

113TH CONGRESS
1ST SESSION

H. R. 1857

To make demonstration grants to eligible local educational agencies for the purpose of reducing the student-to-school nurse ratio in public elementary schools and secondary schools.

IN THE HOUSE OF REPRESENTATIVES

MAY 7, 2013

Mrs. MCCARTHY of New York introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To make demonstration grants to eligible local educational agencies for the purpose of reducing the student-to-school nurse ratio in public elementary schools and secondary schools.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Student-to-School
5 Nurse Ratio Improvement Act of 2013”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

1 (1) The American Academy of Pediatrics em-
2 phasizes the crucial role of school nurses in the
3 seamless provision of comprehensive health services
4 to children and youth, as well as in the development
5 of a coordinated school health program.

6 (2) The school nurse functions as a leader and
7 the coordinator of the school health services team,
8 facilitating access to a medical home for each child
9 and supporting academic achievement.

10 (3) School nurses promote wellness and disease
11 prevention to improve health outcomes for our Na-
12 tion's children. In addition, school nurses perform
13 early intervention services such as periodic assess-
14 ments for vision, hearing, and dental problems, in an
15 effort to remove barriers to learning.

16 (4) Recent national data indicates 45 percent of
17 public schools have a school nurse all day, every day,
18 while another 30 percent of schools have a school
19 nurse who works part time in one or more schools.

20 (5) The American Nurses Association has re-
21 ported that when there is no registered nurse on the
22 school premises, the responsibility to administer the
23 necessary medications and treatments, and appro-
24 priate monitoring of the children falls on the shoul-

1 ders of administrators, educators, and staff who are
2 ill-prepared to perform these tasks.

3 (6) Statistics from the National Center for
4 Educational Statistics indicate that of the
5 52,000,000 students who currently spend their day
6 in schools, 15 to 18 percent of children and adoles-
7 cents have a chronic health condition.

8 (7) A recent study indicated that from 2002 to
9 2008, the percentage of children in special education
10 with health impairments, due to chronic or acute
11 health problems, increased 60 percent. School nurses
12 use their specialized knowledge, assessment skills,
13 and judgment to manage children's increasingly
14 complex medical conditions and chronic health ill-
15 nesses.

16 (8) Among adolescents aged 12 to 19 years old,
17 the prevalence of pre-diabetes and diabetes increased
18 from 9 percent to 23 percent between 1999 and
19 2008. More than 30 percent of children aged 2 to
20 19 years old are obese or overweight (>85th per-
21 centile). In 2008, more than 10 million children in
22 the United States had asthma. The prevalence of
23 food allergies among children under the age of 18
24 increased 19 percent from 1997 to 2007.

1 (9) According to the American Academy of Pe-
2 diatrics, students today face increased social and
3 emotional issues, which enhance the need for preven-
4 tive services and interventions for acute and chronic
5 health issues. School nurses are actively engaged
6 members of school-based mental health teams and
7 spend nearly 32 percent of their time providing men-
8 tal health services, including universal and targeted
9 interventions, screenings to identify early warning
10 signs and referrals to medical providers, and crisis
11 planning.

12 (10) In 2011, the Bureau of the Census re-
13 ported 9.7 percent of children under the age of 19,
14 which equals 7.6 million children under the age of
15 19, were without health insurance. Data shows that
16 uninsured children achieve lower educational out-
17 comes than those with health coverage. Children who
18 cannot afford to see a medical provider miss more
19 days of school, experience increased severity of ill-
20 ness, and suffer from disparities in health.

21 (11) More than 1.6 million children experience
22 homelessness each year in the United States. Home-
23 less children develop increased rates of acute and
24 chronic health conditions, and the stress of their liv-
25 ing situation can negatively affect their development

1 and ability to learn. As a result, schools have become
2 the primary access to health care for many children
3 and adolescents. School nurses serve on the
4 frontlines as a safety net for the Nation's most vul-
5 nerable children.

6 (12) Communicable and infectious diseases ac-
7 count for millions of school days lost each year.
8 Data illustrate that when students have access to a
9 registered nurse in school, immunization rates in-
10 crease.

