15,000,000 a year. Shouldn't it come out of the school side rather than the health care side?

Rep. Cleary: It seems to me this is an issue that should be resolved in some way. We are the only state that doesn't have an organized program for school nurses. It is time for this bill. Tobacco funds are the appropriate place, because this is what it was designated for.

Vice Chairman Deylin: As I recall, the language of the settlement talked about restitution to the state for all the money they have spent on tobacco related incidents. We've spent a lot of money through the years and now we're getting restitution for that.

Rep. Cleary: That is true, we are getting money back for all we've spent.

Chairman Price: The language is that the Department of Health would grant the money to the Public Health Agency. Will there be a cap? I just want to know the rational.

Rep. Cleary: I will defer your question to people that can better answer that.

Rep. Gulleason: I think the concept of the tobacco settlement dollars, that portion that was directed toward the health fund, fit that need precisely. Another function, and the most important function, is that of being preventive educators.

Rep. Galvin: How long can the school portion source of money be depended upon from the tobacco funds?

Rep. Gulleason: I believe it is a 25 year window that the dollars will be sent out to the state as part of that settlement?

Rep. Weisz: You say a lot of our public health programs we are under funded, don't you see this as the particular rural county's inability to match the grants? Are we seeing a shift of dollars going to urban counties rather than rural counties?

Rep. Gulleason: That is a real concern and it doesn't say if these dollars could be leverage with other federal dollars.

Chairman Price: We have been cautioned that we are seeing some changes in the amount of funding and that it is not a steady cash flow. But trust me, we have some ideas for some of it.

Rep. Gulleason: You have before you in the next number of weeks a smorgasbord of ideas on this. I think this is a very good one, and I hope it will be considered in this committee.

Vice Chairman Devlin: Does the cost of the system - is there still a \$10,000,000 cost but it doesn't show up as paid dollars because the counties will need to increase property tax to meet their match?

Rep. Gulleason: That did have to do with the establishment of public health agencies. From the state's perspective it would not be \$10,000,000.

Max Lehr: Teacher, Grand Forks Schools. We need presence of nursing in our schools. With the additional number of students impacted by prescription drugs, and by the growing number of students impacted by severe health issues, we as public school educators are continually being impacted by information and assistance dealing with these kids.

Rep. Porter: I looked into changing the amounts. You wouldn't have problems taking this out of the School Trust Fund money?

Max Lehr: It is my understanding that this money would be taken prior to the allocation, which is the distribution to the schools and some to health. Both are different issues. It might be time for us to address that.

Rep. Porter: The bill we heard earlier - was there a shortage of nurses in North Dakota, especially in rural areas. How would we assure that the impact is where it is in rural and not in urban?

Max Lehr: I don't know what available dollars are in rural health agencies for the matching grant? I'm not familiar enough to know.

Chairman Price: Is school nursing important enough in your mind that it would come out of the 45% that is going to county school fund?

Max Lehr: I do believe that the school nursing issue is of enough importance, particularly as we weigh tobacco use. The health care needs that I talked about with issues we're dealing with the schools and classrooms growing number of disabled students. I think there is merit.

Chairman Price: There is already some language on how that money flows.

Bev Nielson: School Board Association. The point I would like to make is that it isn't so much that we need school nurses as in we need to get into the medical business, and we need to hire medical professionals. What schools need is the assistance of public health.

Rep. Weisz: Currently school districts have a good working relationship with the health unit - you would merely like to expand that relationship?

Bev Nielson: Yes, we really prefer to leave the issues of the provisions with the health professionals.

Rep. Dosch: You're concerned about more elements coming into the school setting. Are we bring in liability problems because of bringing in public health?

Bev Nielson: There is no more liability than having unqualified people performing.

Rep. Porter: What is stopping schools from cross training? Training staff to handle some of these medical issues.

Bev Nielson: Under staffing, money, and the desire of the individual to get training.

Rep. Weisz: Isn't there a liability in the fact that one school district has a nurse and another doesn't?

Bev Nielson: It always comes down to the resources.

Rep. Dosch: I do think it is a matter of discrimination. You're saying the rich schools will have health care and school districts that can't afford this won't.

Bev Nielson: I'm not saying it is a perfect way with this bill.

Rep. Weisz: Opens up real liability issues. From a parent's perspective, "why doesn't my child have the same level of care as other schools?"

Bev Nielson: In past years our preference that public health nursing in the regions are sufficiently funded so they are able to work with the schools medical needs.

Heather Wolberg: Third Grader. The nurses take care of us and help us to stay in school.

Nancy Brown: School Secretary, Wilmor Elementary School. Discussed health situations in the school and didn't have medical staff to take care of some of these problems. She stated she wasn't equipped or trained to handle some of these incidents.

Dannette Stotz: Parent. We need to remove liability from the secretary and have nurses available.

Marcia Strecker: Public Health Nurse. (See written testimony.) Health care issues present one of the greatest challenges facing our society today. The school nurse can assist students to attain a higher level of wellness.

Bill Demry: Jannette Myre Principal. Each school has separate needs. Schools don't want to get into the health business, but want to form a partnership with health units to provide services in our schools. The President said "We shall leave no child behind". We cannot educate our children if they are not healthy.

Rep. Porter: Some of the concerns we keep hearing are the medication administration. North Dakota and the whole nation are in a work force shortage. Has your school given any thought in cross training your staff in the medication administration part of it?

Bill Demry: That certainly would be a possibility.

Rep. Porter: Even basic first aid class - doesn't require a lot of hours of training. Is there coverage under the existing Good Samaritan Law to limit liability?

Bill Demry: We are hoping so.

Kim Senn: Nurse Consultant, North Dakota Department of Health. (See written testimony.) The National Association of School Nurses recommends one nurse for every 750 students. North Dakota does not have an organized school nursing program. I very much hope you will support HB 1376.

Page 7

House Human Services Committee

Bill/Resolution Number HB 1376

Hearing Date January 31, 2001

Mary Kay Hermann: Fargo Cass Public Health. (See written testimony.) Fargo Cass Public

Health supports a state grant program to fund school nurses.

Vice Chairman Devlin: Close hearing on HB 1376.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1376 A

House Human Services Committee

Conference Committee

Hearing Date February 7, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		3300 to end
Tape 1		X	0 to 1220
Committee Clerk Signature <i>Corinne Easton</i>			

Minutes:

COMMITTEE WORK:

CHAIRMAN PRICE: Let's take a look at 1376.

REP. CLEARY: (Explained amendments.)

CHAIRMAN PRICE: The proposal that Rep. Cleary has is that out of the 45% that is currently allocated to the common school trust fund - prior to that being distributed, that \$2,000,000 would be taken off of the top to go to the school nursing grant fund. The remainder of the 45% would go into the common school trust fund and be distributed as required by law.

REP. DOSCH: What dollar amount does that represent?

CHAIRMAN PRICE: The 45% for the current biennium is right around \$26,000,000.

REP. PORTER: Rep. Cleary, that would cover it for this biennium. What is going to happen in two years from now?

REP. CLEARY: Perhaps in two years from now the districts and public health agencies would be able to do that on their own, or in two years we could maybe think about it again. It is not a mandate that they have to have a school nurse, but we are encouraging them to do that. I think it is a very important issue.

REP. PORTER: The other question that I had that came up during the discussion on the bill, was that there really wasn't anything set up to make sure that the granting program had a priority on those schools that didn't have any school nurses. The way it looked, the money would be going to the well funded and well organized public health units and the units that really had the need, and the school districts that really had the need would be left out of this to \$2,000,000.

REP. CLEARY: That was a question during the hearing, and that truly might happen but I would see that the bigger school districts are the ones that have the most need for a school nurse.

