

➤ Hearing Records ... HR

** **09hr_ab0616_AC-Ed_pt01**

**WISCONSIN STATE
LEGISLATURE COMMITTEE
HEARING RECORDS**

2009-10

(session year)

Assembly

(Assembly, Senate or Joint)

**Committee on
Education**

(AC-Ed)

(FORM UPDATED: 06/28/2010)

COMMITTEE NOTICES ...

➤ Committee Reports ... CR
**

➤ Executive Sessions ... ES
**

➤ Public Hearings ... PH
**

➤ Record of Comm. Proceedings ... RCP
**

**INFORMATION COLLECTED BY
COMMITTEE FOR AND AGAINST
PROPOSAL ...**

➤ Appointments ... Appt
**

Name:

➤ Clearinghouse Rules ... CRule
**

➤ Hearing Records ... HR (bills and resolutions)
**

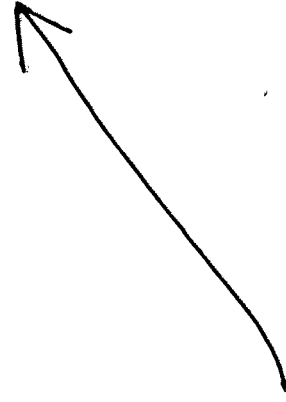
➤ Miscellaneous ... Misc
**

()

AB 616

1/12/10

EXEC AB 115 & AB 140 PUBLIC HEARING AB 520, SB 154, AB 247, AB 616







6117 Monona Drive • Suite 1 • Madison, Wisconsin 53716-3995 • (608) 221-0383 • FAX (608) 221-2788
info@wisconsinnurses.org • www.wisconsinnurses.org

TO: Representative Sondy Pope-Roberts, Chairperson and Members of the Assembly Education Committee
FROM: Gina Dennik-Champion, RN, MSN, MSHA
Executive Director, Wisconsin Nurses Association
DATE: January 12, 2010
RE: Support AB 616 – School Nurses and the Administration of Drugs to Pupils

Thank you Chairperson Pope-Roberts and members of the Assembly Education Committee for allowing the Wisconsin Nurses Association the opportunity to testify in support of AB 616. AB 616 addresses professional school nursing practice requirements and medication administration to pupils. My name is Gina Dennik-Champion, I am a RN and I am here today representing the Wisconsin Nurses Association (WNA). As the professional nursing association for any RN in Wisconsin, WNA pleased to share our reasons for why we support AB 616.

According to the Scope and Standards for School Nursing which has been published by the National Association of School Nurses and the American Nurses Association, “The school nurse’s primary role is to support student learning by acting as an advocate and liaison between home, the school, and medical community regarding concerns that may affect a student’s ability to learn [NASN 1999b]” (2005). To put it more simply, the role and responsibility of the school nurse is tri-fold, one they are a direct care provider to the student, two, they are a coordinator of the health promotion and prevention services targeted toward the student population and third, they are the communicable disease “epidemiologist” and monitor for the schools for which they are assigned. School nurses are asked to perform these skills within our educational environments that include the following increasing issues and conditions: child abuse and neglect, domestic and school violence, child and adolescent obesity and inactivity, suicide, alcohol, tobacco, and other drug use, adolescent pregnancy and parenting, environmental health, physical and emotional disabilities and their consequences, mental health, children with complex physical needs and last but not least uninsured.

WNA supports Section 2 of AB 616 which, through grandfathering, moves toward the educational preparation of the school nurse to that of a baccalaureate degree in nursing. We support this because of the dramatic and continued changes and complexity to school nurse’s “patient and school population” and the need for a scope of practice which as stated before, intersects direct patient care, community and public health. We also support the utilization of advanced practice nurses, such as Pediatric Nurse Practitioners or Family Nurse Practitioners in the school setting and would suggest that Statute 115.001 (11)(a) in Section 2 be changed to include the following, “has a minimum of a baccalaureate degree in nursing”.

WNA also supports the patient safety elements that are included in AB 616. The proposed

changes to the administration of medication to a pupil, whether it is a prescription or non-prescription drug, appear simple, but it results in a higher standard of health care. The provisions in AB 616 are basic common standards that would expect to be applied in any setting or situation where the administration of a medication is being provided by medical or non-medical personnel. These standards include the following:

- Anyone administering the drug to the pupil must have medication administration training that is approved by the Department of Public Instruction (DPI).
- Immunity from civil liability for those persons administering the medication provided they successfully completed an approved DPI medication administration training program.
- For administration of prescription medication the requirements include, written parental consent and the drug must be provided in the original prescription container that includes the following required labeling, student name, name of drug, the dosage, effective date and directions.
- For administration of non-prescription drugs the requirements include, written consent of the pupil's parent or guardian, health care practitioner written approval for administration of dosages that are different than the recommended therapeutic dose, and, the drug is provided in an original sealed manufacturer's package that includes the ingredients and recommended therapeutic dosage amounts.
- In both cases, the drug is defined as a substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States.

