

PA13-187

SB1070

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 27
9050 – 9390**

Madam Speaker, on Page 31, House Calendar 644, Favorable Report of the Joint Standing Committee on Government Administration and Elections, Substitute Senate Bill 1070 AN ACT ESTABLISHING A SCHOOL NURSE ADVISORY COUNCIL.

DEPUTY SPEAKER ORANGE:

Representative Johnson of the 49th, you have the Floor, madam.

REP. JOHNSON (49th):

Thank you, good afternoon, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good afternoon, ma'am.

REP. JOHNSON (49th):

I move the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER ORANGE:

The question is acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate. Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. The reason for this bill is that we are, as discovered during many of the public hearings we had in the Public Health Committee,

and also during the hearings over the difficulty in Newtown, we have learned that there is a lot of unevenness in the amount of school nurse availability in our schools.

It came as a surprise to me that some schools don't have school nurses at all. They may have somebody in the district, but they don't necessarily have somebody there all day. That, and in light of the fact that there have been new demands put on the schools over the last 20 years to provide more services for students with disabilities, made us decide that it was time for us to take a look at that situation to make sure that the students are getting the correct behavioral health care, which is something we've been working on and also making sure that students are able to access health care services as well.

Some of the information we received from the testimony from student nurses, from school nurses, not student nurses, but already graduated and regular nurses providing services in the school system indicated that schools that have regular access to a nurse, those students are healthier.

So I move adoption of this.

pat/gbr
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DEPUTY SPEAKER ORANGE:

The question before the Chamber is on adoption.
We didn't call an Amendment.

REP. JOHNSON (49th):

Yes, I plan to do that. Okay. What the amendment does in this circumstance, I would ask for LCO Number 6685 and I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER ORANGE:

Will the Clerk please call LCO Number 6685, which has been previously designated as Senate Amendment Schedule "A".

THE CLERK:

Senate "A", LCO 6685 as introduced by Representative Johnson and Senator Gerratana.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Is there objection? Objection? Seeing none, Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. This Amendment simply strikes the underlying bill and its associated fiscal impact and makes it so that the Advisory Council will not result in much of a cost at all. The estimated

cost is to be less than \$1,000 to be reimbursing for various agency and staff mileage reimbursement. I move adoption.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is on adoption of Senate Amendment "A". Will you remark further on Senate Amendment "A"? Representative Srinivasan of the 31st, you have the Floor, sir.

REP. SRINIVASAN (31st):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good afternoon, sir.

REP. SRINIVASAN (31st):

I, too, rise in strong support of this Amendment. As our good Chair said, from the Public Health Committee, we heard that the demands, the requirements that the nurses have in the school system is increasing day by day.

They're, in the good old days the need was not as much, but in Public Health in the hearings that we heard, the need for these nurses to take care of these students that are in the school system, the need for taking care of these students as they are transported back and forth, home to school, school back to home,

all of that, puts obviously some extra burden, if some probably is an understatement, a lot of burden on the nurses.

And so for us to look at this at this point in time would be very appropriate to look at the Council, and through the Council get the necessary information that we need so we can make the necessary required changes.

So I am in strong support of this Amendment. Through you, Madam Speaker, if I can have a few questions to the proponent of the Amendment?

DEPUTY SPEAKER ORANGE:

Certainly. Please proceed.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, was there in the public hearings any opposition at all to the creation of such an Advisory Council for the need of the nurses being assessed?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, no, there was no opposition. There was a recommendation made to

include in the Advisory Council, someone from a private school and we have made that change in this law, in this proposed Amendment. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, the good Chair kind of answered my second question with the first one itself and I appreciate that and I do remember in the public hearing there being a request to be more inclusive as far as the Advisory Council is concerned and that is exactly what this Amendment tries to do, to be all inclusive so we have all interested parties at the table at the Council.

Through you, Madam Speaker, will this Council be charged with a long list of medical needs that the children need not only on the school grounds, but while the child is being transported to school and from school?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, the Amendment and the underlying bill contemplates making sure that the resources in each school system that are available address the conditions of the students in that district.

So, depending on what the needs are of the school, we have asked to make sure, like we do in so many other settings, that the staffing of medical services personnel are there and are able to meet the need in the school system.

Some school systems may have more students with disabilities than others, or with medical needs than others. So the task force is asked to look at the type of school system, the number of students and the health of the students and those are the reasons for the recommendation.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

The last time, Madam Speaker, that any change to the regulations of the school nurses was done was almost 31 years ago, 1982, and that was Public Act 10-212. And what this Public Act back 31 years ago

requires one qualified school nurse per district, and obviously our needs have changed. Our requirement has changed, and through this Council we will now see what the new requirement will be.

Through you, Madam Speaker, in the public hearing we heard the nursing associations come up, the National Association of School Nurses give us a range of what would be the requirement for nurses.

You're talking about one for 750 students in the general population, one in 225 in the student population with higher needs, and when there's very complex needs, it goes down all the way to one for 125, so for 125 students we will need a nurse. Obviously, that is quite a ways away from one nurse per district.

Through you, Madam Speaker, who will be responsible for funding to meet these recommendations?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, the bill doesn't contemplate changing the funding. As it is right now, the district funds the needs of the school based on

the costs of the district-wide school plan. So it's paid through the taxpayers of the local municipality and whatever other funding that comes from the said, but it's basically paid through the municipality.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, if the requirements change and they should, they should, they definitely have to be current, they definitely have to be updated. So from one nurse per school district to whatever this Council decides, through you, Madam Speaker, would that be a mandate that will have to be borne by our municipalities?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, I think at this point for deprived of an answer, I'd be speculating on how we would be funding this. At this point in time your school nurses are paid through the regular process of your school budget and whether or not there were

grants and other sources of funding available, I
couldn't say.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And through you, Madam Speaker, my final
question, was there any testimony that we heard from
either the Board of Ed or the Superintendent of
Schools?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, we heard from a
number of school nurse associations that came to us
and Connecticut Association of Home Care Providers.
They also provide services in some instances, so we
heard from a range of different people to provide
testimony on this particular bill and we refined the
bill so that we wouldn't have costs, but we'd be able
to get the information that we need to make sure that
our students are going to be able to receive the kind

of health care that they require and need. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, so that I'm clear, I definitely was there at the public hearings, so I did hear from the nursing associations and people who provide services.

But through you, Madam Speaker, did we hear anything from Board of Eds or the Superintendent of Schools?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, the list is very long of the numbers of people who provided testimony and we do have a number of associations that did provide testimony, mostly nursing associations. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Madam Speaker, I do want to thank the good Chair for her answers. We are well aware that we cannot teach a child if a child is hungry. We have to take care of that.

Similarly, it will be impossible to teach a child if a child is unhealthy, and so through this Council that they're trying to establish today, we will address those issues so that we strike the right balance for our children going to school and be educated and at the same time making sure that we address the health issues as well so that we create the environment where they will be able to learn.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir. We are speaking on Senate Amendment "A". Would anyone care to remark on Senate "A"? Representative Ziobron.

REP. ZIOBRON (34TH):

Thank you, Madam Speaker. I just wanted to take this moment to thank the Chairwoman of the Public Health Committee for taking the recommendation during our process for a member to be one of the parochial or private school nurses. I think that's an important mix.

But I do have one question to the proponent,
through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. ZIOBRON (34th):

Thank you. In Line 1 of the Amendment, it says,
one representative of each statewide bargaining
organization. Through you, Madam Speaker, just
how many organizations are there?

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, to the best of my
knowledge there are five.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you. Did I hear that correctly that
there's five separate organizations? Through you,
Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

That's correct.

DEPUTY SPEAKER ORANGE:

Representative Ziobron.

REP. ZIOBRON (34th):

Great. And thank you so much for that answer and thank you for your time, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on Senate Amendment "A"? Representative Betts.

REP. BETTS (78th):

Thank you very much and good afternoon, Madam Speaker. A couple questions to the proponent, please.

DEPUTY SPEAKER ORANGE:

Good afternoon and please proceed.

REP. BETTS (78th):

Earlier on you were asked whether the Connecticut Association of Superintendents had testified at the public hearing, and I believe there's another group. I couldn't remember what Representative Srinivasan had said. I'm looking at the list of people who had testified under the public hearing and I don't see either group having either submitted or spoke at the public hearing and I'm asking the proponent if that, in fact, is accurate?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Madam Speaker, I have a number of nurses associations before me. In terms of all the people who come, we had literally thousands of people come and give testimony during our public hearings, so I don't have them all committed to memory. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you for that answer. No, I'm not asking whether you remembered it, but under the Public Health Committee list, and this is where we frequently look to when we want to see somebody's testimony and the Chair is absolutely correct. They were mostly teachers' health professional, but I was looking to see if any of the local boards of ed or the Connecticut Association of Superintendents had given any input inasmuch as they play a very important administrative role in this process.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. Could you ask the good gentleman to please rephrase?

DEPUTY SPEAKER ORANGE:

Representative Betts, would you please rephrase the question?

REP. BETTS (78th):

Yes, certainly. In looking at the Public Health Committee, that's where we frequently as Committee Members turn to, to read testimony that's being given as well as any testimony that is submitted at the public hearing.

