

I. Issue – School Nurses

State and local governments spent \$56.3 million on school nurses in FY2010.

II. Executive Summary

By unanimous vote at their August 25, 2011 meeting, the State Education Finance Study Commission approved recommendations for funding an FTE-based formula for School Nurses, funding a small base level for supplies to be allocated per FTE, and funding of a statewide school nurse coordinator.

III. Current Situation/Practice/Funding Method

In Fiscal Year 2001, the Georgia legislature first appropriated \$30 million for school health personnel related to the “A+ Education Reform Act of 2000” (HB1187). Total funding for the School Nurses program in FY2010 was \$56.3 million, which includes approximately \$30 million in local spending.

Table 1: State Funding History for School Nurses

	State Funding	FTEs	Funding/FTE
FY 2001	\$ 30,000,000	1,433,279	\$ 20.93
FY 2002	\$ 30,000,000	1,447,332	\$ 20.73
FY 2003	\$ 30,000,000	1,472,992	\$ 20.37
FY 2004	\$ 30,000,000	1,498,777	\$ 20.02
FY 2005	\$ 30,000,000	1,528,133	\$ 19.63
FY 2006	\$ 30,000,000	1,566,284	\$ 19.15
FY 2007	\$ 30,000,000	1,607,894	\$ 18.66
FY 2008	\$ 30,000,000	1,627,660	\$ 18.43
FY 2009	\$ 30,000,000	1,630,671	\$ 18.40
FY 2010	\$ 27,936,000	1,641,396	\$ 17.02
FY 2011	\$ 26,399,520	1,650,981	\$ 15.99
FY 2012	\$ 26,399,520	1,650,981	\$ 15.99

Under the current system, there is no FTE-based earnings formula. Each system is allotted a base grant of \$20,000, and additional funds appropriated are allotted on a per FTE basis. Since the program was implemented, the majority of schools in Georgia have a licensed school nurse on site during at least part of the school day. Local systems also supplement this program.

While Georgia Code requires each local board of education to establish policies and procedures for a school health nurse program, there is no state coordination at the Department level. This decentralized organization was in evidence during the H1N1 flu epidemic in 2009 as each school system was responsible for establishing individual policies for dealing with this public health hazard.

According to The Georgia Health Policy Center, prior to state funding for school nurses, the ability of schools systems to meet the healthcare needs of children was highly variable. Some systems could provide resources for a full-time Registered Nurse, while other systems relied on untrained school employees to provide healthcare assistance. The past decade of state funding has led to an increase in

the total number of school nurses employed in the state. In FY2001, there were 823 nurse positions in the state, and by FY2010 the number of positions had increase to 1,316.

The National Association of School Nurses (NASN) recommends a nurse-to-student ratio of 1:750. NASN also recommends a 1:225 ratio in the student populations that may require daily professional school nursing services or interventions such as Special Education inclusions, 1:125 in student populations with complex health care needs, and 1:1 for individual students with multiple disabilities. According to NASN, Georgia's ratio is 1:2,318.

According to NASN, 32% of children are obese/overweight, 13% of children are prescribed medication more than 90 days, 6% of children missed more than 11 days due to illness/injury, 10% of children have asthma, and 5% of children have food allergies. A potential outcome of a strong school nurse program is that health care professionals will deal with these health-related complications, and teachers will have fewer distractions from teaching.

IV. Other States

Arkansas has a number of legal requirements regarding nurses, including requiring schools to provide for the development of an individualized healthcare plan (IHP) by personnel who are qualified through education and licensure to perform the task. Furthermore, schools are required to provide for the tasks identified in the IHP to be performed by personnel under the direction of a registered nurse (RN) in accordance with the Nurse Practice Act, Arkansas State Board of Nursing (ASBN) Rules and Position Statements. Arkansas also mandates how many nurses should work in school districts based on student counts. School districts are required to have one school nurse per 750 students, however some districts with high concentrations of disabled students have lower ratios. School nurses may be employed or provided by contract or agreement with other agencies or individuals provided that the prescribed ratio and equivalency are maintained. Although districts earn funds for nurses in their funding formula, it should be noted that this entire code section is "subject to state funds," and it is not entirely clear if Arkansas districts are meeting these mandates.

Louisiana requires each school system to employ at least one school nurse for every 1,500 students. In the 1980's Louisiana appropriated funds for school nurses to the Department of Education outside of the state's foundational funding formula. However, that changed when funding for school nurses was incorporated as a block grant within the main funding formula, like funding for teachers.

Tennessee is another state that funds nurses through the foundational funding formula, funding one nurse for every 3,000 students. A minimum of one nurse must exist per school system. Locals are required to match 25% of the nurses' costs.

In West Virginia nurses are funded through the personnel part of the finance formula, where they are considered professional student support personnel, similar to counselors.

In Delaware, the state provides approximately 70% of the salary cost for one nurse for every 700 students, and local districts supply 30% of total salary. There must be at least one nurse in each school.