On behalf of WNA, I want to thank you Chairperson Pope-Roberts for scheduling this public hearing. AB 616 is good health policy as it improves the standards of health care practices and practitioners to a very vulnerable population – our children. Please vote yes to AB 616.



TESTIMONY REGARDING AB 616

by

Jeffrey Spitzer-Resnick

Managing Attorney

January 12, 2010

As many of you know, Disability Rights Wisconsin (DRW) is Wisconsin's protection and advocacy agency for people with disabilities. In my position at DRW, I focus much of my attention on special education. It is with that experience that I am submitting this testimony regarding AB 616.

While on its face, this bill is not directed towards students with disabilities, given that nearly 15% of Wisconsin public school students have disabilities and often need medicine in school, DRW feels compelled to point out that while this bill may have good intentions, one provision simply goes too far and will cause more harm than good. It is our hope that after pointing out this problematic provision, the legislature, DPI and stakeholders can work together to craft a bill that all parties can agree deserves passage by the legislature.

Certainly, nobody can argue that a registered nurse has the qualifications to perform the duties required of a school nurse, so DRW can certainly support removal of the current requirement for separate DPI certification for school nurses.

However, in Section 10 of the bill, there are impediments to administration of non-prescription drugs that will make the currently common sense practice that virtually all schools use to provide students whose parents have provided permission, with an aspirin, ibuprofen, or acetaminophen, when the student has a headache or suffered a minor injury in gym or on the playground, an administrative and practical nightmare. This provision, if passed will have the following unfortunate ramifications:

- Children whose parents have little or no expendable income will be unable to receive an aspirin, ibuprofen or acetaminophen (or any other non-prescription drug), when needed at school, because their parents cannot afford to send these medicines to school as the bill requires.
- Even if parents have funds for these common and fairly benign medicines, many simply will fail to provide them at all or will not do so until after their child was unable to receive them at school because school personnel will be prohibited from providing them if this bill passes and the sick or injured child will come home to report that they could not get an aspirin, ibuprofen or acetaminophen at school when needed because their parents had not sent these medicines to school.
- Assuming that most parents want their children to be able to receive these common

medicines if needed at school, schools will be forced to store hundreds, and possibly thousands, of medicine containers sent by parents, and then search for each student's labeled container if the need arises. What will happen at the end of the school year with the unused medicine which parents have sent to school? Will it be returned home with the child? Will it be thrown away? What if the child does not return to that school?

As you can see, Section 10 is the equivalent of hitting a fly with a sledgehammer. I have already communicated these concerns to DPI, which I understand requested and drafted the bill, but at the time of my discussion with DPI, it did not have any interest in removing this section. As legislators, you have the power to remove this problematic section and DRW encourages you to do so, after which time, we can support passage of the bill.





January 12, 2010

The Honorable SONDY POPE-ROBERTS
Assembly Education Committee
Room 209 North
State Capitol
P.O. Box 8953
Madison, WI 53708

Re: Support for Assembly Bill 616 relating to school nurses and the administration of drugs to pupils.

Madam Chairwoman and Members of the Committee:

My name is Lori Anderson. I am a member of the faculty of the University Of Wisconsin - Madison School of Nursing. My area of research is the care of children with chronic conditions in the school setting and I am a former practicing school nurse who has worked both in a small, rural school system and in a larger urban school system.

Thank you for this opportunity to testify in support of Assembly Bill 616. The University of Wisconsin – Madison School of Nursing supports the unified definition of a school nurse as a registered nurse who has a bachelor's degree in nursing. Further, we support the changes regarding the administration of medication to pupils. Assembly Bill 616 will enhance the care that Wisconsin children receive in school and enable them to be healthy learners.

Healthy children learn better. Wisconsin's nearly 900,000ⁱ public school-attending children are no exception. School-age youth increasingly bring a variety of health-related needs into the classroom. With over 94% of children in Wisconsin attending school each day,ⁱⁱ the role of the baccalaureate prepared school nurse is critical to the implementation of quality school health services. For many children, contact with a school nurse is often the only consistent access to a health care professional. Baccalaureate prepared professional nurses are needed to meet the multiple and complex demands of 21st century health care in educational settings.