And the good Chair is correct. Virtually all the testimony came from health care professionals, nurse associations. I see no reference or recall any hearing of any comment from the Connecticut Associations of Superintendents or any of the local boards of education.

And I'm asking since they play such a significant administrative role in this, is the Chair aware of either testimony or has she or any Member of the Committee spoken to those groups given the role that

they play with the nurses? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. You know, I think that we have, there's so much fragmentation in our society and one of the things, even within our own school systems when you have a specialty area such as nursing, that isn't quite the same as being a teacher or a principal or a superintendent. The attention is given to the areas of specialty that they spend their time in, and hence the need for these associations as nurses that have a specialty that not just encompasses healthcare, but also encompasses a lot of the education law.

So you have a need for them to provide information and there was certainly no testimony in my recollection that said that they were incorrect in wanting to have some type of an analysis done based on the situation as was mentioned by the good Ranking Member, that there has been no study done since 1982 and there has been a huge increase in the amount of

students, the numbers of students who have severe disabilities within our school districts.

So, because of those reason, we decided that we would take the initiative, based on what these folks have said because we wouldn't want to find ourselves in a situation where we put a nurse in a district and created a possibility of perhaps over-extending her based on the numbers of medical needs, based on the numbers of students.

So these are the kinds of things when you look at medical care, that have to be addressed. And the other thing is, when you look at the numbers of school districts. Our school districts are also extremely fragmented and the school districts are situations that we have very, very, very small towns with a few number of students going to very large municipalities that have multiple school systems, multiple types of school nursing services.

Some have school-based health centers, some do not. So there are a number of different situations here and we find that our State of Connecticut isn't like a number of other states. It doesn't have a regional way to address some of these things. It has an opportunity for regionalism through the RESCs, but

it does not have much in the way of coordinated outlook and this is an area that we found to be needing some more information, so this is why we did this. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much and I thank the Chair for her answer. I think maybe the way we responded is, I notice that in the task, in the Council that's being formed, it does include a member of the Connecticut Association of Board of Education.

The Chair raises a good point also about the difference between towns and municipalities and there is a huge difference between the two, and I would like to make sure that they have, and their voices are represented on this Council.

Are you satisfied, through you, Madam Speaker, are you satisfied that the concerns of the towns and municipalities will both be heard and expressed when this policy is put together? Through you, Madam Chair, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. I thank the good gentleman for his question. I think it's of the utmost importance to take into consideration all the different types of government.

Sometimes I think we think my town's just like everybody else's, and it isn't. So I'm really glad to make sure we look at those differences and make sure that we are able to correct any type of law that we might have that doesn't take into consideration the nuances of each district. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Betts.

REP. BETTS (78th):

Thank you very much for that answer, and I thank you, Madam Speaker. As the Chair has said, there is certainly a very big need for taking a look at this situation for the reasons that were articulated, and for those reasons, I will be supporting this bill. Thank you very much.

DEPUTY SPEAKER ORANGE:

Thank you, sir. Will you care to remark further on Senate Amendment "A"? Will you care to remark further on Senate Amendment "A"?

If not, let me try your minds. All those in favor of Senate Amendment Schedule "A" please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

All those opposed, Nay. The Ayes have it. The Amendment is adopted. Will you care to remark further on the bill as amended? Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. I will now call amendment, LCO Number 7655. I mean 7665. Thank you for the correction.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will the Clerk please call LCO Number 7665, which has been previously designated as Senate Amendment Schedule "B".

THE CLERK:

Senate Amendment Schedule "B", LCO 6, excuse me, 7655 introduced by Senator Looney et al.

DEPUTY SPEAKER ORANGE:

The Representative seeks leave of the Chamber to summarize. Objection? Objection? Seeing none, Representative Johnson.

REP. JOHNSON (49th):

Thank you, Madam Speaker. This is an Advisory Council that we have set up for the pediatric autoimmune neuropsychiatric disorder and we found, which is also known as PANDAS. This is something that has been brought to our attention in Public Health. Also, it's been brought to our attention in the Insurance and Real Estate Committee, to try and make sure that children with a diagnosis of PANDAS are actually going to be able to get the treatment that they would need.

Some of the difficulty with the pediatric autoimmune deficiency disorder has to do with the fact that there are only about 157,000 people diagnosed with this disorder and one of the reasons we're trying to do an Advisory Council is because, because students with PANDAS could be treated and they could find a remedy for this illness, which can have a huge range.

Sometimes this disease can mimic autism. Other times it can create tics. It is caused by a streptococcal infection at times or it can also be caused by Lyme Disease infection that gets into the nervous system.

So all of these different opportunistic type of infections could be affecting a child's nervous system, can create something that might look like a psychiatric disorder when in fact it could be treated medically.

We had a number of doctors come and provide testimony on this disorder and feel very compelled to make sure that any child that has had this situation occur will be able to get the correct diagnosis, because having the correct diagnosis and treatment is of the utmost importance for children and their growth and development.

So I move adoption.

DEPUTY SPEAKER ORANGE:

The question before the Chamber is on adoption of Senate Amendment Schedule "B". Will you remark further on Senate Amendment Schedule "B"?

Representative Srinivasan.

REP. SRINIVASAN (31st):

Good afternoon again, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Good afternoon, sir.

REP. SRINIVASAN (31st):

I rise along with my Chair in strong support of this Amendment. The disorder, the syndrome that the Chair just referred to needs to be studied further, and that of course is the goal of this Council.

I'm very impressed by the depth of expertise we will be having at the table to discuss, debate and then of course come up with the recommendations for us sometime early next year.

Through you, Madam Speaker, just one question to the proponent of the Amendment.

DEPUTY SPEAKER ORANGE:

Please proceed.

REP. SRINIVASAN (31st):

Through you, Madam Speaker, are you aware, did we have a study that was done at Yale on this subject matter and the reports sent to us as well? Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Yes, I am aware of the study. Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

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REP. SRINIVASAN (31st):

And through you, Madam Speaker, did that study tell us that we need to look at this further or did it come with very clear cut recommendations?

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

The study recommended additional information be obtained before we are able to go further with any other type of law that would address some of the issues here.

Through you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Madam Speaker, and that is effectively what we are trying to do here today, that that study showed that this is a disease that is in our society that needs to be studied so that we can come up with the right recommendations.

And very impressive in the Public Health hearing that we had, was that early diagnosis was very critical in the outcome of these children. So for us

to study that further so we make an early diagnosis and based on that, the appropriate recommendations is definitely the goal of this Council, which I'm hoping that both sides of the aisle will strongly support and recommend.

Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, sir. Will you care to remark further on Senate Amendment "B"? Senate Amendment "B", will you care to remark?

If not, let me try your minds. All those in favor please signify by saying Aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE:

All those opposed, Nay? The Ayes have it. Senate "B" is adopted. Will you care to remark further on the bill as amended? Will you care to remark further on the bill as amended?

REP. JOHNSON (49th):

Yes, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Representative Johnson.

REP. JOHNSON (49th):

Sorry. I just wanted to thank everybody who worked on this. This has been a work in progress for a while and I'd like to thank the Ranking Members and the people in the Senate, my Co-Chair Senator Gerratana, also. It's just been great to be able to pull together. I think this is a vitally important thing and I think we're going to get a lot of good results from this Amendment.

Thank you so much, Madam Speaker.

DEPUTY SPEAKER ORANGE:

Thank you, madam. Will you care to remark further on the bill as amended? Will you care to remark further on the bill as amended? Will you care to remark?

If not, staff and guests please come to the Well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll.

The House of Representatives is voting by Roll.

Will Members please return to the Chamber immediately.

DEPUTY SPEAKER ORANGE:

Have all Members voted? Have all Members voted?
Please check the board to determine if your vote is
properly cast.

And if all Members have voted the machine will be
locked and the Clerk will take a tally. And will the
Clerk please announce the tally.

THE CLERK:

In concurrence with the Senate, Substitute Senate
Bill 1070 as amended by Senate "A" and "B".

Total Number Voting	144
Necessary for Passage	73
Those voting Yea	144
Those voting Nay	0
Those absent and not voting	6

DEPUTY SPEAKER ORANGE:

The bill as amended passes in concurrence with
the Senate.

Will the Clerk please call Calendar 648.

THE CLERK:

Calendar 648 on Page 31, Favorable Report of the
Joint Standing Committee on Government Administration
and Elections, Substitute Senate Bill 647 AN ACT
CONCERNING VOTING BY MEMBERS OF THE MILITARY SERVING
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SENATE**

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SENATOR LOONEY:

Madam President, yes, Madam President, if the Clerk would mark as the next two items Calen -- on -- from Matters Returned, Calendar Page 52, Calendar 385, Senate Bill 1070 and Calendar Page 53, Calendar 399, Senate Bill 1069.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 52, Calendar 385, Substitute for Senate Bill Number 1070, AN ACT ESTABLISHING A SCHOOL NURSE ADVISORY COUNCIL, Favorable Report of the Committee on Public Health. There are Amendments.

THE CHAIR:

Senator Gerratana, good evening.

SENATOR GERRATANA:

Good evening, Madam President.

Madam President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

The motion is on acceptance and passage. Will you remark?

SENATOR GERRATANA:

Yes, thank you, Madam President.