11 (13) A 2011 study showed that a school nurse
12 in the building saves principals, teachers, and cler-
13 ical staff a considerable amount of time that they
14 would have spent addressing health concerns of stu-
15 dents, including saving principals almost an hour a
16 day; saving teachers almost 20 minutes a day; and
17 saving clerical staff more than 45 minutes a day.
18 This would amount to a savings of about 13 hours
19 per day in the aggregate for such school personnel.

20 (14) Using a formula-based approach, taking
21 into consideration the overall health acuity of the
22 student body and the workload of school nurses, for
23 determining a balanced student-to-school nurse ratio
24 offers a reasonable means for achieving better stu-
25 dent outcomes.

1 **SEC. 3. REDUCING STUDENT-TO-SCHOOL NURSE RATIOS.**

2 (a) DEMONSTRATION GRANTS.—

3 (1) IN GENERAL.—The Secretary of Education,
4 in consultation with the Secretary of Health and
5 Human Services and the Director of the Centers for
6 Disease Control and Prevention, may make dem-
7 onstration grants to eligible local educational agen-
8 cies for the purpose of reducing the student-to-
9 school nurse ratio in public elementary schools and
10 secondary schools.

11 (2) APPLICATION.—To receive a grant under
12 this section, an eligible local educational agency shall
13 submit to the Secretary of Education an application
14 at such time, in such manner, and containing such
15 information as the Secretary may require, which
16 shall include information with respect to the current
17 ratios of students-to-school nurses, student health
18 acuity levels, and workloads of school nurses in each
19 of the public elementary schools and secondary
20 schools served by the agency.

21 (3) PRIORITY.—In awarding grants under this
22 section, the Secretary of Education shall give pri-
23 ority to applications submitted by high-need local
24 educational agencies that demonstrate the greatest
25 need for new or additional nursing services among

1 students in the public elementary secondary and sec-
2 ondary schools served by the agency.

3 (4) MATCHING FUNDS.—The Secretary of Edu-
4 cation may require recipients of grants under this
5 section to provide matching funds from non-Federal
6 sources, and shall permit the recipients to match
7 funds in whole or in part with in-kind contributions.

8 (b) REPORT.—Not later than 24 months after the
9 date on which a grant is first made to a local educational
10 agency under this section, the Secretary of Education shall
11 submit to the Congress a report on the results of the dem-
12 onstration grant program carried out under this section,
13 including an evaluation—

14 (1) of the effectiveness of the program in reduc-
15 ing the student-to-school nurse ratios described in
16 subsection (a)(1); and

17 (2) of the impact of any resulting enhanced
18 health of students on learning, such as academic
19 achievement, attendance, and classroom time.

20 (c) DEFINITIONS.—For purposes of this section:

21 (1) ESEA TERMS.—The terms “elementary
22 school”, “local educational agency”, “poverty line”,
23 and “secondary school” have the meanings given to
24 those terms in section 9101 of the Elementary and
25 Secondary Education Act of 1965 (20 U.S.C. 7801).

1 (2) ACUITY.—The term “acuity”, when used
2 with respect to a level, means the level of a patient’s
3 sickness, such as a chronic condition, which influ-
4 ences the need for nursing care.

5 (3) WORKLOAD.—The term “workload”, when
6 used with respect to a nurse, means the amount of
7 time the nurse takes to provide care and complete
8 the other tasks for which the nurse may be respon-
9 sible.

10 (4) ELIGIBLE LOCAL EDUCATIONAL AGENCY.—
11 The term “eligible local educational agency” means
12 a local educational agency in which the student-to-
13 school nurse ratio in each public elementary and sec-
14 ondary school served by the agency is 750 or more
15 students to 1 school nurse.

16 (5) HIGH-NEED LOCAL EDUCATIONAL AGEN-
17 CY.—The term “high-need local educational agency”
18 means a local educational agency—

19 (A) that serves not fewer than 10,000 chil-
20 dren from families with incomes below the pov-
21 erty line; or

22 (B) for which not less than 20 percent of
23 the children served by the agency are from fam-
24 ilies with incomes below the poverty line.

1 (6) NURSE.—The term “nurse” means a li-
2 censed nurse, as defined under State law.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated such sums as may be
5 necessary to carry out this section for each of the fiscal
6 years 2014 through 2018.

○