Table 2: Nurses per Student

Ranking	Students per School Nurse	State	Ranking	Students per School Nurse	State
1	396	Vermont	27	960	Indiana
2	448	Connecticut	28	1,065	West Virginia
3	454	New Hampshire	29	1,098	Mississippi
4	472	Delaware	30	1,114	Kentucky
5	476	Washington, DC	31	1,328	Ohio
6	477	OSHNA	32	1,403	Nebraska
7	503	Alaska	33	1,416	Arizona
8	504	Wyoming	34	1,451	Montana
9	514	Maine	35	1,482	North Dakota
10	517	Rhode Island	36	1,625	Wisconsin
11	533	New Jersey	37	1,649	Nevada
12	536	Alabama	38	1,773	Minnesota
13	628	Kansas	39	1,774	Tennessee
14	665	New Mexico	40	1,778	Colorado
15	700	Massachusetts	41	1,881	Idaho
16	732	Missouri	42	2,026	Oregon
17	733	New York	43	2,031	Washington
18	776	Maryland	44	2,179	Illinois
19	779	Pennsylvania	45	2,187	California
20	784	Louisiana	46	2,318	Georgia
21	789	South Carolina	47	2,372	Oklahoma
22	819	Iowa	48	2,485	North Carolina
23	826	Texas	49	2,537	Florida
24	837	Virginia	50	3,637	Utah
25	873	South Dakota	51	4,411	Michigan
26	918	Arkansas			

V. Alternatives for Consideration

Georgia’s current block grant does not take any steps to attempt to fund nurses based on student counts. Georgia could follow the lead of states like Tennessee, Delaware, and West Virginia by adding nurse positions to the foundational funding formula. If numbers of earned nurses are attached to the existing programs in QBE, it would be possible to prioritize different grade levels.

As mentioned earlier, Georgia does not have any state-level coordination for school health programs. It would be relatively inexpensive to fund a position at the state level to assist local districts with their policies and procedures for school health nurse programs. A centralized coordinator could also help develop guidelines for utilizing volunteers and retirees to supplement RNs. This coordinator could also

standardize reporting of health information both from the district up as well as the central office down. Alternatively, the state could provide additional funds at the RESA level for more regional coordination.

Currently local districts fund about half of the total school nurse program. If changes are made to the allocation formula, the commission should consider how the state/local relationship should be formalized.

Privatizing school nurses could also relieve pressure on state-provided benefits and public pensions. Recently Roanoke City in Virginia schools agreed to privatize the city's school nurses starting July 1, 2011, saving the city \$100,000. In Ft. Walton Beach, Florida, health services in schools have been privatized since 2009, with the decision to switch driven largely by cost savings. Those savings were anticipated to reach nearly \$400,000 in 2009 and provide 18 health technicians, five registered nurses and 13 licensed practical nurses in the district's 36 schools. Four additional RN supervisors travel between schools. Previously the Health Department had placed RNs and LPNs in all the schools, but the cost was anticipated at nearly \$1.3 million for FY09.

Georgia could also explore the possibility of using Medicaid funds for some nurse positions, either in schools or at the coordinator level.

VI. Additional Information

"School Nursing in the United States Quantitative Study." Prepared by Burkhardt Research Services for the National Association of School Nurses, January 2007.

"School Nurse Pressroom FAQ." National Association of School Nurses, June 2011.

"Requirements for School Nurses." National Association of State Boards of Education.

VII. Final Commission Recommendation

The State Education Finance Study Commission recommends that the School Nurse program move to an FTE-based funding formula. Schools will earn funding for nurses based on student counts. The formula will prioritize funding at the elementary level, funding nurses at a 1:750 nurse:student ratio at the elementary level, and 1:1,500 at all other levels. Positions will be funded with benefits, and nurses will be earned at a 1:5 RN:LPN ratio with a contract length of 180 days.

The state will fund 50% of the total formula costs with the understanding that locals will be responsible for the remaining costs. There will be no local requirement, and locals could fund above or below the 50% level, or they could seek other fund sources to offset their portion of the costs. The Commission also recommends funding a small base level for supplies to be allocated per FTE.

The Commission also recommends funding of a statewide school nurse coordinator.

For purposes of calculations, staff used \$42,000 and \$32,000 as 180 day salaries for RNs and LPNs respectively, with a benefits ratio of 30.264%. The formula also sets a system's "floor earnings" at

\$45,000. In other words, any given system will earn at least \$45,000, even if their FTE counts don't generate that much. \$45,000 is enough to cover at least one LPN with benefits.

Based on current FTE counts, this would generate 1,579 positions, with a cost of approximately \$36 million at the 50% level. Funding supplies at a \$500,000 level would send an average of approximately \$200 to each school, or about \$0.30/FTE. Funding for the state coordinator would require approximately \$150,000/year to pay for a salary and benefits.

The Commission recommends phasing in funding for these changes over three years, funding 40%, 45%, and 50% of the FTE based formula in FY2013, FY2014, and FY2015 respectively.