Madam President, the Clerk has an Amendment, it is LCO 6685. If he would please call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

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THE CLERK:

LCO Number 6685, Senate "A", offered by Senator Gerratana.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

I move adoption.

THE CHAIR:

Motion is on adoption. Will you remark?

SENATOR GERRATANA:

Thank you, Madam President.

This is a strike-all Amendment and it addresses many of the concerns that Legislators, both on Public Health and not, had about the composition of the establishment of the School Nurse Advisory Council. I'm going to go through the Amendment as quickly as I can just to highlight some of the changes from the underlying bill.

First of all the State Department of Education is now taking responsibility for the establishment of the School Nurse Advisory Council. Secondly there are a number of members of the Council that we established that reflect some of the input and changes and recommendations as this bill went through Committee.

There's also in the bill an establishment of reports to be given. Now because the Amendment has become the bill, I just want to explain to the Chamber that it's been many, many years since there has been -- or this issue has been addressed by the Legislature.

Back in 1982 the school nurses came in and asked that we establish a school nurse advisory council. So we

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are finally doing this so many years later, not just at their request, but from interest from around the Legislature, input into our Committee and also the education community that there are many issues that need to be addressed and who better than our school nurses.

(Senator Duff in the Chair.)

SENATOR GERRATANA:

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Would you remark further? Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I support this Amendment. I think it's really a good demonstration of a Committee thoughtfully and deliberately -- deliberatively listening to the criticism and input it got during the public hearing and -- in making the bill better so I too will be supporting this Amendment.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the Amendment? Senator Kelly.

SENATOR KELLY:

Thank you, Mr. President.

Through you to the proponent of the Amendment, I have a couple of questions.

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THE CHAIR:

Please proceed, sir.

SENATOR KELLY:

Thank you.

How does this exactly differ from the underlying bill?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President and Senator Kelly, there are some changes. For instance we're making the Department of Education be the primary and the lead agency in this legislation. In the underlying bill made the Department of Public Health that entity. That's the first change.

We changed much of the organization of the actual advisory council. For instance if you look at the Amendment on line 6, one representative from each statewide bargaining representative organization that represents school nurses, in the underlying bill we actually delineated and listed at least three that we knew of.

One of the requests, Representative Betts on our Committee asked that we include a nurse who is employed in a private or parochial school so we met that requirement. That is not delineated in the underlying bill.

There were also requests that the Connecticut Association of Boards of Education had a -- have a representative and if you look down a little bit on line 19 and 20, we also had an agency who provides temporary nurses. They asked for some representation.

So again, as I said before, this reflects some of the requests from around the building, as I said from

Legislators who felt that the Advisory Council should be more representative of what is going on in our school system and with our school nurses and the delivery of healthcare.

Also I want to point out to you, Senator Kelly, that we also on line 46, such report shall include but not be limited to recommendations concerning and we changed that a little bit. We added in a few more criteria. It's kind of general but also protocols for emergency medication administration. There were many bills before Public Health Committee this year. One in particular that wanted to administer medications without a prescription.

And also if you look protocols for evaluating certain temporary medical conditions that may be symptomatic of serious illnesses or injuries, that could be students that have ongoing chronic illness or perhaps recovering from surgery or have some other special need. We made it very broad but worked with my drafting attorney to address again the input from members of the Public Health Committee and from around the building.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Thank you, Senator Gerratana, for your -- your very specific response to the question. With regards to -- well let me put it this way, how many school nurses are on this -- this board and -- or Council and is that a majority?

Through you, Mr. Chair -- Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

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Thank you, Mr. President.

Let's see I'm counting, five, six, seven I believe, seven and then one from the Connecticut Association for Healthcare at Home.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

And how many is the total? Seven out of --

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Oh I didn't count. Let's see five, six -- eight -- there are 13 members if I can count correctly.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Okay so seven out of thirteen. So there -- the school nurses, either through their union representation or the private parochial or home health agency, would hold a majority on this -- this Council.

SENATOR GERRATANA:

That's correct.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

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Mr. President, sorry. That is absolutely correct. It is a School Nurse Advisory Council.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Through you, Mr. President, who -- who makes the appointments to this Council?

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

In working on the legislation it's actually the organizations themselves, for instance the bargaining units, the Association of School Nurses.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

So for instance on -- in lines 8 and 9 where it's one representative of the Association of School Nurses of Connecticut who is employed in a private or parochial school, that Association of School Nurses would make the selection.

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

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SENATOR GERRATANA:

Thank you, Mr. President.

Yes, I actually, and we on the Committee, researched the Association of School Nurses and understand they have many members who serve in the private school or parochial school setting. So we only set parameters saying that whatever representative it would be one who is employed in a private or parochial school setting.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

But for instance if you were with SEIU in a parochial or private school, you wouldn't -- would -- let me back -- let me rephrase this. Could a -- a member of SEIU that's in a private or parochial school be appointed to -- to this Council?

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Mr. President, that's not the intention of this legislation. I did ask that question of our drafting attorney. Who are we talking about when we did the research? She and I had a lot of discussion. This would not be a member of a bargaining unit.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

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Okay so in other words the person that's appointed by the Association of School Nurses of Connecticut that's in a private or parochial is a non-collective bargaining employee?

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

That is the intent.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

Okay and then under -- in lines 6 and 7 the representative from each statewide bargaining unit would be a collective bargaining unit employee whether they're in a public school setting or a private school but the importance -- the focus is on the collective bargaining aspect.

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Mr. President, it is my understanding, at least the intent again with my conversation with the drafting attorney, that these would be nurses who are under or in a bargaining unit. A lot of the discussion that we had around who or what nurses work in the private or parochial school setting were not members of bargaining units. I mean that seemed to be satisfied so I don't think there's, you know, a

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question, at least not in my mind, that they would be in a union.

Through you, Mr. President.

THE CHAIR:

Senator Kelly.

SENATOR KELLY:

And once again thank you, Senator Gerratana, for your -- your apt explanation of the Amendment. I believe this is a good Amendment. It's something that -- you know I've only been here for a few years but I believe in the limited time that I've been here I've seen enough school nurse bills that this starts to address many of the developments in the area of education where school nursing comes into context with students particularly as we start to, I'm going to say, mainstream students with more critical health needs.

Their needs become more complex and difficult to -- to handle and manage and so having qualified school nurses in the -- our schools to -- to help those students becomes more and more important.

A lot of the issues that this is going to focus on addresses that and -- and I'm pleased to hear that we do have a majority of school nurses on this -- this Council to give a voice to those individuals who work daily on the frontlines and are the ones that are -- that are helping these students remain in schools.

So with that I -- I do support the Amendment. Thank you very much.

THE CHAIR:

Thank you, Senator.

Will you remark further on the Amendment? Will you remark further on the Amendment?

If not, I'll try your minds. All those in favor signify by saying Aye.

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VOICES:

Aye.

THE CHAIR:

Those opposed, nay? The ayes have it. Senate "A" is adopted.

Will you remark further on the bill as amended? Will you remark further on the bill as amended?

Senator Gerratana.

SENATOR GERRATANA:

Mr. President, I would like to yield the floor our Majority Leader, Senator Looney.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

And thank you, Senator Gerratana, for the yield.

Mr. President, I would move that the bill, as amended, be referred to the Committee on Government Administration and Elections.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Mr. Clerk.

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GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
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2837 - 3149**

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THE CHAIR:

Senator Coleman. Good evening, sir.

SENATOR COLEMAN:

Thank you, Madam President. May I ask that it be passed retaining its place.

THE CHAIR:

Seeing no objection, it will be PT'd. Mr. Clerk, will you go on to the next bill please? I'm sorry, Senator Looney.

SENATOR LOONEY:

Yes, thank you. Thank you, Madam President. Madam President, if item Calendar page 34, Calendar Number 44 might be marked passed temporarily and if the Clerk would go to Calendar page 44, Calendar 385, Senate Bill 370.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 44, Calendar 385, substitute for Senate Bill Number 1070, AN ACT ESTABLISHING A SCHOOL NURSE ADVISORY COUNCIL. It's amended by Senate "A" Favorable Report of the Committee on Public Health. There are amendments.

THE CHAIR:

Good evening, Senator Gerratana.

SENATOR GERRATANA:

Good evening, Madam President. I move acceptance of the Joint Committee's Favorable Report and passage of the bill as amended.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, ma'am?

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THE CHAIR:

Thank you, madam. Thank you, Madam President. Before us we have the establishment of the School Nurse Advisory Council. Previously in this Chamber I had discussed the legislation and we had adopted Senate "A" which made changes to the underlying bill. At this time, Madam President, I have another amendment if the Clerk would please call LCO Number 7665 and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 7665, Senate Amendment Schedule "B" offered by Senators Looney, Gerratana, et al.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

I move adoption, Madam President.

THE CHAIR:

Motion is on adoption, will you remark, ma'am?

SENATOR GERRATANA:

Yes, Madam President, I will. We have had much discussion on the Public Health Committee, and indeed in this Chamber about this particular amendment that I'm going to ask the Chamber to adopt. This is establishing an advisory council on Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections. Quite a lot of words, but a very, very serious disease. A disease that strikes our children with not just puzzling, but debilitating -- debilitating -- I'm losing my train of thought here, obviously.