REP. PORTER: One of the things we talked about was educating and cross training the existing staff in areas of medication administration to the program that is already established through the Board of Nursing, Certified Nursing Assistance to the program that is already established through the board. The real impact to the rural communities will not be answered by having a \$2,000,000 matching grant fund available unless we give direction and put the money where the need is going to be two years from now. What isn't going to change is that we're still going to have a nursing shortage in North Dakota, we're still going to have a work force shortage two years from now. If we don't start looking at utilizing the resources that are now available, in two years there won't be any change in what we're doing right now. This \$2,000,000 will have been spent mainly in the larger communities, and the rural communities and other schools won't have access to nursing, and they still won't have anybody trained to administer medication which seems to be the biggest concern of what came into us.

REP. CLEARY: I think that is a creditable idea, training existing staff, but I don't know where they are going to get the time to do this. It is a time consuming effort. In the rural areas perhaps there are some older nurses who could spend a half a day as a school nurse and do a very good job. Maybe you have some suggestions on what we could do to the bill to give those rural schools a better chance or the public health units a chance to get their grants accepted.

REP. WEISZ: I would agree with Rep. Cleary's idea of \$2,000,000 from the school trust fund, but that is as far as my agreement goes. I think there is an issue of health care within our schools, but as the School Board Association testified, they don't want to get into the business of hiring school nurses or taking care of health care. They want to work with the public health units to develop whatever protocol or to address whatever needs they have. They are going to vary depending upon the school. In some cases I'm sure the need will be there to have a nurse. In some cases it may be a simple matter of training one or two staff in medical administration or basic first aid.

REP. GALVIN: My concern is taking the money out of the tobacco fund which is not a recurring source of money.

REP. SANDVIG: I wish the money was going to be used specifically for tobacco prevention purposes, but if it is going to go to the public health and to go to the school nurses through the agencies, I have a little bit of concern there because some of the things that they teach I'm not in favor of. I don't know if they are going to get into the birth control issues and things and I'm not in favor of that.

REP. PORTER: When we had the presentation on this bill, one of the factors that was missing was the Health Department telling us how they would propose implementing such a program, and making sure that the resources were utilized to the needs of the public health units. We had a

different bill in front of us not that long ago that dealt with the safe visitation centers, that they had asked the Health Department to manage just the funds, just to transfer the funds and the grant. The department was going to charge those centers 10% administrative fee to do that. You got to cut \$200,000 off of this just for administration fees if that is the case for them to handle granting funds from the Health Department. This program as established doesn't say how the money is going to be split up amongst these public health units, it doesn't say where the need is, it doesn't say how the need is going to be addressed. It just says give us \$2,000,000 to go into the public health agencies. What are the administrative costs? If they have to charge 10% to handle \$400,000, are they going to charge 10% to handle \$2,000,000 also?

REP. CLEARY: They are grants. They have to write grants to get this money. There is a nurse, Ms. Strecker, here who would like to speak.

CHAIRMAN PRICE: Did she present at the original hearing?

REP. CLEARY: Yes.

MARSHA STRECKER: School Nurse. Rep. Sandvig had mentioned something about our teaching instructions, and yes we do some teaching on personal growth. But No. 1, those instruction materials and videos are inspected by the parents before give it. It is strictly health and how your body changes. (Discussed her job as a public nurse.) We're doing our best as a public health unit - we're getting real creative.

CHAIRMAN PRICE: There is on the Senate side a proposal to double the funding from the state for public health units. That would be to their discretion how to spend it, and that is using tobacco dollars so this bill would reduce that amount. The second thing is we hear only from the urban schools that there is a need, and we hear from the school nurses and the parents. There is nothing stopping the school right now from hiring a school nurse except the dollars, and by the

tobacco money 45% of the \$26,000,000 is going into the common school trust fund every two years. We have increased our funding to education, but it is how the local school boards spend it. In this case the nurses probably aren't going to be where the biggest need is, it is going to be the community that has the bucks to match it. Period. Are you in support of the money going directly to the public health unit?

MARSHA STRECKER: I guess I can see where that would also be an answer to that problem. I just find that we're finding it hard to be able to appropriate this money in a proper way so 10% isn't taken off the top. The public health unit want's to place the nurses where the need is, and we will get to the rural schools.

CHAIRMAN PRICE: Did you want to propose any amendments, Audrey?

REP. CLEARY: (Explained proposed amendments.) I move that we adopt the amendments.

REP. SANDVIG: Second.

CHAIRMAN PRICE: Discussion on the amendments? The clerk will take a roll call vote (13 Yes, 0 No, 1 Absent.) We have an amended bill, what are your wishes?

REP. CLEARY: I move a Do Pass.

CHAIRMAN PRICE: We have a motion for a DO PASS and be rereferred to Appropriations.

REP. WEILER: Second.

CHAIRMAN PRICE: Discussion?

REP. SANDVIG: Carol wanted me to make a couple of points because she had to go to another committee. She said a lot of the districts could be created. Mr. Demry suggested that. There are PTOs and the School Board and if they really want to put priority by matching funds they can do that. She also talked about the satellite programs we have in Cass County. They have a nurse go

out there. She thought some of these larger schools could offer satellite programs to these smaller communities. Pool their money to get the match.

REP. WEISZ: I am going to resist the motion and oppose the bill. This is taking away some of the flexibility.

REP. PORTER: I don't think anybody can argue the concept in getting people trained into the schools to do some of the things that need to be done. School nursing is definitely one of those areas, but the problem that I have is that we are already under funding our schools, we're taking money away from the schools by doing this.

REP. CLEARY: I would think the public health agencies could work with the school districts. I think a lot of teachers would be supportive because they are not happy about giving medications.

CHAIRMAN PRICE: The clerk will call the roll with a Do Pass as amended and rerefer to Appropriations (6 Yes, 7 No, 1 Absent).

CHAIRMAN PRICE: The DO PASS failed and we're going to have to vote on a Do Not Pass.

VICE CHAIRMAN DEVLIN: I will make the Do Not Pass motion.

REP. TIEMAN: Second.

CHAIRMAN PRICE: The clerk will call the roll on a DO NOT PASS (7 Yes, 7 No). The option now is to do it without committee recommendation to be rereferred to Appropriations.

REP. PORTER: I would so move.

REP. TIEMAN: Second.

CHAIRMAN PRICE: You are voting on **WITHOUT COMMITTEE**

RECOMMENDATIONS TO BE REREFERRED TO APPROPRIATIONS.

12 YES 2 NO 0 ABSENT CARRIED BY REP. PRICE

10464.0201
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Prepared by the Legislative Council staff for
Representative Cleary
February 7, 2001

VR
2/7/01

HOUSE AMENDMENTS TO HB 1376

HOUSE HS

2-8-01

Page 1, line 15, remove "allocating and"

Page 1, line 16, replace "from the tobacco" with "of the amount to be allocated to the common schools trust fund"

Page 1, line 17, remove "settlement trust fund"

Renumber accordingly

Date: 2-7
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1376

House Human Services Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Motion to Adopt the Amendments

Motion Made By Cleary Seconded By Sandvig

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier		
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz	✓				

Total (Yes) 13 No 0

Absent 1

Floor Assignment _____

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

Date: 2-7
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1376

House Human Services Committee

- Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS as Amended re refer to Appropri

Motion Made By Cleary Seconded By Weiler

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman		✓	Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman		✓	Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier		
Rep. Pat Galvin		✓	Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert		✓			
Rep. Todd Porter		✓			
Rep. Wayne Tieman		✓			
Rep. Dave Weiler	✓				
Rep. Robin Weisz		✓			

Total (Yes) 6 No 7

Absent 1

Floor Assignment _____

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

Date: 2-7
Roll Call Vote #: 3

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1376

House Human Services Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken DO NOT PASS as amended