Because of advances in health care for children, school nurses have increasingly been asked to provide services to students with chronic conditions and students recovering from surgery, acute illnesses, and injuries. Schools are mandated by federal legislation to provide the services needed to support the education of all students in the least restrictive environment.ⁱⁱⁱ In 2001, 13.4% of children in Wisconsin had special health care needs.^{iv} In 2006, that number grew to 15.3%, which is higher than the national level of 13.9%.^v Children with special health care needs are three times more likely to miss substantial amounts of school,^{vi} are nearly three times as likely to repeat at least one grade as compared to healthy children, and require care that involves multiple medical and educational services that are often fragmented across community, healthcare, and educational systems.^{vii}

School of Nursing

School nursing is a specialized area of nursing practice that occurs in a non-health-care, community-based setting. Registered Nurses with a bachelor's degree are prepared for positions in both inpatient and community settings and for moving into leadership responsibilities. Baccalaureate preparation is the entry point for professional nursing practice and is preferred by most nursing leaders. Baccalaureate prepared nurses provide leadership, management, application of evidence to practice, and have a foundation in liberal arts education. Baccalaureate prepared nurses possess knowledge of health promotion, disease prevention, and risk reduction as well as illness and disease management. Baccalaureate prepared nurses are prepared to assist individuals, groups, and communities to prevent disease and achieve optimum levels of wellness. ^{viii} ^{ix}

According to the National Association of School Nurses,^x the role of the school nurse includes providing direct health care to students and staff, including medication administration and the performance of health care procedures utilizing increasingly complex technology. The increasing complexity of providing care to Wisconsin school children with chronic and acute conditions in the school setting, including the administration of medication, underscores the importance of the recommended changes in the medication administration law, which the School of Nursing also supports.

School Nurses are the health care expert within the school, assessing the overall system of care and developing a plan for assuring that health needs are met and taking a leadership role in the development and evaluation of school health policies. The school nurse participates in and provides leadership to coordinated school health programs, crises/disaster management teams, and school health advisory councils. The recent outbreak of the H1N1 influenza virus has highlighted the importance of school nurses. School nurses across Wisconsin were on the front lines of combating this pandemic. They were responsible for evaluating potential cases and carrying out part of the response plans in their area. The school nurse also serves as a liaison between school personnel, family, community, and health care providers.

Baccalaureate preparation in addition to state RN licensure is necessary to enable Wisconsin's school nurses to meet these standards of the National Association of School Nurses^{xi} and to provide safe, effective nursing and health care in Wisconsin's schools.

It has been established that the nursing workforce needs to move towards a higher educational model. Baccalaureate education was supported by the US Department of Health and Human Services Health Resources and Services Administration in 1996, the Pew Health Professions Commission in 1998, and most recently in 2009 by the Carnegie Foundation for the Advancement of Teaching.^{xii} ^{xiii} The complexities of health care and interdisciplinary teamwork require maintaining equal status among health care professionals^{xiv} and the educational professionals within the school setting.

There are 25 states that currently require nurses to hold a bachelor's degree for becoming certified as a school nurse. Of these, 13 states mandate the hiring of a baccalaureate prepared school nurses. These include our neighboring states of Minnesota, Iowa, and Illinois.^{xv}

The overarching concern, of course, is the health and safety of Wisconsin school children. This legislation supports the preparation of school nurses at a level that allows them to successfully meet the expected standards of practice at the national level^{xvi} and to provide safe, effective care. Baccalaureate prepared school nurses can make a difference in the health of Wisconsin students.

Thank you for giving the School of Nursing the opportunity to speak in support of Assembly Bill 616.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori S. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lori S. Anderson, PhD, RN
Assistant Professor
University of Wisconsin - Madison