Situations and illnesses that complicate not just their lives for the long-term, but also, of course, has an impact

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on the family. So after much work in talking with many members, we decided that the advisory council would be very appropriate and that also talking with the Commissioner of Public Health, and the work that they do that this is absolutely an appropriate advisory committee to establish. I thank you, Madam President.

THE CHAIR:

Thank you. Will you remark? Senator Welch.

SENATOR WELCH:

Thank you, Madam President. I -- I stand in support of this amendment. PANDAS is something that I think is very new to our medical lexicon. It's a very, very potentially serious ailment that strikes very young people. And there's still a lot not known about it today. I want to thank Senator Crisco and Senator Witkos in particular, as well as Senator Gerratana for really kind of shining the spotlight on -- on this disease and its potentials. And helping us come to the conclusion that it's a good idea today that we establish a council so that we can begin to take a look at PANDAS, at its potential impacts on the public health of the State of Connecticut, and how we can prevent tragedies from happening here. So I am supporting this amendment, and I thank the Chamber for its time.

THE CHAIR:

Thank you. Will you remark further? Will you remark further? Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President. I'd like to thank the members of the Public Health Committee as well as the members of the Insurance Committee for working together to bring forward this amendment.

You know, as Senator Gerratana said, it's a lot of words, but in short it's known as PANDAS. But it's not a well-known disease. In fact, we spoke about PANDAS at the Rare Disease Day here at the State capitol that we had, and we had folks from the PANDAS Resource Network come in from Virginia, from all over the country people are watching the State of Connecticut as we move forward to

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be the first in the nation to establish an advisory committee to deal with this debilitating disease.

And as Senator Gerratana so eloquently stated, it doesn't affect just the individual, but it's the whole family. And the most interesting part about PANDAS, there's a sudden onset. So imagine your young child, you kiss good night, put them to bed, and they wake in up the morning, and they seem to be a totally different child. Sometimes they can't speak. Sometimes they can't walk. And the parents don't know what's happening. So they may go see a psychiatrist or go see a special education professional. But those aren't the issues at hand.

There's not enough information out there. And when we talk about PANDAS, one of the things that we talk about here in the Circle about diseases is this isn't to be a managed disease, this is something that can be cured. If it's caught early enough, we know that this disease can be cured. But the problem is not enough folks in the pediatric area or in the school nursing area know enough about the disease to recognize the signs and symptoms. There's no public education, if you will. And that's -- that's one of the purposes of the council is to provide that. And if you look at the list, the field of expertise who are volunteering their time to come together for a good common cause is something that we should be celebrating here.

And I'm proud to stand before the Chamber and offer my support as a cosponsor of the amendment that we move forward. I can speak from a personal perspective as my niece has PANDAS. And it has certainly affected my brother and his family in dealing with that. And if it wasn't for my -- my sister-in-law's determination, like any of us do that have children or associated with folks that have an issue, you would do anything you can to help your child and research on your own what's going on. And that's what she did. And she ended up take my niece to Chicago to have an experimental treatment. And it basically almost cured her overnight. So it is something that can be cured.

We talk about so many things about managing. But PANDAS can be cured. And I asked her, what can we do as a Legislature to help others that were in your -- in your predicament. And she said, you know what, Kevin, the most

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important thing you can do is start a campaign to educate people out there what it is. Because so many times they're misdiagnosed. And the families suffer, the children suffer. And they don't have to. And as I said, I'm going to be seated here, but I'm proud to support the amendment and thank everybody for all the help, and we're going to be helping a whole host of people and families in the State of Connecticut. Thank you.

THE CHAIR:

Thank you, Senator, will you remark? Senator Crisco.

SENATOR CRISCO:

Thank you, Madam President. I just want to commend Senator Gerratana and Senator Witkos and also Senator Welch for their leadership on this issue. A lot of words have been expressed, and they're true. And we are a leader in this particular affliction. A child could go to sleep at night and wake up in the morning with the PANDAS Syndrome. It can come from strep throat, which I feel is most of the cases, or some other type of illnesses, and the Insurance Committee, after a public hearing, I don't think we've experienced anything so traumatic as a young 13-year-old girl who appeared to testify who shook -- shook every second of -- of the day. And yelled out. And it's such a horrible affliction.

But I just want to commend my colleagues for their leadership, and hopefully we can tell the story. We have all worked with Lynn Johnson from the advocacy group that she heads. I put her in touch with my daughter-in-law who is head of public relations for Comcast, and they're working on public service announcements. And so we're making progress. And I just want to thank my colleagues for their leadership. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark further? Will you remark further? If not, I'll try your minds on Senate "B." All those in favor please say aye.

SENATORS:

Aye.

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THE CHAIR:

Opposed? Senate "B" passes. Will you remark further?
Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President. If there's no objection, I ask this item be placed on consent.

THE CHAIR:

There is no objection. So ordered. Mr. Clerk.

THE CLERK:

Madam President.

THE CHAIR:

Sorry, Senator Looney.

SENATOR LOONEY:

Yes, thank you, Madam President. Madam President, if the Clerk would next call from Calendar page 47, Calendar 504, House Bill 5345.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On page 47, Calendar 504, substitute for House Bill Number 4345, AN ACT CONCERNING HOMEMAKER COMPANION AGENCIES AND CONSUMER PROTECTION. Favorable Report of the Committee on General Law. There are amendments.

HB5345

THE CHAIR:

Good evening, Senator Doyle.

SENATOR DOYLE:

Good evening, Madam President. I move acceptance of the

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Mr. Clerk.

THE CLERK:

On page 3, Calendar 202, Senate Bill 979. Calendar 215, Senate Bill 912. On page 15, Calendar 466, House Bill 5602. Page 35, Calendar 106, Senate Bill 916. Page 36, Calendar 120, Senate Bill 803 And Calendar 121, Senate Bill 918. On page 37, Calendar 132, Senate Bill Number 79, and Calendar 138, Senate Bill 886. On page 38, Calendar 196, Senate Bill Number 961. On page 39, Calendar 233, Senate Bill 995. On page 42, Calendar 301, Senate Bill 1015. Page 44, Calendar 385, Senate Bill 1070. Page 47, Calendar 504, House Bill 5345. And on page 48, Calendar 367, Senate Bill 804.

THE CHAIR:

I apologize. At this time, Mr. Clerk, seeing no objection, will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber.

THE CHAIR:

Have all members voted? All members have voted? The machine will be closed. Mr. Clerk, will you call a tally please?

THE CLERK:

On today's Consent Calendar,

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney, you have

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 12
3694-4017**

2013

DONNA KOSIOROWSKI: My name is Donna Kosiorowski. I'm speaking on behalf of the Association of School Nurses of Connecticut. I'm also a member of AFT Connecticut, and I want to say good afternoon, Representative Johnson and Senator Gerratana and members of the Public Health Committee.

I'm in support of Raised Bill 1070, it's AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF THE SCHOOL NURSE ADVISORY COUNCIL. Along with my testimony, you should have gotten historical perspective. It's a time line. And I'm encouraging the members of the Health Committee to please pay very close attention to the dates on the time line. My timeline starts in 1982, when regulations for school nurses were written, and it's up to March of 2013.

I will emphasize, again, that the regulations for school nurses from 1982 are still what govern the practice of school nursing. I'm here to encourage you to support this bill so that we can bring the regulations and the role of the school nurse into the forefront in Connecticut and improve school health services to our children.

Perhaps, the best way for me to do this, I've testified in front of you before so I'm not going to read my testimony because there's no point in doing that, but I would like share some experiences with you.

We -- we talk about school nurses in terms of healthcare services, in terms of sicknesses and injury, but I think what we forget to bring into the conversation is the role that the school nurse plays in the -- as a member of the educational team. I sit on 504 team meetings

in my own district, and, as a 504 coordinator, I attend meetings outside of my district and other towns.

The other day I was at a meeting where the principal was being the principal and had to stop what he was doing so he could become the school nurse because there was no nurse in the school. I've been at 504 meetings where students with attention deficit disorder and need medication at noontime at school don't get it because there's no school nurse to administer it and the educational staff neither has the time nor the desire to look for the child to administer the medication. The nurses would make sure that that happened.

I've -- I've addressed the Public Health Committee since 1999. That was 13 years ago. Please don't let 13 years go by, again, before I address you on this issue. I really would -- would encourage all of the legislators. I've had the opportunity to speak to Senator Gerratana, my own representative, Jason Perillo. We worked with Representative Sayers on a task force, and I've spoken to other legislators so please help us to pass this bill. Let us give the kids in Connecticut the health services that they deserve.

Thank you.

REP. JOHNSON: Thank you so much for your testimony and just a -- just quickly. Could you just do the brief history, perhaps, to address the differences of the students that we have in the school system today from when you begin your time line in 1982.

DONNA KOSIOROWSKI: Well, the timeline is really for the -- the journey that the Association of

School Nurses has taken on, but I've been a school nurse since 1985. When I first became a school nurse, most of the children that we see in school now with -- with disabilities, whether they're something you can see or not see, we're not in public schools at that time.

Now, we have inclusion. We have the least restrictive environment, and we have children with multiple number of disabilities. You would never see a child with a trache when I started in 1985. You would never see a feeding tube in 1985. You would never see children with autism and the array of disabilities.