Motion Made By Devlin Seconded By Tieman

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary		✓
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf		✓
Rep. Mark Dosch		✓	Rep. Carol Niemeier		✓
Rep. Pat Galvin	✓		Rep. Sally Sandvig		✓
Rep. Frank Klein		✓			
Rep. Chet Pollert	✓				
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler		✓			
Rep. Robin Weisz	✓				

Total (Yes) 7 No 7

Absent _____

Floor Assignment _____

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

Date: 2-7-01
 Roll Call Vote #: 4

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. HB 1376

House Human Services Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Refer to Appropriations without Committee recommendation as amended & referred

Motion Made By Rep. Porter Seconded By Rep. Tieman

Representatives	Yes	No	Representatives	Yes	No
Rep. Clara Sue Price, Chairman	✓		Rep. Audrey Cleary	✓	
Rep. William Devlin, V, Chairman	✓		Rep. Ralph Metcalf	✓	
Rep. Mark Dosch	✓		Rep. Carol Niemeier	✓	
Rep. Pat Galvin	✓		Rep. Sally Sandvig	✓	
Rep. Frank Klein	✓				
Rep. Chet Pollert		✓			
Rep. Todd Porter	✓				
Rep. Wayne Tieman	✓				
Rep. Dave Weiler	✓				
Rep. Robin Weisz		✓			

Total (Yes) 12 No 2

Absent 0

Floor Assignment Rep Price

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

REPORT OF STANDING COMMITTEE

HB 1376: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION** and **BE REREFERRED** to the Appropriations Committee (12 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1376 was placed on the Sixth order on the calendar.

Page 1, line 15, remove "allocating and"

Page 1, line 16, replace "from the tobacco" with "of the amount to be allocated to the common schools trust fund"

Page 1, line 17, remove "settlement trust fund"

Renumber accordingly

2001 HOUSE APPROPRIATIONS

HB 1376

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1376

House Appropriations Committee

Conference Committee

Hearing Date February 16, 2001

Tape Number	Side A	Side B	Meter #
02-16-01 tape #2	4830 - 6230	0 - 1620	
Committee Clerk Signature <i>[Signature]</i>			

Minutes:

The committee was called to order, and opened the hearing on HB 1376.

Rep. Audrey Cleary: HB 1376 asks for money for a school nursing grant fund. Currently in ND there is one school nurse for every 5,612 students. We are the last state to have organized school nursing. Money for this project would come from the tobacco settlement funds before the allocation to the common schools trust fund. Under this bill a public health agency could apply for a grant to the state department of health. The public health agency working with school districts would need to match the grant. We think the tobacco settlement is the appropriate way to fund this project. We haven't used any of the tobacco money to educate our children about the dangers of smoking. School nurses would be in a unique position to perform this education. They would also administer medications which is now done by secretaries and sometimes even janitors. This is an accident waiting to happen. Providing for school nurses is long overdue in ND.. This bill is a step in the right direction, and please support the bill.

Rep. Wald: Is it your understanding that his \$2 million was supersede any other activity such as the water development fund with the common schools trust fund, that you would have first dabs on the \$2 million before any other money should be spent from the tobacco settlement fund.

Rep. Cleary: As I understand it, it just refers to the money before it's allocated to the schools trust fund.

Rep. Delzer: Who is the public health agency that has the money for school nursing, who are we talking about? Is that district health units?

Rep. Cleary: Public health agencies would be the area health agencies. Whatever entity that is a health agency.

Chairman Timm: Are there schools now that have nurses on their own, that they pay out of the school funds?

Rep. Cleary: There are a few, someone else would be better at answering that question

Max Laird, President, North Dakota Education Association: Supports the concepts in HB 1376. It was his understanding that when the bill was originally drafted that there was a \$2 million appropriation, and that the state of ND had the ability to capture funds prior to the distribution to water, schools trust, or health. He testified to the Human Services committee that this program that there are increasing health issues in the schools, that public health or school base nurses would provide an opportunity to deal with many projects. He testified that he was uncomfortable just automatically capturing common school trust fund moneys to fund this program. His attempt was to follow the money, and he noted the various funds and the interaction of the fund and this bill. There are other bills dealing with this subject. Still

uncomfortable with the funding out of the tobacco settlement fund, without a more clear concept of dealing with smoking cessation.

Chairman Timm: Are we talking about nurses in the schools to help out with handing out prescriptions, or materials? How is a school nurse going to get kids to stop smoking, by just being there?

Max Laird: Under the nursing act, the breadth of a nurses responsibility would allow them to accomplish all of what you are suggesting. I teach about smoking, but I can't be engaged in preventative programs and the development and distribution of programs in all grade levels. A nurse would be able to do that and assist in other issues.

Chairman Timm: Nurses are in a short supply. Where are the schools going to find nurses?

Max Laird: Cannot answer that question about supply and demand.

Rep. Kempenich: How many schools are targeted, how would this work on limits?

Max Laird: Wanda Rose can answer more effectively. He teaches in a large school district. Even having someone available full time would allow us to handle issues like head lice and others. Does not see that the program would be consumed by large districts. The county public health agencies would have to make a determination on how to put together the funds. There may be some problems with the distribution system, but he's not clear on that.

Rep. Byerly: Appreciates the comments on the common schools trust fund. He believes that if we open this up, first we will not accomplish the goal of saving the money for the future. If we start skimming the money off, then someone else will go after it. The governor's plan for anti-smoking is \$7.5 million which means that the health trust fund may get into trouble, and nothing will be left.

Max Laird: Is walking a fine line. He supports the concept of the bill, and sees a need as a teacher. Also sees the dilemma of the funding source. Suggests a change to the language of the bill.

Rep. Carlisle: Has an understanding that there is \$10 million in a fund for anti-smoking cessation at the start of the session.

Rep. Delzer: From what I've seen of that, we do have approximately \$10 million in there but the key to that is that legislation says we have to have the money before we can spend it out of that trust fund. So if we spend that down, then for the next biennium we won't have enough money in there to do the things that are set up in the governor's proposal for cessation.

Wanda Rose: Comes to support the concept of school nursing. This has been a hot potato for the last five or six sessions. Gave some history, going back to 1995 and pilot projects. We have heard the need for this project from all types of persons. She spoke the needs of children in schools needing to take medications, and the need for school nurses to administer these medications. School nurses can deal with the issue of tobacco also.

Chairman Timm: How many schools now have nurses?

Wanda Rose: The schools that are being paid are ones that are doing education, they are hired as health educators. Their role is not school nursing, their role is to do classroom teaching. There are 23 full time equivalent nurses across the state of ND that are funded through public health agencies and a portion of their full time job is schools. She knows of no schools that actually pay for it. Grafton paid for a nurse, and then later had to cut the program. The Indian schools have school nurses.

Chairman Timm: Do you see every school needing a nurse, or just the big schools

Wanda Rose: Ideally, she would like to see 1 nurse for 1,000 students. In some rural areas she sees the school districts sitting down with the public health unit identifying the needs. There could be some sharing. It should be every child has access to a school nurse, not every school.

Rep. Delzer: There is such a shortage of nurses, how do you justify putting more competition out there.

Wanda Rose: In some rural communities with hospitals, often times a nurse would be part time, and they could compliment their hours with school nursing. The hours would be better.

Darlene Bartz, Department of Health: She is testifying neutral for the bill. It is not included in the governor's budget and so they are not in a position to either support or oppose it. We do recognize the need for school nursing in the schools, and do feel the concept is important. They do see the needs of the students increasing. She was a school nurse for three years, and did see a number of issues and needs. She had written testimony.

Rep. Kliniski: Were you involved in the pilot project when it was set up? (No). There was a pilot project and three schools received nurses, two of them in a rural area, and one in Fargo.

Wanda Rose: Her recollection that the pilot project was a Robert Wood Johnson foundation grant that occurred a number of years ago. Doesn't believe that there were any state dollars for a pilot project.

