

April 28, 2010

Presented by Stephanie Painter RN MSN  
President of the Michigan Association of School Nurses (MASN)

*My name is Stephanie Painter and I am the current president of the Michigan Association of School Nurses (MASN). On behalf of MASN, thank you for the opportunity to once again express our concerns regarding the need for Michigan's children to receive safe care in school.*

*I spoke to you last year and asked you to consider creating the position of a State School Nurse Consultant in the board of education, as Michigan is one of only a handful of states that doesn't have this position.*

*I want to thank you personally for including the creation of the position of a SSNC in section 902 of last year's budget. It read as follows:*

*Sec. 902. From the amount appropriated in part 1 for grants administration and school support services, there is allocated \$95,000.00 and 1.0 FTE for a state school nurse consultant. The state school nurse consultant shall collect and analyze school health data, provide leadership in the development of state guild lines and standards for school health personnel and develop mechanisms for funding school health services.*

*Unfortunately, this language wasn't in the final version of the bill.*

### **Michigan's children deserve safe care in school**

- *Technology creates challenges to care for our school children.*
- *Students may need blood or urine testing, catheterizations, tube feedings, colostomy, ventilator and tracheotomy care. They may need oral, topical, otic, ophthalmic, inhaled and rectal medications or nebulizer treatments, and oxygen at school. (Please see the attached photos which demonstrate the number and variety of medication and technology found in our schools.)*
- *Children in palliative care, hospice and with Do Not Resuscitate orders also attend school.*
- *The current economic challenges impede access to health care for many children and the school has the potential to be their medical home.*
- *Ignoring the needs of our children exponentially increases costs in the long run, with lost educational opportunities, teen pregnancies, drug use, medication errors.*

**School districts within the state of Michigan address the health and safety needs of children differently.**

- *Section 504 of the Rehabilitation Act of 1973 creates vague unfunded mandates and lacks accountability for implementation.*
- *The public health code, which is designed to protect the public through the nursing regulations, has not been applied to the school setting. For example, a school secretary was fired for refusing to give Insulin.*
- *The current health care provided in many schools is not safe for students. School secretaries are dispensing medications with little or no training. Students are allowed to 'self-administer certain drugs with little or no oversight.*

**Our state does not have policies, procedures or minimal standards of care for students in place. This is what a SSNC would do for us.**

- *Michigan is one of only eight states without a State School Nurse Consultant.*
- *A National Association of School Nurses (NASN) study found that Michigan is ranked dead last in the nation for the school nurse to student ratio. <sup>1</sup>*
- *A SSNC would collect and analyze school health data, provide leadership developing state guidelines and standards for school health personnel and develop mechanisms for funding school nurse services.*
- *Some **districts** in the state do not even one nurse to train staff or support others caring for children!*

**How this position can assist in identifying new funding sources.**

*We know, given the severe financial crisis facing the state, it seems unrealistic to add a NEW position. However, evidence from other states indicates that a SSNC optimizes existing funding to ensure students access school nursing services. A Michigan SSNC could pay for themselves and bring money into the state budget as other states have shown:*

- *The Massachusetts SSNC collected data resulting in hundreds of thousands of Medicaid dollars being reimbursed to the cities from the federal government.*
- *The Connecticut SSNC secured one million dollars for school based outreach programs.*
- *The California SSNC secured a school health and HIV grant from the CDC.*
- *The Missouri the SSNC secured grants to address the students' health issues in schools.*

- *The SSNC in Maryland avoided the need for legislation which by developing and implementing guidelines for diabetes management through school nursing programs.*

*I know the budget is dire this year. A SSNC could assist districts in understanding how to utilize existing resources to meet student health needs or may discover ways to generate revenue for health services. A student's health status directly impacts his or her ability to learn and succeed.*

*Some may find these recommendations unrealistic. Make no mistake - MASN understands we as a state are in the midst of a severe budget crisis. We implore lawmakers to work in a bipartisan manner to identify the reforms and new revenues necessary to provide our children a 21st Century Education.*

*MASN is pleased to see funding continued in the Executive Recommendations for vital programs, such as the Child and Adolescent Health Centers, Hearing and Vision Screening, and various early childhood programs. We urge members of this Subcommittee to support continuation funding for these programs, as well as establishing the position of State School Nurse Consultant.*

*Thank you for your consideration of this matter.*

*Stephanie Painter RN, MSN  
President MASN  
Michiganschoolnurses.org*