One of the students that I had a few years ago had neurofibromatosis. And for those of you who don't know what that is, it's "elephant man" disease. The teachers at school were beginning to get -- to be honest, fed up with this student because he was beginning to slip academically. He was exhibiting some emotional problems. When you understand neurofibromatosis, that's the disease being exhibited. He was an adolescent. He had growth on his face that certainly made depressed and affected him emotionally and the learning disabilities were because his brain was involved. Had I not been at the table to explain that, the child would not have gotten the services he needs.

We have more children with asthma. We have more children with type 2 diabetes. We have technology that comes to school with the kids now, whether it's for cardiac reasons or diabetes so -- more working parents, more multicultural families. So it's a much different landscape than -- than when I first started.

Thank you for asking that question.

REP. JOHNSON: Thank you for that.

My co-chair has a question, as well.

SENATOR GERRATANA: Actually, Donna, thank you so much for coming and testifying today.

It's not so much a question as probably I need to speak with you. I don't want to take up committee time here, but it goes to school-based health centers. We're working on some legislation in this committee regarding them. And a one of the proposals is a pilot for, if you will, for lack of a better word, a collaboration between school-based health centers, the school nurses and any other medical director or any other medical staff involved and -- and the community. And I just wanted your opinion on that and we can talk more about it.

DONNA KOSIOROWSKI: Okay. Did you want me to address anything?

SENATOR GERRATANA: Well, yeah, the reason I'm bringing this up is that I've heard from (inaudible) school nurses that they feel school-based health centers are completely separate from what they do and there is no need, if you will, for some collaborative approach.

DONNA KOSIOROWSKI: Well, I think that the perspective depends on the personalities of the people that are involved and the individuals.

So, you know, we can discuss that at another time. But in order to have collaboration you have to have a school-based health center and a

school nurse to collaborate together. Frequently, you don't have one or the other and they have -- you heard the testimony a few weeks ago from Dr. Garcia from New Haven's Health Department and the CLO from New Haven Schools indicating that the roles of each are very different.

The school-based health center is really the primary care provider in the school. They see kids for sick visits and those kinds of things. They don't do what the school nurses do in terms of the screenings, the care planning, the integration into the educational setting. So they're very two distinct roles, and I think I would like to see the collaboration improve so I'd be very interested in talking with you.

SENATOR GERRATANA: Thank you.

DONNA KOSIOROWSKI: You're welcome.

REP. JOHNSON: Thank you.

Yes, Senator Welch.

SENATOR WELCH: Thank you, Madam Chair.

I think -- I think it's a great idea that school nurses get together and talk about what's going on. Exchanging information is probably one of the most important things you can do to improve the environment.

I do have a question on the bill and that is in Section 1 of the bill, under subsection a, we're adding language that says the regional -- the local or regional board of ed shall maintain a staffing ratio of school nurses to students that is appropriate to the size and health needs of the student population in order

for a more healthy and learning environment. And I guess what my question is, is how -- how do we determine and who enforces this -- this requirement?

DONNA KOSIOROWSKI: Well, to -- to determine what you need, there is a formula that the National Association of School Nurses provides. And I'd be happy to share that with you. You look at the acuity of the children in the building, their health needs. It's sort of like in a hospital where you have more nurses in intensive care than you have on the floor, the ratio of nurse to patient. So if you have very acutely ill children, you would need, obviously, more nurses.

The accountability or the enforcement -- one of the reasons we want regulations looked at, again, is because there really is no enforcement at this point other than at the local level. And it's very difficult for local districts and local health departments to -- to look at the regulations and figure out what qualifications they should be looking for in a school nurse. So the School Nurse Advisory Council is not just for school nurses to get together to talk, we would like agencies, including the State Department of Ed, AFT, the Connecticut Nurses Association, Association of School Nurses to -- and -- and, hopefully, some legislators, to look at what services are we really providing in school and -- and how do we efficiently and safely do that.

SENATOR WELCH: So just so I'm clear, it's not necessarily the council that's going to determine this number it's -- there's actually a national standard and formula that's out there.

DONNA KOSIOROWSKI: Well, there is a formula. If the legislators decide they want to give the council the authority to make those -- those requirements that would be great but usually it's my understanding and -- and, perhaps, you can correct that an advisory council is -- is simply to make recommendations.

SENATOR WELCH: And -- and it is. And that's why -- that's why I'm confused because it's, actually, one of the specific recommendations that the advisory council supposed to come up with is -- it's, sort of, taking me a second to get there -- it is school nurse staffing levels.

DONNA KOSIOROWSKI: Right. I -- I don't really think that was going to come out of the council. I think that we were looking to you all to set that as -- as a law so that districts don't have a choice and that they would have to base their ratios on the needs of the students. Who determines the ratio is what the advisory council and the national association would do. Does that answer your question?

SENATOR WELCH: Well, I'm not sure because when I read this it says that the council is supposed to give a report to the General Assembly --

DONNA KOSIOROWSKI: Uh-huh.

SENATOR WELCH: -- and one of the things it's supposed to opine on is the staffing levels so, I guess, if what you're telling me is, you know, we're supposed to take a look at that, we're supposed to come up with recommendations, but at the end of the day it's on your shoulders, I understand that, if that's what you're saying?

DONNA KOSIOROWSKI: Right, the legislation --

SENATOR WELCH: Okay.

DONNA KOSIOROWSKI: -- would -- would dictate that.

SENATOR WELCH: Right. All right. Thank you.

REP. JOHNSON: Thank you.

Representative Srinivasan.

REP. SRINIVASAN: Thank you, Madam Chair.

Thank you very much for your testimony.

Good afternoon.

And in the same vein of thought as Senator Welch, one of the things I've had difficulty in getting the hands across is a number -- and I know you did say you will send that to us. Is that actually a number that there is out that says for X number of students in a school, we would have, you know, this many of number of nurses available in the school system?

DONNA KOSIOROWSKI: Yes. What the National Association recommends -- and this is where there is some confusion -- their first recommendation is one to 750 but what that means is every child in the school is healthy and comes from, you know, intact families. The number goes down to one to 500, if you have students that are -- you have a mix of students with special needs. If you have more special needs students, it's one to 250. It goes down to one to 100 when they're very acutely ill, and it could be as limited as one on one. And we do have some students who require one-on-one nursing in school.

REP. SRINIVASAN: Thank you very much for that.

For the first time, I'm hearing those numbers and I appreciate that, you know, I've trying to get those number for quite some time and I appreciate that information.

The -- going to the second half of the -- of the bill, you know, in the same section, we were talking about not the size, which you did mention, but the health needs. And you gave a wonderful analogy about hospital setting between, you know, between intensive care and the floor, where, obviously, the ratio is very, very different. But could you tell us from a practical point of view in a school system, how in an acute setting you would suddenly be able to change the numbers of the nurses that are needed on a particular day or a particular -- in a week if the kid is sick because, obviously, that's going to -- that health status is going to be not something constant but will always be in flux.

DONNA KOSIOROWSKI: Well, there's a certain amount of consistency in terms of what we have to do and then it's -- it's also like being in an emergency room where you never know what's going to come through the door. So I think you make your best assessment of what an appropriate staff would be, and I don't think that there's a flexibility. Although in our district there is because we do have an extra nurse who doesn't have a school assignment so we can ask her to help when -- when things are busier.

There are most days -- I urge all of you to spend a little time in a school health room because I think it would be a very interesting

experience for all you, but it, you know, we have to look at the -- the kids that we have now and based on the statistics and the data that we have in terms of visits and the types of things that we do see, we -- we try to staff accordingly.

REP. SRINIVASAN: And my final question to you, through you, Madam Chair.

You mentioned acutely ill students coming to school. I mean I'm having a little difficulty comprehending that. Who would be these -- or what would be the nature of an acutely ill child coming to school?

DONNA KOSIOROWSKI: We have -- currently, we have -- we're responsible for kids from age three to 18, and we have severely disabled students in our high school in a self-contained classroom who require one-on-one care, traumatic brain injuries. We also have, for the first time in my experience as -- or, actually, the second time, I'll be planning tomorrow to reenter a student who has a DNR order. So those are the types of situations that we're dealing with.

Acutely ill, too, we have seizure disorder who might have multiple seizures during the school day. We have kids with dual diagnoses, our student with type 2 diabetes and a seizure disorder who's very poorly controlled in -- in both places so those are the types of kids that I would talk about. Kids who have traches need to be suctioned frequently.

REP. SRINIVASAN: Thank you very much.

Thank you, Madam Chair.

REP. JOHNSON: Thank you.

Are there any additional questions? Excuse me.

Thank you so much for your testimony.

DONNA KOSIOROWSKI: Thank you.

And I'll make sure you get the NASN information about the numbers.

REP. JOHNSON: Yes. That would be great and, also, perhaps, a little bit of information on the -- the nature of the school population based on some of the changes since 1982.

DONNA KOSIOROWSKI: Okay.

REP. JOHNSON: Thank you.

The next person I have on the list is Michael Corjulo followed by Verna Bernard-Jones.

MICHAEL CORJULO: Good afternoon.

REP. JOHNSON: Welcome and please state your name for the record and proceed.