Rep. Wald: We set aside 10% of the tobacco money for anti-tobacco use education. If that is the goal to educate kids not to start smoking or to quit smoking which program would be

Page 6

House Appropriations Committee

Bill/Resolution Number HB 1376

Hearing Date February 16, 2001

more effective - investing \$2 million in a nursing program or continue on the present path. How do you believe the money could be used most effectively.

Darlene Bartz: That's a hard question, and both are equally important. Her concern is SB 2380, which concerns the community health trust fund, which spends the funds not associated with smoking cessation. It depends on all the projects that get approved.

The chairman closed the hearing on this bill.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1376

House Appropriations Committee

Conference Committee

Hearing Date February 21, 2001

Tape Number	Side A	Side B	Meter #
02-21-01 tape #1		4338 - 6230	
02-21-01 tape #2	0 - 85		
Committee Clerk Signature <i>[Handwritten Signature]</i>			

Minutes:

The committee was called to order, and opened committee work on HB 1376. This is the bill dealing with nursing grants.

Chairman Timm: There is an appropriation of \$2 million from the tobacco trust fund for nursing grants.

Rep. Byerly: The testimony was that this skims off the tobacco money before it gets to the common schools trust fund. I would hope that as far as the money is concerned we would not allow this to happen. Last session we fought and fought to come up with something the body could agree to for a split on that tobacco money. There were quite a few of us that were adamant that we would put money away for the future, for the kids. That's the reason that 45% of it ended up going directly to the common schools trust fund. If we leave that money there and allow it to build, as some point in time, as we get into the out years we are talking about millions of dollars that will be disbursed to the schools for perpetuity. If we start skimming that money off we will

end up with nothing in the future. If we leave the money there, in 20-25 years the yearly distribution will be \$25 million. If we start skimming that money off of there, we will just lose it all.

Chairman Timm: I have heard that the common schools trust fund is the only true trust fund that we have. Is that right, that it is the only one where we can not go in and take the principal out. We can use the interest, but not the principal.

Response: It is a constitutional trust fund, so you are right. Would need a constitutional change to take the principal out.

Rep. Aarsvold: Would move to amend the language on line 17 of the engrossed bill, removing the common schools trust fund, and replacing with the community health trust fund. That would be the 10% allocation of the tobacco settlement dollars, directed toward health concerns. Seconded by Rep. Gulleason.

Jim Smith, LC: To answer a question about the balance in the community health trust fund, he states that there is about \$5.1 million, but many bills are taking money out of this fund. The tobacco settlement trust fund is the fund before the money gets allocated to the other trust funds.

Rep. Delzer: Is going to oppose the amendment, because the community trust fund can't be spent until its there. If we take that down to \$3 million, that only gives us \$3 million for the next biennium. I think that's taking too much money out of that fund.

Rep. Kemperich: Just with the governor taking out of the fund its going to be \$5 million. That balance is going to be close to zero soon.

Rep. Svedjan: Sees the effect of this requested amendment as virtually taking the funds from tobacco cessation and the other activities being planned for the use of that money in that

fund. Also he doesn't believe that school nurses deal with tobacco related issues. They may occasionally. He finds it difficult to find a tie between the tobacco money and school nursing. It's almost an end run to get at a pool of money, and a built argument to focus on tobacco issues.

Rep. Aarsvold: I disagree with Rep. Svedjan on this. There is no better place in his mind than to deliver a program on tobacco cessation than in a school. This is the place to have the greatest impact.

Rep. Svedjan: That is what is being planned for the use of these funds, that 10% portion. The governor has laid out a plan to spend \$7.4 or \$7.6 million to come from that source and dedicated to schools, communities, and public health - healthy schools, healthy families and healthy communities.

Voice Vote on amendment fails.

Rep. Byerly: Repeats that this bill has to be amended before it goes to the floor no matter what the recommendation. Moves to amend to change the funding source to be general fund dollars. Seconded by Rep. Skarphol.

Rep. Gulleason: Opposes that amendment, as that was never the intent of the sponsors. We were looking at this as a preventative tobacco education program to be put where we already have existing infrastructure set up to deliver the message, which is in the public health and school nursing programs. It was the intent of the sponsors to use the tobacco settlement dollars.

Rep. Byerly: Argues that this bill is just an end run to get to the tobacco money. Says that this is like the seventh time this bill has been introduced, and the only one seen more often is the lottery bill.

Voice vote to amend bill passed.

Rep. Kempenich: Moves DO NOT PASS AS AMENDED. Seconded by Rep. Delzer.

Page 4

House Appropriations Committee

Bill/Resolution Number HB 1376

Hearing Date February 21, 2001

Vote on Do Not Pass as Amended : 12 yes, 8 no, 1 absent and not voting. Motion passes.

Rep. Byerly is assigned to carry this bill to the floor.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1376

Page 1, line 1, remove "; and to provide"

Page 1, line 2, remove "for a transfer to the school nursing grant fund"

Page 1, line 5, replace "school nursing grant" with "general"

Page 1, remove lines 15 through 17

Re-number accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 301 - State Department of Health

HOUSE - This amendment changes the funding source for school nursing project grants from the school nursing grant fund to the general fund.

Date: 2-21-01
 Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1376

House APPROPRIATIONS Committee

Subcommittee on _____
 or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken to amend line 17 and line 16.

Motion Made By Rep Aarsvold Seconded By Rep Gulleason

Representatives	Yes	No	Representatives	Yes	No
Timm - Chairman					
Wald - Vice Chairman					
Rep - Aarsvold			Rep - Koppelman		
Rep - Boehm			Rep - Martinson		
Rep - Byerly			Rep - Monson		
Rep - Carlisle			Rep - Skarphol		
Rep - Delzer			Rep - Svedjan		
Rep - Glassheim			Rep - Thoreson		
Rep - Gulleason			Rep - Warner		
Rep - Huether			Rep - Wentz		
Rep - Kempenich					
Rep - Kerzman					
Rep - Kliniske					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Failed

Date: 2-21-01
Roll Call Vote #: 2

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1376

House APPROPRIATIONS Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number 10464.0301

Action Taken to amend to make funding from gen. fund

Motion Made By Rep. Byerly Seconded By Rep. Skarphol

Representatives	Yes	No	Representatives	Yes	No
Timm - Chairman					
Wald - Vice Chairman					
Rep - Aarsvold			Rep - Koppelman		
Rep - Boehm			Rep - Martinson		
Rep - Byerly			Rep - Monson		
Rep - Carlisle			Rep - Skarphol		
Rep - Delzer			Rep - Svedjan		
Rep - Glassheim			Rep - Thoreson		
Rep - Gulleeson			Rep - Warner		
Rep - Huether			Rep - Wentz		
Rep - Kempenich					
Rep - Kerzman					
Rep - Kliniske					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

passed

Date: 2-21-01
Roll Call Vote #: 3

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1376

House APPROPRIATIONS Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number 10464.0301

Action Taken DO NOT PASS AS AMENDED

Motion Made By Rep. Kempenich Seconded By Rep. Delzer

Representatives	Yes	No	Representatives	Yes	No
Timm - Chairman	✓				
Wald - Vice Chairman					
Rep - Aarsvold		✓	Rep - Koppelman	✓	
Rep - Boehm	✓		Rep - Martinson		✓
Rep - Byerly	✓		Rep - Monson	✓	
Rep - Carlisle		✓	Rep - Skarphol	✓	
Rep - Delzer	✓		Rep - Svedjan	✓	
Rep - Glassheim		✓	Rep - Thoreson	✓	
Rep - Gulleason		✓	Rep - Warner	✓	
Rep - Huether		✓	Rep - Wentz		✓
Rep - Kempenich	✓				
Rep - Kerzman		✓			
Rep - Kliniske	✓				

Total (Yes) 12 No 8

Absent 1

Floor Assignment Rep. Byerly

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

2001 TESTIMONY

HB 1376

Madame Chairman and members of the House Human Services Committee,

My name is Audrey Cleary. I represent District 49 in Bismarck.

