

113TH CONGRESS
2D SESSION

S. 2297

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

IN THE SENATE OF THE UNITED STATES

MAY 7, 2014

Mr. TESTER introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To make demonstration grants to eligible local educational agencies or consortia of 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 “Nurses for Under-
5 Resourced Schools Everywhere Act” or the “NURSE
6 Act”.

7 **SEC. 2. FINDINGS.**

8 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 Education Statistics indicate that 15 to 18 percent
5 of the 52,000,000 students who currently spend
6 their day in school have a chronic health condition.

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

15 (8) Among adolescents aged 12 to 19 years old,
16 the prevalence of prediabetes and diabetes increased
17 from 9 percent to 23 percent between 1999 and
18 2008. More than 30 percent of children aged 2 to
19 19 years old are obese or overweight (defined as hav-
20 ing a body mass index of greater than the 85th per-
21 centile). In 2008, more than 10,000,000 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 provide referrals to medical providers, and
11 crisis 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 7,600,000 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 1,600,000 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 front
4 lines as a safety net for the Nation's most vulnerable
5 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) Determining a balanced student-to-school
21 nurse ratio by using a formula-based approach, tak-
22 ing into consideration the overall health acuity of the
23 student body and the workload of school nurses, of-
24 fers a reasonable means for achieving better student
25 outcomes.

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

2 (a) DEFINITIONS.—In this section:

3 (1) ESEA TERMS.—The terms “elementary
4 school”, “local educational agency”, “poverty line”,
5 and “secondary school” have the meanings given to
6 the terms in section 9101 of the Elementary and
7 Secondary Education Act of 1965 (20 U.S.C. 7801).

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

12 (3) ELIGIBLE ENTITY.—The term “eligible enti-
13 ty” means—

14 (A) a local educational agency in which the
15 student-to-school nurse ratio in each public ele-
16 mentary and secondary school served by the
17 agency is 750 or more students to 1 school
18 nurse; or

19 (B) a consortium of local educational agen-
20 cies described in subparagraph (A).

21 (4) HIGH-NEED LOCAL EDUCATIONAL AGEN-
22 CY.—The term “high-need local educational agency”
23 means a local educational agency described in para-
24 graph (3)(A)—

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

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

7 (5) NURSE.—The term “nurse” means a li-
8 censed nurse, as defined under State law.

9 (6) SECRETARY.—The term “Secretary” means
10 the Secretary of Education.

11 (7) WORKLOAD.—The term “workload”, when
12 used with respect to a nurse, means the amount of
13 time the nurse takes to provide care and complete
14 the other tasks for which the nurse is responsible.

15 (b) DEMONSTRATION GRANT PROGRAM AUTHOR-
16 IZED.—From amounts appropriated to carry out this sec-
17 tion, the Secretary of Education, in consultation with the
18 Secretary of Health and Human Services and the Director
19 of the Centers for Disease Control and Prevention, shall
20 award demonstration grants, on a competitive basis, to eli-
21 gible entities to pay the Federal share of the costs of re-
22 ducing the student-to-school nurse ratios in the public ele-
23 mentary schools and secondary schools served by the eligi-
24 ble entity, which may include hiring a school nurse to
25 serve schools in multiple school districts.

1 (c) APPLICATIONS.—

2 (1) IN GENERAL.—An eligible entity desiring a
3 grant under this section shall submit to the Sec-
4 retary an application at such time, in such manner,
5 and containing such information as the Secretary
6 may require.

7 (2) CONTENTS.—Each application submitted
8 under paragraph (1) shall include information with
9 respect to the current (as of the date of application)
10 student-to-school nurse ratio, student health acuity
11 levels, and workload of school nurses in each of the
12 public elementary schools and secondary schools
13 served by the eligible entity.

14 (d) PRIORITY.—In awarding grants under this sec-
15 tion, the Secretary shall give priority to each application
16 submitted by an eligible entity that—

17 (1) is a high-need local educational agency or a
18 consortium composed of high-need local educational
19 agencies; and

20 (2) demonstrates—

21 (A) the greatest need for new or additional
22 nursing services among students in the public
23 elementary schools and secondary schools
24 served by the agency or consortium; or

1 (B) that the eligible entity does not have
2 a school nurse in any of the public elementary
3 schools and secondary schools served by the eli-
4 gible entity.

5 (e) FEDERAL SHARE; NON-FEDERAL SHARE.—

6 (1) FEDERAL SHARE.—The Federal share of a
7 grant under this section—

8 (A) shall not exceed 75 percent for each
9 year of the grant; and

10 (B) in the case of a multi-year grant, shall
11 decrease for each succeeding year of the grant,
12 in order to ensure the continuity of the in-
13 creased hiring level of school nurses using State
14 or local sources of funding following the conclu-
15 sion of the grant.

16 (2) NON-FEDERAL SHARE.—The non-Federal
17 share of a grant under this section may be in cash
18 or in-kind, and may be provided from State re-
19 sources, local resources, contributions from private
20 organizations, or a combination thereof.

21 (3) WAIVER.—The Secretary may waive or re-
22 duce the non-Federal share of an eligible entity re-
23 ceiving a grant under this section if the eligible enti-
24 ty demonstrates an economic hardship.

1 (f) REPORT.—Not later than 2 years after the date
2 on which a grant is first made to a local educational agen-
3 cy under this section, the Secretary shall submit to Con-
4 gress a report on the results of the demonstration grant
5 program carried out under this section, including an eval-
6 uation of—

7 (1) the effectiveness of the program in reducing
8 the student-to-school nurse ratios described in sub-
9 section (b)(1); and

10 (2) the impact of any resulting enhanced health
11 of students on learning, such as academic achieve-
12 ment, attendance, and classroom time.

13 (g) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 such sums as may be necessary for each of fiscal years
16 2015 through 2019.

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