MICHAEL CORJULO: Good afternoon, Representative Johnson, members of the Public Health Committee. My name is Michael Corjulo; I'm an APRN. I'm the president-elect of the Connecticut School Nurse Association. I'm also the health coordinator of the ACES School District. It's an honor to be testifying in front of you again.

I'm going to just try to build on my co-worker's, Donna's testimony, in support of Bill 1070, AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL, which I am also very supportive of.

The addition to the wording that we were just discussing with the staffing levels, I don't -- I'm not sure that it was made clear that the current regulations that are over 30 years old only require one or more school nurses per district. And it seems like what's happened over the 30 years is this has created a significant disparity in school nurse resources in Connecticut.

For example, from where I'm -- in the region I work, Hamden has 16 school nurses for 14 schools with an average school nurse to student ratio 1 to 409, whereas the neighboring city in New Haven has 30 nurses to cover 53 school sites with an average school nurse to student ratio 1 to 770.

Governor Malloy's 2011 education letter to the Connecticut General Assembly noted that Connecticut has the widest academic achievement gap in the nation.

I would propose that just as education reform is a step toward addressing the achievement gap, this proposed legislation is a step toward addressing our state's healthcare gap. For many of Connecticut's economically disadvantaged in minority children and adolescents, the school nurse may be their most successful -- accessible source of healthcare, addressing immediate needs while advocating and coordinating with community medical providers. Qualified school nurses are capable of addressing student health issues that positively impact the time students spend in class ready to learn, a foundational component to improving any educational success.

One of our principals put this in perspective for me this year. Stating when I was a principal at my other school that did not have a nurse on site and a student came to me with a health problem, my two common options were to call 9-1-1 or send the student home. I was not qualified to assess if it was safe for them to return to class or survive the bus ride home.

Lastly, I just want to use asthma as an example, I'm a certified asthma educator. Our rate of asthma in Connecticut schools is ten to 18 percent. Cities, like New Haven, have 15 to 18 percent of the students in schools with asthma. Our nurses in our public magnets schools or ACES, we assess students with acute asthma systems every single day and have to decide is it safe for them to be back in school -- to stay in school, is it safe for them to get on that bus for their 10-, 20-, 30-minute ride home and make it home okay.

Schools need to have nurses. I think the detail about exact ratios is something we should have further discussion but what we know is that having just one school nurse for a district or having an inadequate number of school nurses is not safe, and it's putting a lot of our school children at risk.

Thank you.

REP. JOHNSON: Thank you.

Any questions.

Thanks so much for being here today.

MICHAEL CORJULO: Thank you.

REP. JOHNSON: The next speaker is Verna Bernard-Jones followed by Mary Jane Williams.

Welcome and please state your name for the record and proceed.

VERNA BERNARD-JONES: Good afternoon, Madam Chair and members of the committee.

My name is Verna Bernard-Jones. I am a school nurse at West Middle Elementary in Hartford. I'm also president of the Health Professionals of Hartford School District, and I'm also the president of ASNT. And I'm here to testify in favor of SB Number 1070, AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHING A SCHOOL NURSE ADVISORY COMMITTEE.

My colleagues that went before, basically, told you a lot about, you know, how it is with school nursing but I just want to emphasize that in recent years school nursing has just really been the focus of -- of many things with healthcare. You may not have known, but it was a school nurse that recognized that H1N1 was affecting the population.

A school nurse is the first person that students see in school. They have to come in get their physicals and we have to address all their health, medical and mental health needs.

I want to talk to you just a little bit about a recent study that was done by the Institute of Medicine in collaboration with the Robert Wood Johnson Foundation. They did this joint study, and it was a study on the future of nursing. And I just want to quote some of the things that was said.

This study said that in the 21st Century, the health challenges facing the nation have shifted dramatically. The healthcare system is in the midst of great change as care providers discover new ways to provide patients and good care and to deliver more primary care as opposed to specialized care.

They also state that nurses are well poised to meet these needs by virtue of their numbers, their scientific knowledge and their ability to adapt. The trends have really changed in over the past 20 years, and we need the state regulations to change.

As Donna said before, it's been since 1982 that there was any kind of change, any look at the regulations. That's over 30 years. And I just have to reiterate what she said that there is so many more medically fragile children in school. To have regulations that just say that a district can only have one nurse is just absurd at this time.

So we want this advisory committee so that we can sit down together, the Association of School Nurses, Connecticut Nurses Association and people from the Department of Education and DPH, we want to be able to sit down and look at these regulations and decide what we can do to make school nursing more effective and to really serve the school population in Connecticut.

So I would just ask you to just please help us to make this a reality.

Thank you.

REP. JOHNSON: Thank you so much for being here and taking the time to provide your testimony.

Are there any questions?

Thank you so much.

VERNA BERNARD-JONES: Thank you.

REP. JOHNSON: The next speaker is Mary Jane Williams followed by Lynn Rapsilber.

Welcome and please state your name for the record and proceed.

MARY JANE WILLIAMS: Good afternoon, Representative Johnson and esteem members of Public Health.

I'm Mary Jane Williams. I'm chair of government relations for the Connecticut Nurses Association, and I'm a registered nurse. And I'm here to speak in strong support of Raised Bill Number 6391, AN ACT CONCERNING THE PRACTICE OF ADVANCED PRACTICED REGISTERED NURSES.

SB1064

And I'm here to represent all nurses in Connecticut, but I'm also here because I served on the task force that did the compromise language in 1999 under the -- under the tutelage of Senator Melody Peters and Representative Winkler, at which time, we were promised in five years we would go back and we would renegotiate this language. I believe the time has passed and heeding the Robert Wood Johnson Institute of Medicine recommendations, nurses should be allowed to -- to practice to the full extent of their education and training and be full partners with physicians in all related healthcare providers.

I've listed in my testimony the current impediments to the regulatory environments,

**JOINT
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HEARINGS**

**PUBLIC
HEALTH
PART 14
4317-4577**

2013

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March 20, 2013

Co-chairs Senator Gerratana and Representative Johnson, Members of the Public Health Committee,
Thank you for the opportunity to testify in support of:

Testimony RB 1070: *AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL.*

School nurses serve as a link between the school, the home, the health care provider, and the community. Children who enter the school system are as young as 3 or as old as 21; typical children and children with special needs. The school nurse is there for all children. Children with physical, emotional, and social needs are in schools throughout Connecticut. Just like an educator with a specialty in math or science, reading, history, or foreign language, the school nurse specializes in school health.

The school nurse plays a crucial role in the management and provision of comprehensive health services for children with acute and chronic conditions. The role of the school nurse is to serve as a team member in providing preventive services, early identification of problems, interventions, and referrals to foster health, to ensure educational success for all children.

After the child's home, school represents the second most influential environment in a child's life. The school nurse is the only health care professional in school, and for some children, their only access to health care. Students today may face family crises, homelessness, immigration, poverty, and violence, which increase both their physical and mental health needs. School nurses perform a critical role within the school by addressing the major health problems experienced by children.

School nurses are key in "No Child Left Behind" which recognizes that "a student's academic performance is directly linked to the quality of the school staff." The State Department of Education Connecticut School Health Survey indicates that 90% of students seen by a school nurse return to class within 30 minutes. The school nurse directly influences academic achievement and help to decrease school dropout rates by keeping kids in school, in class, and ready to learn. "Today, school nurses recognize their most valuable impact occurs in roles that support student's educational success" (*School Nursing, A Comprehensive Text*). According to the CDC, "the academic success of

America's youth is strongly linked with their health. Despite these linkages, education and health are treated as separate."

Perhaps the best way to speak to the issue is to share my personal experience as a school nurse. When I left a hospital emergency room to become a school nurse, my nursing colleagues said "You will be bored." They could not have been more wrong. In the ER, I had medical colleagues, doctors, nurses, hospital staff, to help when things went wrong. In school, I was alone. I remember the middle school student who presented in my health room with acute asthma. I did not know he had asthma because he never told anyone nor did his family. My nursing assessment told me this kid is in trouble. This child was transported from my office via ambulance to ICU for where he remained for three days. On another occasion a 12 year old boy who had a grand mal seizure for the first time in school. We effectively cared for this child who had been exposed to drug use in utero. I recognized the connection because I participate in continuing education, an essential process when involved in school nursing. On another occasion I cared for a child in kindergarten with a genetic syndrome that affected all her body systems. She had been in a school for disabled children and had never been able to attend a regular school with non-disabled classmates. Because I am a qualified school nurse supervisor and I had an equally qualified school nurse to provide her care, this child was included in a regular kindergarten classroom. She thrived and captured the hearts of everyone-teachers, therapists, classmates, and the bus driver.

It is understood that school nurses provide health care in school. What is less understood is that they need not only be a competent health care provider, they must understand the educational environment. Providing health care in a school is vastly different from providing care in a medical facility. Children do not come to school with monitors, x-rays, lab tests. At times, school nurse have to be detectives. The most they might get from a young child is "I don't feel good." The school nurse must use assessment, experience, knowledge, and even their gut to figure out what the issue is.

School nurses, unlike other nurses, must also understand education, the classroom and such things as IEP's, 504 plans, SRBI. School nurses must understand how to provide health care in a school with the least impact on educational time. They need to understand the "other side of the health room door" and how to translate health information into educational language so educators will make the connection between health and academic achievement.