HB 1376

This may be one of the most important bills we consider this session. This is the bill that seeks to provide money for school nurses. This is not a mandatory bill, but a way to get money for school districts to fund school nurses. Money would be used from the tobacco settlement. Under this bill a public health agency could apply for a grant from the State Department of Health. The public health agency would need to match the grant. This could be done with funds from any public or private source.

Using some of the tobacco settlement is the appropriate way to fund this project. To my knowledge we haven't used any of the tobacco money to educate our children about the dangers of smoking. School nurses would be in a unique position to perform this education. They would also administer medications which is now done by secretaries and even janitors. This is an accident waiting to happen!

Providing for school nurses is long overdue. This bill is a step in the right direction. Please give this bill your unanimous approval.

Thank you.

Madame chair and members of the committee.

My name is Marsha Strecker and I am a public health nurse who goes into 3 schools here in Bismarck. I am in each school approximately 4 hours per week. I have worked in several other areas since becoming a nurse 8 years ago. When I was first asked to be a school nurse, I had no clue as to what it was they did. Honestly, I thought that mostly one would deal with healthy, well children: maybe a bump or a sliver, not anything too serious. Keep in mind that I came from a background in Intensive Care and have seen all types of critically ill patients.

My eyes were opened to the wide variety of needs with each child and family I came in contact with. The children I seen most frequently seem to be the high risk children, such as children from families with many types of abuses present, most of them are neglected physically, emotionally, and mentaliy. Many of them live in poverty situations. Most have no health insurance and no knowledge of the programs out there in order to help them in their situation. There are a hand-ful that have deeper emotional problems that lead them into special classes for the emotionally disturbed.

On the other end of the spectrum are children with heart conditions, life threatening allergies, diabetes, lung diseases, liver diseases, and those that have been transitioned from the group homes into the public schools. I do need to mention that there is an increase of substance abuse among our children and that creates many barriers to learning. Through health presentations and videos, we can provide the information needed to help them make good choices.

Years ago, one never heard about children being on medication. Today, there are approximately 20-30 children per school that are on controlled substances such as Ritalin, Adderal, Cylert, Dexedrine, and Clonidine. This does not include anti-seizure medications, anti-depressants, insulin, heart or blood pressure medications, immune system suppressants, and others too numerous to mention.

It takes an effort on the part of the school to make sure these medications and health problems are managed in a safe way through the utilization of health care plans and individualized education plans. For you must know that these health problems and the medications themselves affect that child's learning ability, as it would us if we were on medications. They may have side effects from the medications or from the health problem itself.

At the present time they have secretaries, librarians, teachers aides and principals that are trying to manage all these variables. They are doing as well as can be expected but are missing one very valuable component: someone with medical knowledge and expertise in managing clients with

health concerns and problems. Throw into that recipe families who aren't knowledgeable of the care and medication management, untrained personnel giving and handling narcotics, and real and potential problems at home that affect that child's learning. (divorce, abuse, substance abuse, neglect, single parent households, mental illness, etc.)

Health care issues present one of the greatest challenges facing our society today. As plans are developed for improving our nation's health services, children must become a top priority of the schools and our communities. Optimal learning requires good health. The school nurse can assist students to attain a high level of wellness. They are a liaison between education and health care, providing a link between the school, home and community. School nurses have the professional education and skills to function successfully in the complex systems of education and health. Their educational preparation prepares them to identify and care for the health problems of today. Please vote in support of HB1376 and insure that our children, the adults of our future, have the assistance they need to become productive members of our society.

Statement of

Kim Senn, RN, BNSc
MCH Nurse Consultant
North Dakota Department of Health

H.B. No. 1376

Regarding

PROVIDE AN APPROPRIATION FOR SCHOOL NURSING PROJECT GRANTS AND TO
PROVIDE FOR A TRANSFER TO THE SCHOOL NURSING GRANT FUND

Before the

Human Services Committee

January 31, 2001

Good morning Madam Chairwoman and members of the Human Services Committee. My name is Kim Senn. I am a Nurse Consultant for the Division of Maternal and Child Health (MCH), North Dakota Department of Health. I am pleased to provide testimony on H.B. 1376, which provides for the transfer of funds from the tobacco settlement trust fund to a school nursing grant fund.

The purpose of school nursing is to support the educational process by contributing positively to the health, health attitudes and behavior of today's child and consequently tomorrow's adult. School nursing is a specialized practice of professional nurses that advances the well-being, academic success and life-long achievement of students. School nurses are continually working to promote healthy lifestyles, such as reducing tobacco use among youth, and educating students about steps they can take to protect and strengthen their physical and emotional well being.

The school environment has changed significantly over the past few decades. Children with special health care needs and those with chronic and/or life threatening illnesses, such as asthma, cancer, cerebral palsy, cystic fibrosis, diabetes, muscular dystrophy, etc. attend school regularly and with increasing numbers. These children require careful attention to their daily routines to ensure optimal health outcomes.

The behavior problems and risk taking behaviors of children and adolescents also continues to be a major source of public concern. Risk taking behaviors such as fighting, substance abuse, suicide and sexual activity have harmful, even deadly consequences. Given this complicated picture, it is important to strengthen and expand health services offered to students in North Dakota.

Perhaps these are some of the reasons the National Association of School Nurses recommends 1 nurse for every 750 students. North Dakota currently does not have an organized School Nursing Program. Currently, there is 1 nurse for every 5,612 students. The goal of the Maternal and Child Health Division and the North Dakota School Nurses is to have 1 nurse for every 1,000 students. School nursing is currently funded by various sources. Some nurses are employed by the school district and others by local health departments. Some agencies apply for various grant funds to support school nurses.

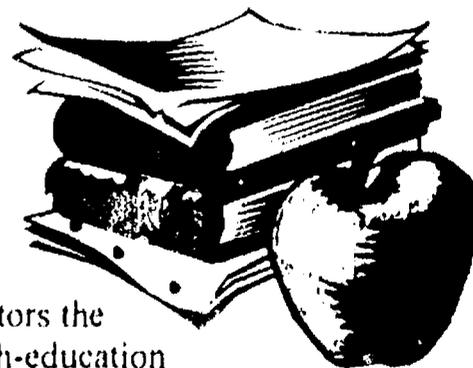
By allocating funding to school nursing programs, current programs will be allowed to enhance their services and those with no program in place will be allowed to start providing school nursing services. The relationship between the public health units and the schools will be one of mutual cooperation. School nurses will be able to provide a wide range of health related activities that are dependent upon by the needs of the individual schools and communities.

School nursing services may include medication administration, first aid for injuries, assessment and treatment of minor illnesses and case management of chronic conditions (i.e. asthma, diabetes, and seizures). School nurses also provide health promotional activities and education to students, faculty and families; assessment and intervention for mental health problems; and provide more complicated health care procedures such as catheterizations and tracheotomy cares. They refer children with injuries, infections or other health related issues to a clinic for care by a physician when medically indicated. Children need to be healthy to learn and school nurses are just one component of a comprehensive school health plan.

The Department is pleased to provide this information about school nursing. Madam Chairwoman, this completes my formal testimony. I would be pleased to answer any questions that you or other members of the committee have regarding school nurse services.

SCHOOL HEALTH EDUCATION PROFILE FACT SHEET

School Nursing is a specialized practice of professional nurses that advances the well being, academic success and life-long achievement of students. Currently in North Dakota, there is one school nurse for 5,612 students. The North Dakota School Nurses Organization is seeking funding to decrease this ratio. North Dakota is the last state to have organized school nursing.



The School Health Education Profile (SHEP) is a survey that monitors the current status of school health education. Principals and lead health-education teachers complete the survey, which is conducted every two years. In March 2000, questions about school health services were included in the SHEP survey, which was sent to 167 principals and 158 health teachers in public schools, grades six through 12. The total number of respondents to the survey was 160 (n=160), a 50 percent response rate.

School nurses coordinate and provide health care services to students, therefore allowing teachers to devote their time to educating students. The information from the questions asked in the SHEP Survey about school health services offers a glimpse of how these services currently are being provided to students.

Health Care Procedures Required by Students

Of the schools responding to the survey:

- 21 percent have students who need insulin injections.
- 8 percent have students who need other health care procedures, such as monitoring of bowel movements, pregnancy counseling, wheelchair use and monitoring of asthma.
- 7 percent have students who need a procedure (catheterization) to empty their bladders.
- 4 percent have students who need tube feedings.
- 1 percent have students who need chest percussion therapy.

Distribution of Prescription and Non-Prescription Medication to Students

Of the schools responding to the survey:

- Only 12 percent had a nurse distribute medications.
- 35 percent had a general or special education teacher distribute medications (thus taking time away from student education).

Documentation Required Before Medication is Distributed to Students

Of the schools responding to the survey, 32 percent do not require written instructions about the medication (i.e., dosage) from the physician or other authorized prescriber.

Health Facilities Available at the Schools

Health facilities in the survey were defined as a sick room, wellness room or school nurse room.

Of the schools responding to the survey, 65 percent did not have health facilities.

School Staff Required to Be Certified in Cardiopulmonary Resuscitation (CPR)

Of the schools responding to the survey, only 7 percent required at least one staff member be certified in CPR.

Nursing or Education Services Topics Provided as In-service Training to School Personnel

Of the schools responding to the survey, 18 percent did not receive any health services training.

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.



Testimony to the House Human Services Committee regarding H.B. No. 1376

Presented by:

Mary Kay Herrmann
Fargo Cass Public Health

January 31, 2001

Representative Price and members of the committee thank you for this opportunity to share with you information on the school nurse program in Fargo and Cass County schools. Fargo Cass Public Health supports school nursing, however we want the committee to understand that our first priority for the tobacco settlement dollars is tobacco prevention. This testimony is provided to share with you what the program in Fargo looks like. Presently Fargo Cass Public Health has a partnership between Fargo Public Schools, Central Cass Public School, Kindred Public School, Northern Cass Public School, the Dakota Medical Foundation, and Region V Children's Services Coordinating Committee. This is a shared funding initiative between all the organizations. {See attached funding information.}

The per student cost for Fargo Public Schools is \$20.25 for nurses per year. That is providing a school nurse to student ratio of approximately 2300 to 1. School nurses in Fargo see students for illness, special needs, preventative health screening such as scoliosis, vision, hearing and immunizations, they provide classroom education when requested and provide student, parent, and staff consultation. The nurses refer students for medical care when health issues are identified and assist parents in finding appropriate community resources. They oversee the dispensing of medications and work with the parents, the schools and the medical providers to assure that medications are distributed safely.

The Region V Children's Services Coordinating Committee has funded Agassiz Middle School, which is a school for 5th and 6th graders, as a pilot school nurse project. The reason this school was picked as a pilot is because it's student population was close to 1000, and a goal for the RVCSCC is to provide one nurse per 1000 students. The project started in 1997 and continues to be funded. Over a three-year time frame, the number of student being sent home from school due to illness complaints

went from 12.3% to 9.3%. Prior to the nurse present at that middle school, approximately 30% of the students were sent home that had sick complaints.

In 1999 we began a school nurse program in the rural Cass schools. Attached is the most recent data from this school year beginning August 2000. This information gives you a flavor for some of the school nurse activities that are taking place in the rural schools.

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

School nurses are funded in Fargo, but not to the level of one nurse per 1000 students. Our nurses and nurse aids had approximately 100,000 student contacts during the 1999-2000 school year. (Attached is breakdown of those contacts, by school. We have had a presence in the Fargo Public School since 1990 and in 1995 our presence was strengthened by grant funds. In 1997 a three year grant was received from the Dakota Medical Foundation, this is the last year of that grant. Again Fargo Cass Public Health supports a state grant program to fund school nurses.

2000 - 2001

SCHOOL HEALTH SERVICES

GOAL 1: Strengthen and facilitate the educational process by identifying, modifying or removing health related barriers thereby maximizing learning potential.

GOAL 2: All students and families will have access to a range of services to promote and maintain optimal; health and well-being of students and families.

GOAL 3: Medications and treatments required during school hours will be delivered under professional nursing supervision or consultation.

FARGO PUBLIC SCHOOLS - FARGO CASS PUBLIC HEALTH

Public Health Nurses - 38 hours/day
18 hrs/day - Elementary School
14 hrs/day - Junior High and Middle Schools
6 hrs/day - High Schools

Nurses Aides - 39 hours/day
30 hrs/day - Elementary
9 hrs/day - Junior High and Middle Schools

Total Cost	\$231,375
Funding	
RVCSCC	\$27,000
Dakota Medical Foundation	\$50,000
Fargo Public Schools	\$65,000
Fargo Cass Public Health	\$89,375

CASS COUNTY SCHOOLS

Public Health Nurses
Casselton - 18 hours/week
Kindred - 12 hours/week
Northern Cass - 15 hours/week

Total Cost	\$32,300
Funding	
Dakota Medical Foundation	\$20,000
Central Cass	5,000
Kindred	3,800
Northern Cass	3,500

Northern Cass Public School Nurse Activities August to December 2000			
Individual Nursing Services	697	Initial contacts	1448
Special Needs (procedure or staffing)	37	Revisit contacts	1931
Individual Consult Student/Parent or Staff	727	3-4 years	0
Referrals	23	5-11 years	2059
Scoliosis Screening	2	12-15 years	564
Vision Screening	52	16-18 years	404
Home Visits	0	Over 18 years	352
Immunizations Checking or Recording/Giving	87		
Group Presentations **	1754	TOTAL SERVED	3379

Central Cass Public School Nurse Activities August to December 2000			
Individual Nursing Services	996	Initial contacts	793
Special Needs (procedure or staffing)	13	Revisit contacts	1755
Individual Consult Student/Parent or Staff	126	3-4 years	62
Referrals	25	5-11 years	2217
Scoliosis Screening	0	12-15 years	125
Vision Screening	92	16-18 years	78
Home Visits	1	Over 18 years	66
Immunizations Checking or Recording/Giving	207		
Group Presentations **	1088	TOTAL SERVED	2548

Kindred Public School Nurse Activities August to December 2000			
Individual Nursing Services	163	Initial contacts	911
Special Needs (procedure or staffing)	4	Revisit contacts	974
Individual Consult Student/Parent or Staff	235	3-4 years	0
Referrals	18	5-11 years	1312
Scoliosis Screening	0	12-15 years	114
Vision Screening	48	16-18 years	260
Home Visits	1	Over 18 years	199
Immunizations Checking or Recording/Giving	225		
Group Presentations **	1191	TOTAL SERVED	1885