Since 1982, there has been no change in qualifications for school nurses, despite the tremendous changes in medicine, technology, and today's students.

Senator Gerratana, I know you were instrumental in passing children's health care legislation as well as managed care and mental health reform. Your commitment to social change and the betterment of people in your District and across the state of Connecticut has been recognized by many.

Representative Johnson, you advocate for Medicare beneficiaries. You received a perfect rating from the Environmental Group for your efforts. You are a one of 3 legislators who proposed:

AN ACT CONCERNING MENTAL HEALTH FIRST AID TRAINING AND ELEMENTARY SCHOOL TEACHERS.

All of this is what school nurses do.

In conclusion, the impact of qualified school nurses on health and educational outcomes is well evidenced in the literature and is evident for me personally as I interact with school nurse colleagues all over Connecticut.

In 1998, the State Department of Education recommended changes to the statute and regulatory changes for school nurses. In 1999 I met for the first time with legislators from Education and Public Health and other stakeholders on this same issue. There is nothing else I can say today that I have not said many times over the past. If I cannot convince you to convene a School Nurse Advisory Council now, I never will. Please do not let 14 years go by again before a School Nurse Advisory Council becomes a reality. School nurses all over Connecticut are waiting for your decision. Thank you.



**TESTIMONY RAISED Bill No.1070: AN ACT CONCERNING SCHOOL NURSE STAFFING
AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL**

PUBLIC HEALTH COMMITTEE

March 20, 2013

Good Day Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related to the Nurse licensure Compact. I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University.

I speak in strong support of RAISED Bill No.1070: AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL

The Connecticut Nurses Association has for many years worked with the School Nurses on issues related to safe practice and adequate staffing. Representative Peggy Sayers called a group of leaders together to discuss issues around School Nurses. It was an excellent opportunity to educate and inform leadership of the issues related to the safe practice of school nurses. However, even with Representatives Sayers knowledge, commitment and time we have been unable to move forward an agenda for School Nurses that addresses the many issues faced by school nurses in school settings. We have held meetings with representatives of the State Board of Education and we have

still not been able to move forward. I recognize the basic issue is economic, however in view of the school demographics, inclusion and the demands placed on all members of the health team in schools I believe it is time for positive action. It is also time to put the responsibility with local boards. Local boards have the responsibility for decisions related to school nurses employed and must answer to their constituents.

Raised Bill No. 1070 AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL, places responsibility for adequate School Nurse Staffing exactly where it belongs, with the Board of Education in the respective community. Reporting to the Department of Public Health also provides the correct message to our communities. The assessment, education and care provided by qualified school nurses directly relates to public health. Public schools with adequate school nurse staffing are the providers who interact with our children daily. Research demonstrates their value in the school settings. It should be noted "Healthy Children have better outcomes" and "Schools with school nurses have lower absenteeism."

We need to support the work of this group of professional.

Hopefully an advisory committee recommendations, combined with community involvement will motivate the Boards of Education to act responsibly by adequately staffing schools with qualified individuals who will keep our children safe and healthy.

I urge you to support this Bill. I have included as an addendum the National Associations of School Nurses Position Paper on Staffing for your review. Thank you for your careful consideration of this most important legislation. Thank you for your anticipated support of this important issue.

The National Association of School Nurses makes the following recommendations.

It is the opinion of the National Association of School Nurses (NASN) and the National Association of State School Nurse Consultants (NASSNC) that adequate staffing of registered, professional school nurses in all schools is of critical importance in order to provide safe, effective, and timely care for all students. The pressure to reduce both health and education budgets have led to school nurse staff and programs being eliminated. A 2012 questionnaire by the National Association of School Nurse Consultants (NASSNC) found that 55% of the state school nurses consultants who responded reported that some school nursing positions have been dissolved or replaced with unlicensed staff, medical assistants, emergency medical technicians, certified nursing assistants or volunteers. Therefore the school is without a school nurse to attend to the health needs of students or to supervise unlicensed personnel staffing health rooms. Additionally, the questionnaire found that 68% of respondents reported that school nurses and others have provided medication administration training to unlicensed staff in districts where there are no school nurses to provide services (NASSNC, 2012).

It is recommended that we increase the number of School Nurses as student health needs are increasing.

NASN believes every child should have access to a school nurse.

Appropriate school nurse staffing is essential to the delivery of quality care and positive student health outcomes (ANA, 2005a).

School nurses are the health experts in schools, with the education and experience in pediatrics and public health to provide safe nursing care for students. School nurses work within the scope and standards of school nursing practice (ANA/NASN, 2011).

Nurses are the most trusted health professionals in the US, with eighty-one percent of Americans consistently expressing that they believe nurses' honesty and ethical standards are high or very high (Jones, 2010).

RATIONALE

NASN and NASSNC believe that it is critically important that:

Students with access to school nurses have better school attendance and lower dismissal rates than students who do not have access (Pennington & Delaney, 2008). Student absenteeism has a direct association with poor academic performance (Weismuller, Grasska, Alexander, White, & Kramer, 2007).

Students with special health care needs require nursing, instructional and behavioral support, and may need an Individual Education Plan (IEP) or Section 504 Plan to access a free and appropriate education in the least restrictive environment (Forrest, Bevans, Riley, Crespo & Thomas, 2011).

School nurses are essential members of the school team to determine and implement the accommodations required for success (Kruger, Toker, Radjenovic, Comeaux, & Macha, 2009).

Students with special health care needs benefit from school nursing care and case management as they are at greater risk for lower student engagement, bullying, disruptive behaviors that affect social competence and lower academic achievement (Forrest et al., 2011).

School nurses are equal partners with other school professionals (ANA,2012) in determining the health needs of students and the level of nursing care needed based on data, student and community health assessments and health conditions in order to ensure safe care and positive student health outcomes.

School nurses are the school professionals best prepared to determine the level of nursing care in school for the 19.2% (14.2 million) school-aged children with chronic health conditions involving special health care needs (Bethell et al., 2011).

School nurses in schools with adequate staffing have more direct student contact, greater involvement in developing the IHP (Individual Healthcare Plan) and IEP, regular contact with providers, and provide care for children with complex health conditions (Kruger et al., 2009). School nurses promote a healthy environment in school and in the

community by identifying health issues via screenings, health assessments, health promotion activities, and health education (Schoessler, 2011).

School nurses must be the health professional with oversight and implementation of the medication administration process in compliance with individual state laws and regulations.

Medication administration to children is a very serious role for the school nurse as medication errors in children potentially result in greater harm than to adults (Gonzales, 2010).

School nurses have a unique contribution to offer concerning children's health and safety whether through advocacy efforts or standards of practice. For example, school nurses use their skills and judgment to detect and refer for treatment potential vision deficits in students, enabling students to learn (Basch, 2011).

School nurses have the education and training to serve as healthcare team leaders and should, and are often required, to provide supervision and direction if a LPN/LVN is utilized as a member of the school health care team. The extent of nursing tasks that can be performed by the LPN or LVN is determined by each state's scope of practice and standards and/or applicable state specific statutes (ANA, 2005b). In many states the LPN/LVN must work in a team relationship with a registered professional nurse.

Medicaid and private health insurers benefit from the disease management and preventive health care services provided by school nurses. Schools alone cannot continue to subsidize the health care needs of students - Medicaid and private insurers must step forward and meet their responsibility.

Adopted: May 2012

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CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

TESTIMONY

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

Before the Public Health Committee

March 20, 2013

Raised Bill No. 1070

**An Act Concerning School Nurse Staffing and Establishment of a School Nurse
Advisory Council**

Senator Gerratana, Representative Johnson and members of the Public Health Committee. My name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with 30 years experience in home health, hospice, long term and acute care.

The Association represents 60 licensed and certified home health and hospice agencies that perform 5-million home health and community-based visits in our inner cities and rural Connecticut towns each year.

The CT Association for Healthcare at Home supports Raised Bill 1070, An Act Concerning Nurse Staffing and Establishment of a School Nurse Advisory Council; however, we ask that a school nurse from our provider agencies who offer school-based nursing be considered for a possible seat on the Advisory Council.

We agree that the staffing ratio of school nurses to students should be appropriate to the size and health needs of the student population in order to promote a healthy learning environment.

Several of our licensed home health agencies also provide school-based nursing through provider agreements. This is especially true for our smaller town-based agencies who are intimately involved at the community level both in the school systems and with the local public health departments.

Due to the expertise and lengthy commitment to our communities, we request that one of our provider agency school nurses be asked to be part of the advisory council as outlined in this bill.

Thank you and if you have any further questions, please contact me directly at Wodatch@cthealthcareathome.org or 203-774-4940.

Michael Corjulo APRN, CPNP, AE-C
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Public Health Committee

Public Health Committee
March 20, 2013

Greetings Senator Gerratana and Representative Johnson and members of the Public Health Committee,

Thank you for the opportunity to submit testimony in support of:

RB 1070: AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL.

As the President-Elect of the Association of School Nurses of CT (ASNC) and the Health Coordinator of the ACES RESC/school district, I am fully supportive of the stated purpose of RB 1070, and would like to address each of the 2 sections.