** PRESENTATION BREAKDOWN:	
Number Served	Topic
Total 1754	Presentation at NCPD
51	Tobacco survey 8 th graders
66	Fluoride consults and consent review elementary grades
4	Student nurses following for the day
40	RN career presentation 3 rd grade
24	Vision assessment info to K-6 staff
36	Immunization health card letters to Kindergarten parents
32	Hepatitis B presentation to 7 th graders
68	Hepatitis B info to staff
68	Scoliosis info to 6 th and 8 th graders
41	Reasons to see the school nurse 3 rd grade
40	Tobacco project to 6th graders
243	K to 5 th grade parents info on fluoride program
43	Illness questions and answers to 4 th grade
7	Hemophilia inservice to staff
174	Fluoride program consults
11	Dental tips and fluoride info to K to 5 staff
81	MeritCare Buffy outreach program kindergarten and 1 st grade
36	Immunization compliance T-shirt to kindergartners
168	Cass County Sheriff presentation on defensive driving, traffic laws, seat belts, drinking and driving grades 6, 9 through 12
240	Dental health presentation by SE oral health representative K through 5 th
40	Tobacco project poster contest 6 th graders
88	Youth Risk Behavior summary staff and student council
5	Breakfast ideas to cooks
11	Info to K-5 staff on fluoride
68	Influenza info to staff
69	Meningitis info to staff
Total 1088	Presentations at CCPSD
121	Glo-germ handwashing to preK, Kindergarten and 2 nd grade
38	Hepatitis B education to 7 th graders
39	Scoliosis education to 6 th graders
25	Role of school nurse to staff
67	Glo-germ handwashing to 3 rd graders
64	Hygiene presentation to 4 th graders
22	Skin/skin care presentation to 4 th graders
22	Healthy teeth to 4 th graders
100	Water is healthy to 7 th to 12 th graders
58	Immunization T-shirts to compliant kindergarten students
471	Healthy letter to parents/students related to healthy body weight with diet and exercise
61	Human growth and reproduction to 6 th graders

**PRESENTATION BREAKDOWN:	
Number Served	Topic
Total 1191	Presentations at KPSD
50	Recognizing emergencies/choking to 3 rd graders
39	CPR for staff
55	Staff meeting to discuss health issues
176	Glo-germ handwashing to prek through 3 rd grade
61	Scoliosis education to 6 th graders
43	Hepatitis B education to 7 th graders
18	Emergency care presentation to 5 th graders
36	Staff meeting to explain the "mock emergency"
220	Mock emergency to 200 students 9th to 12 th grade and 20 staff
5	Meeting with staff related to mock emergency
20	Universal precautions to 5 th graders
1	Medication administration education to staff
18	Presentation on self-esteem and personality types
51	Immunization T- shirts to compliant kindergarten students
379	Healthy letter to parents/students related to healthy body weight with diet and exercise
19	Personal hygiene education to 5 th graders

I have enclosed for your information the school nursing data for August through December 2000. If you have any questions please contact me at 241-1372.

Respectfully submitted,

Nancy Leith RN 1/29/01

Nancy Leith, RN
Public Health Nursing Manager

Cc: Jane Prather
Pam Stirling

**FINAL YEAR END REPORT JULY 1, 1999 - JUNE 30, 2000
RN/LPN OR TMA SCHOOL ACTIVITIES PER SCHOOL SITE**

	HANDS ON ACTIVITIES ^^		SPECIAL PROCEDURE S i.e., Blood Sugar, Catheterization TMA	REFERRAL/FOLLOW UP	HOME VISITS	IMMUNIZATION ADMINISTERING & CHECKING RECORDS	MEDICATION ADMINISTRATION		INDIVIDUAL CONSULTATION OR GROUP PRESENTATION	TOTAL	
	RN	TMA					RN	TMA		RN	TMA
Agassiz *	8878	395	1	604	5	1384	1580	7061	1595	14046	7457
Ben Franklin **	340	2541	9	37	0	544	334	4993	310	1529	7543
Carl Ben Eielson *	361	952	139	0	0	73	176	3940	119	729	5031
Centennial *	817	1208	497	1	0	944	204	3658	689	2655	5363
Clara Barton	88	0	0	0	0	104	385	0	56	633	0
Discovery *	2245	1297	35	8	0	60	4159	3477	40	6512	4809
Hawthorne	330	0	0	0	0	92	11	0	100	533	0
Horace Mann	665	141	0	1	2	32	60	668	99	859	809
Jefferson *	904	445	0	33	0	21	132	2187	76	1166	2632
Kindergarten Center	418	0	0	0	0	43	0	0	1	462	0
Lewis & Clark	582	0	0	5	1	86	4	0	309	987	0
Lincoln	129	0	0	0	1	25	0	0	211	366	0
Longfellow *	245	832	149	0	0	248	39	2032	551	1083	3013
Madison *	632	779	0	8	2	15	939	3826	88	1684	4605
McKinley *	974	416	0	21	3	50	1461	2180	380	2889	2596
North	483	0	0	44	5	142	108	0	582	1364	0
Roosevelt	733	0	0	0	4	154	0	0	93	984	0
South	1719	0	0	10	0	853	653	0	341	3576	0
Washington *	445	525	70	9	2	30	335	3216	582	1403	3811
Woodrow Wilson	90	0	0	1	0	18	0	0	10	119	0
TOTALS	21042	9531	900	782	25	4918	10580	37238	6232	43579	47669

^^ Hands on activities may include assessment of skin, contagious conditions, injuries, emergencies, pain, discomfort, and health screenings. The screenings may include Scoliosis, vision, lice, or blood pressure. *Denotes a school with a TMA (Trained Medication Aide). ** Denotes a school with a LPN. (OVER)

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FARGO CITY

**GRAND FORKS PUBLIC SCHOOLS***A Great Place to Grow and Learn*Lewis & Clark Elementary School
1100 13th Avenue South
Grand Forks, ND 58201Ann Porter, Principal
Lewis & Clark Elementary School
1100 13th Ave. So.
Grand Forks, ND 58201Dr. Ann Porter, Principal
Ph. (701) 746-2284
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January 29, 2001

Dear Representative Price,

I am writing in support of House Bill 1376 that will fund school nurses with part of the 10% of the Tobacco Settlement funds put aside for health issues.

Elementary schools in North Dakota have traditionally not been staffed with school nurses. That does not mean there has not been a need. Each day a school staff member has to assess and/or care for students' health. Students who are tired, hungry, or sick cannot learn. Teaching healthy habits that will be useful for a lifetime is also important. In addition, more and more students in today's schools are receiving medications. Students these days come from many different family situations including single parent families and both parents working. Thus, children are often sent to school sick. This means that others in the school setting are often exposed to contagious diseases. Schools are also required to check on immunizations of students and to monitor other health related issues. It goes without saying that families also need health education. Without staff who have the knowledge and skill to address these health issues, they are left to those who are untrained in our schools - a "band aide" approach to the problem.

School nurses can address school health issues in professional, educational, and helpful ways. These nurses perform such task as early detection of illnesses so children lose as little learning time in school as possible. North Dakota's communities' health issues continue to grow. A partnership between the state, community health services and the schools is an investment in our children's health and our state's future.

Sincerely,

Ann Porter



Lana Deats
1102 Letnes Drive
Grand Forks, N.D.
(701) 772-1102

January 29, 2001

To Whom It May Concern,

I am asking you to **please support House Bill No. 1376**, appropriation for school nursing project grants.

As a parent of two young boys just starting in the North Dakota Public School System, I am very concerned about the lack of good medical care and health education in the schools. At this time there is no trained professional to give first aid, do health assessments, administer medications and teach hygiene to students on a regular basis. There must be a nurse in the school on a permanent basis to meet these needs.

When a child gets hurt or becomes ill suddenly, a nurse should take care of the child, not an untrained person. If a child complains of feeling ill or a teacher notices something might be wrong with a child, it should be a nurse making the health assessment, not an untrained person. When there are medications to be administered it should be a nurse doing so and not an untrained person. Also having a nurse in the school, children could be taught basic hygiene (washing hands, blowing noses or coughing without infecting, dental care, etc.) on a regular basis through out the entire school year.

A nurse needs to be in the school to provide professional medical attention and care for the well being of the children that parents have entrusted to the State of North Dakota during the school day.