Section 1. The proposed addition to the subsection (a) of section 10-212 The local or regional board of education shall maintain a staffing ratio of school nurses to students that is appropriate to the size and health needs of the student population in order to promote a healthy learning environment, provides some long anticipated and welcomed structure to promoting adequate school nurse coverage in CT schools. The current requirement of "one or more school nurses" that has been in effect since 1982 has resulted in significant disparities in school nurse resources for students in CT. For example, Hamden has 16 school nurses for 14 schools with a an average school nurse to student ratio of 1:409; whereas the neighboring city of New Haven has 30 nurses to cover 53 school sites with an average school nurse to student ratio of 1:770. Governor Malloy's December 20, 2011 education letter to the CT General Assembly noted "Connecticut's poor and minority students are less prepared for success than their peers in the vast majority of other states – and that our state has the largest achievement gap in the nation." Just as education reform is a step toward addressing this achievement gap, this proposed legislation is a step toward addressing our state's health care gap. For many of Connecticut's economically disadvantaged and minority children and adolescents a school nurse may be their most accessible source of healthcare, addressing immediate needs, while advocating and coordinating with community medical providers. Qualified school nurses are capable of addressing

student health issues that positively impact the time students spend in class, ready to learn – a foundational component to improving any achievement gap. One of our principals put this in perspective, stating “when I was a principal at my other school that did not have a nurse on site, and a student came to me with a health problem, my two most common options were to call 911 or send them home – I was not qualified to assess if it was safe for them to return to class.”

I do respectfully request that the wording the in this proposed addition end in “...in order to promote academic achievement”, since the focus of school nursing is on the individual student and health promotion, rather than the “learning environment”.

Section 2. The establishment of a school nurse advisory council would provide structure to addressing school health and nursing related issues that have been very resource intensive for legislators, school nurses, and educators. Most legislative sessions include proposed bills that address complex physical and mental health issues such as asthma, diabetes, epilepsy, life-threatening food allergies, depression, and violence, often in the context of individual students. This proposed school nurse advisory council could facilitate a shift toward addressing these, and other related school health issues, in the context of the best approach for all of Connecticut’s students and schools. The result would be a more effective and efficient approach to addressing the legal, medical, and educational implications of proposed school health related legislation. As most districts struggle with budget issues, this council could help identify what aspects of the school nurse role are essential in an educational setting, making the best use of this resource to support academic achievement. Ideally, this council could also improve how school nurses coordinate care with primary care and specialty providers, supporting Connecticut’s commitment to the Person-Centered Medical Home (PCMH) model. Improved health care access and coordination would make an invaluable contribution toward improving the academic achievement gap. I fully support this proposed legislation that is a fundamental step toward achieving these goals.



A Union of Professionals
AFT Healthcare 

TESTIMONY OF
VERNA BERNARD-JONES, MS, RN, NCSN
PRESIDENT, HARTFORD SCHOOL HEALTH PROFESSIONALS, AFT LOCAL 1018
A/B, AFL-CIO
MEMBER, AFT CONNECTICUT HEALTHCARE COUNCIL

Public Health Committee

March 20, 2013

S.B. No. 1070 (RAISED) AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL.

Good Day to the Co-Chairs and members of the Public Health Committee. I am Verna Bernard-Jones and I am a school nurse at West Middle School in Hartford. I'm also President of the Hartford Federation of Teachers Health Professionals, a local union representing 65 school nurses and health professionals employed in the Hartford school district. I am writing testimony in support of S.B 1070.

Let me begin by stating the definition of school nursing as defined by the National Association of School Nurses (NASN) in 1999.

The Definition of School Nursing:

"School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning." **NASN/1999**

In 2002 AFT Healthcare surveyed its nurses and adapted the following resolutions:

School nurses provide vital links between public and private resources and programs, collaboration between schools and health and human service agencies to bring school and community services to schools, and support efforts to connect families to insurance programs to meet the needs of children and families.

The country's school nurses are pivotal members of a coordinated school health system, delivering services to children and, thereby, eliminating health disparities and barriers and supporting academic success for all children.

As the school nurse in a school with a student body of close to 700 students I attend weekly Student Assessment Team meetings (SAT), Pupil Planning Team meetings, 504 meetings and Behavior intervention Planning meetings. In short, I must provide healthcare but be acutely knowledgeable of Educational laws that protect students' rights and access to education.

In 2010 The Institute on Medicine (IOM) and Robert Wood Johnson Foundation (RWJF) published a joint study on the **Future of Nursing**. Here are some of the findings and recommendations.

The Changing Health Care System

The IOM study states "In the 21st century, the health challenges facing the nation have shifted dramatically. The health care system is in the midst of great change as care providers discover new ways to provide patient-centered care; to deliver more primary care as opposed to specialty care; and to deliver more care in the community rather than the acute care setting. Nurses are well poised to meet these needs by virtue of their numbers, scientific knowledge, and adaptive capacity.....

The trend over the past 20 years has been a growing receptivity on the part of state legislatures to expanded scopes of practice for nurses. While no single actor or agency can independently make a sweeping change to eliminate current barriers, the various state and federal entities can each make relevant decisions that together can lead to needed improvements. "

Conclusion from this joint study states:

"Now is the time to eliminate the outdated regulations and organizational and cultural barriers that limit the ability of nurses to practice to the full extent of their education, training, and competence. The U.S. is transforming its health care system to provide quality care leading to improved health outcomes, and nurses can and should play a significant role.....Scope-of-practice regulations in all states should reflect the full extent not only of nurses but of each profession's education and training. Elimination of barriers for all professions with a focus on collaborative teamwork will maximize and improve care throughout the health care system. "

I present the findings of this study to highlight the need for a positive vote on the formation of the School Nurse Advisory Committee. The last time there was any change to the regulations for school nurses was 1982. That is over 30 years ago. The student population is without a doubt more complex today than 30 years ago with a myriad of physical and emotional health needs. The school nurse must manage these health needs on a daily basis through assessment, planning, intervention and evaluation

School nurses are an intricate part of the educational process and we should not be over looked. I end with a quoted from a great woman "You can't educate a child that isn't healthy and you can't keep a child healthy who isn't educated" Joycelyn Elders

Please vote yes to SB 1070. If not now then when?

Respectfully submitted,

Verna Bernard-Jones, RN

March 19, 2013

Dear Public Health Committee Chairs and Members.

I am submitting written testimony today regarding SB 1070 AN ACT CONCERNING SCHOOL NURSE STAFFING AND ESTABLISHMENT OF A SCHOOL NURSE ADVISORY COUNCIL. As a registered nurse, former school nurse and now a professor of nursing, I urge you to **fully support** this proposed bill. This bill will help ensure that the health needs of all children in schools are addressed through safe staffing levels. In addition, the establishment of a school nurse advisory council is an effective way to identify ongoing strengths and challenges regarding school nursing services and provide a venue to make future recommendations to the state agencies, local school districts and the legislative body of Connecticut.

I have submitted written testimony in the past urging you to reject certain bills, such as HB 5299 and asking you to consider holding school districts accountable for safe staffing levels for schools. The proposed language, "The local or regional board of education shall maintain a staffing ratio of school nurses to students that is appropriate to the size and health needs of the student population in order to promote a healthy learning environment", is an effective way to allow school districts to have autonomy regarding what those levels are based on student needs and at the same time raise the current statute from one nurse per district to safe staffing levels. **This will go a long way in ensuring that the students in Connecticut schools have access to school nurses when needed.**

Over the years, there have been many bills and recommendations to the legislature regarding school nurse regulations, medication administration in schools, chronic illnesses and the care of students with chronic illnesses, etc.; while all were well intended, many of these bills have resulted in fragmented or isolated approaches to health care in schools or even more frustrating, no movement at all such as in the case of increasing the qualifications for school nurses. The establishment of a school nurse advisory council to make recommendations and provide a written report to school districts regarding but not limited to (1) Professional development for school nurses; (2) school nurse staffing levels; and (3) the delivery of health care services by school nurses in schools will assist in developing consistency across all school districts and ensure quality health services. **In the end, the establishment of an advisory council will have a significant impact on the children in this state by ensuring their health needs met by highly qualified school nurses.**

In addition to serving children with chronic health care needs, school nurses also address the mental health needs of students. Ensuring that school districts have proper nursing services and establishing an advisory council will also help address the growing mental health concerns that face our children. Did you know that there are approximately 1200 school nurses in our state covering approximately 1500 schools with each district establishing their own policies and procedures? Establishing recommendations to guide practice based on national and state standards, ensuring safe staffing levels, and communicating this information to school administrators, state agencies, and the legislator will help Connecticut develop the highest level of service for students across each community.

I would like to recommend some friendly edits to the proposed bill:

- 1 Expand the membership to include a school medical advisor from the Connecticut Chapter of the American Academy of Pediatrics, a parent recommended by the advisory board, and 2 community members with expertise in school health recommended by the advisory board.

- 2 Require the report to be sent to school districts by the Commissioners of Education and Public Health jointly.

I urge you to support this bill with the friendly amendments above. School nurses are the primary safety net for the health needs of students. You can make the difference in the lives of students by supporting this bill. I have included my contact information below and would be happy to work with you to provide substitute language as needed.

Sincerely,



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