I have had personal experience with the lack of adequate medical care in school. In September 2000, my first grader was stung by a wasp on his eyelid, while at school inside the building. I was never phoned, my child's doctor was never phoned. There was no trained professional in the school to administer first aid and no trained professional to assess my son's medical needs. I did not even find out that my son had been stung at school until late that evening after going through his back pack. I found a note from the school briefly stating the he had been stung, he laid down in the office and someone had applied a cool cloth. There was no name or signature of the person whom had applied the aid, there was no reason given for not contacting me or my son's doctor and the note was in two different hand writings. My son was asleep so I could not ask him about it at the time, the next morning when he awoke his eye was swollen shut.

I was shocked and angry that a school that I have entrusted with the care and well being of my children, was so inadequate in the care of my son, especially for something as serious as a wasp bite to the eye area. With most

young children, as with my son, they have not yet been bitten by a wasp or other stinging insect, so it is not yet known if the child will have an allergic reaction. As it turns out my son according to a doctor, had an allergic reaction and that's why his eye had swollen shut. The doctor also stated that the school should have phoned me to tell me about me son and followed up the call with a signed written note.

It is fortunate that that my son did not have a severe reaction to the bite, I would hate to think what kind of care he would have received in an emergency situation.

I do not blame the school staff for their lack of medical training, they are not required to have it for their jobs. However I do feel that if I am entrusting the care and well being of my children to a public school, that school should by law, provide adequate professional care for my children while at school. Having a nurse in the school would provide such care and help the well being of all children.

Please support House Bill No. 1376. North Dakota needs School Nurses!

If you should have any questions and/or comments please feel free to contact me.

Sincerely,



Lanai E. Deats

cc: Dr. Porter L&C Elem.

Dear Mr. Chairman Price and
honorable committee members.

My name is Heather Wolberg.
I attend school at Jeannette Mynre
in Bismarck. I am in the third grade.
The nurses help us if we get hurt.
They help stop bleeding. The nurses
call our Mom or Dad. They put
bandaids on us. The nurses help
us stay in school. They talk with
us. They take our temperature. The
nurses check for lice. They check our
eyesight. The nurses teach us to wash
our hands. When I was at my other
school, I had to sit in a chair in the
office because there were no school
nurses at that school! My mom likes
the school nurses because they are trained.

Sincerely, Heather
Wolberg

Testimony: House Bill #1376 - School Nursing

Owen Stockdill (ostockdi@sendit.nodak.edu)
Elementary Principal
Fort Lincoln Elem.
Mandan ND

Positive impact of "limited school nursing" in an elementary school setting.

Background:

- Fort Lincoln identified the need for school nursing as part of its accreditation process in 1996.
- School nursing was implemented through a collaborative grant involving The Custer District Health Unit in 1997.
- The school nurse is an employee of the Custer District Health Unit.
- The school nurse is available at Ft. Lincoln 8 hours/week. (4 of those hours are paid for by school PTO support.)
- Fort Lincoln serves as a training site for Senior Nursing Students from two area colleges of nursing.
- The program continues to function with limited grant support and is now available at each elementary school in Mandan. (Custer Health has continued its support.)

School Nursing Program Impact:

- Nurses and nursing students see on average, over 100 students / month with a variety of health concerns.
Examples include: accidents, general assessments, communicable diseases such as pink eye, head lice checks and home visits.
- Nursing staff are involved in numerous health educational sessions with students. (Examples include: Growth and development curricular support, proper hygiene such as hand washing & dental care.
- Nurses have been instrumental in improving the district-wide health related reporting system.
- Nursing staff have eased the burden placed on office personnel in the area of dispensation of medication. We currently dispense 29 doses daily to 20 different students.

Conclusion:

School nursing in Mandan has proven to be successful, though limited. The parents of Fort Lincoln see it as one of the most valuable services offered within the district. The PTO supports the program with a yearly contribution of \$3000.00.

Madam Chair and committee members:

My name is Lori Perman, I am very nervous so please bear with me! I am one of the two secretaries at a public elementary school here in Bismarck. Our school is very fortunate to have school nurses. We are so appreciative of them. They make our life at school so much easier. Before we had nurses, life in our office was very different. You can't imagine how many children come in with aches and pains and cuts and bruises from the playground. Not to mention sore throats and fevers. I have never given out so much ice and taken so many temperatures. Ice seems to be the cure all for a lot of things! Then there is the daily medications! That to me was unbelievable when I started. In fact I almost didn't take my current job after filling in for the former secretary for a month. I thought dispensing the medication was the hardest part of the job. And it was. Having had no prior training or knowledge of medications I was quite over-whelmed. Somedays it felt like working at a zoo! Starting at 11:00 one secretary leaves to go work in the lunchroom. The students start coming in for their daily medications, which they are in dire need of. They are hyper-active children and seem to just be flying when they come. Sometimes 3 or 4 at a time. That's when the chaos begins. Kindergarten is dismissed at 11:15 so those students whose ride has not yet picked them up are starting to file in also. Teachers are sending students to have you run copies on the copier for them. And then the telephone begins to ring off the hook as it does most noon hours. Plus there are people coming in and out of the office. I'm sure you can imagine the situation. It's not a fun place to be. Before we had nurses we had bottles of medication in a box for dispensing. There were sometimes multiple bottles for one student. It was that problem that led me to double dose a student when I was filling in. The student had two different bottles for some reason. One bottle was 5 mg. and the other was 10 mg. The list of students and how many pills they get said 2 pills, so I gave him 2 pills which turns out they were 10mg. pills, not the 5mg. pills he was supposed to get. So he was given 2 times what he should have. His mother called and said the child said he had a hard time staying awake after lunch and sure enough that's what happened. I felt so bad. Not a good feeling to have over medicated a child. This is one of the many reasons I am so thankful for our nurses! On a lighter note - one day last year as I was administering the daily medications on a day when our nurses were not there, a student gave me a funny look and said "You're not a very good nurse!" I said "You know, I'm not a nurse at all - I'm a secretary!" In summary, the following is a list of things the School Nursing Program has helped:

- Handle student injuries
- Properly set up and administer medication
- Call parents with concerns
- Work with immunization requirements
- Do classroom presentations
- Do all-school head lice checks
- Handle health emergencies, such as diabetic shock, as we have diabetic students.

I am always so, so thankful for our wonderful school nurses!

Testimony on HB 1376
Provides for an Appropriation for School Nursing Grants
Before the
House Appropriations Committee

Darleen Bartz, Chief
Preventive Health Section
North Dakota Department of Health

February 16, 2001

Chairman Timm and members of the Committee, I am Darleen Bartz, Chief of the Preventive Health Section, North Dakota Department of Health. I am here today to provide background information on school nursing as it relates to HB 1376. As an appropriation for school nursing was not included in the Governor's budget, the department does not support or oppose this bill.

The Department recognizes the need for school nursing in our state. The purpose of school nursing is to support the educational process by contributing positively to the health, health attitudes and behavior of today's child and consequently tomorrow's adult. School nursing is a specialized practice of professional nurses that advances the well being, academic success and long-life achievement of students. School nurses are continually working to promote healthy lifestyles, such as reducing tobacco use among youth, and educating students about steps they can take to protect and strengthen their physical and emotional well being. In addition, school nursing provides the careful attention needed by the increasing number of children with special health care needs which attend school on a regular basis.

The National Association of School Nurses recommends 1 nurse for every 750 students. Currently, there is 1 nurse for every 5,612 students in North Dakota. The goal is to have 1 nurse for every 1,000 students. School nursing is currently funded by various sources, including school districts, local departments of health, and various grant funds. By allocating funds to school nursing programs, current programs will be allowed to enhance their services and those with no program in place will be allowed to start providing school nursing services.

This concludes my testimony. I would be happy to respond to any questions you may have.