-
- ⁱ Wisconsin Department of Public Instruction, *Public Enrollment Master 2009*. Retrieved 1/5/2010 from <http://dpi.wi.gov/lbstat/pubdata2.html>.
- ⁱⁱ Wisconsin Department of Public Instruction, Wisconsin's Information Network for Successful Schools, *Successful School Guide*. Retrieved 1/5/2010 from <http://data.dpi.state.wi.us/data/graphshell.asp?STYP=9&GraphFile=ATTENDANCE&DETAIL=YES&Group=AllStudent&FAY&DN=None+Chosen&CompareTo=PRIORYEARS&FULLKEY=ZZZZZZZZZZ&ORGLLEVEL=ST&SN=None+Chosen>.
- ⁱⁱⁱ Individuals with Disabilities Education Improvement Act of 2004. *PL 108-446*(20 USC 1400 note).
- ^{iv} *Child and Adolescent Health Measurement Initiative. 2001 National Survey of Children with Special Health Care Needs*. Retrieved 1/5/2010 from www.cshcndata.org.
- ^v *Child and Adolescent Health Measurement Initiative. 2005/2006 National Survey of Children with Special Health Care Needs*, Data Resource Center for Child and Adolescent Health website. Retrieved 1/5/2010 from www.cshcndata.org
- ^{vi} Bloom, B., & Cohen, R. A. (2006). Summary health statistics for U.S. children: National Health Interview Survey [Electronic Version]. *Vital Health Statistics 2007, 10*. Retrieved September 10, 2009 from <http://www.cdc.gov/nchs/nhis.htm>.
- ^{vii} Byrd, R.S. (2005). School failure: Assessment, intervention, and prevention in primary pediatric care. *Pediatrics in Review, 26*, pp.233-243. doi:10.1542/10.1542/pir.26-7-233.
- ^{viii} Cabinet on Education and Resource Development. "Guidelines for differentiated practice roles of associate and baccalaureate level nursing students in the community setting. (1996)" *Tar Heel Nurse, 58*(3).
- ^{ix} Linking Education and Practice for Excellence in Public Health Nursing (Leap) Project, University of Wisconsin – Madison School of Nursing (2009). *The Public Health Nurse Workforce: Facilitating Advanced Education of Associate Degree Nurses Literature Review*. Retrieved 1/6/2010 from <http://www.son.wisc.edu/leap/activities/litreviews/LitReview-PHNworkforceADN.pdf>.
- ^x NASN (2002). Issue Brief: Role of the School Nurse. Retrieved 1/7/2010 from <http://www.nasn.org/Default.aspx?tabid=279>.
- ^{xi} National Association of School Nurses. (2002). *Position statement: Education, Licensure, and Certification of School Nurses*. Retrieved 1/6/2010 from <http://www.nasn.org/Default.aspx?tabid=219>.
- ^{xii} Nelson, M.A (2002). "Education for professional nursing practice: looking backward into the future." *Online Journal of Issues in Nursing: A Scholarly Journal of the American Nurses Association, 7*(2). Retrieved 2/28/08 at <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol72002/Number2May31/EducationforProfessionalNursingPractice.aspx>
- ^{xiii} Benner, P. B., Sutphen, M., Leonard, V., Day, L. & Shulman, L. S. (2009). *Educating Nurses: A Call for Radical Transformation*. The Carnegie Foundation for the Advancement of Teaching: Stanford, CA.
- ^{xiv} Nelson, M.A (2002). "Education for professional nursing practice: looking backward into the future." *Online Journal of Issues in Nursing: A Scholarly Journal of the American Nurses Association, 7*(2). Retrieved 2/28/08 at <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol72002/Number2May31/EducationforProfessionalNursingPractice.aspx>
- ^{xv} Praeger, S., Zimmerman, B. (2009). State regulations for school nursing practice. *Journal of School Nursing, 25*(6), 466-477.
- ^{xvi} National Association of School Nurses. (2002). *Position statement: Education, Licensure, and Certification of School Nurses*. Retrieved 1/6/2010 from <http://www.nasn.org/Default.aspx?tabid=219>.





WASN

Wisconsin Association of School Nurses

Testimony to the Assembly Committee on Education in Favor of Assembly Bill 616

Ann Riojas, Acting President
Wisconsin Association of School Nurses

January 12, 2010

My name is Ann Riojas. I am a nursing supervisor with the Milwaukee Public Schools and Acting President of the Wisconsin Association of School Nurses (WASN). On behalf of WASN, I would like to thank you for the opportunity to testify today in favor of Assembly Bill 616. I would particularly like to thank Chair Pope-Roberts for authoring this important piece of legislation.

The goal of AB 616 is simple: make the delivery of health care services in the school setting safer and more consistent. The bill's key provisions include the following.

1) Change the statutory definition of school nurse to being a nurse with a Bachelor of Science in Nursing (BSN). A nurse with a minimum of a BSN is needed to deal with the diverse health needs and situations that arise in school settings. This standard is consistent with the recommendation of the National Association of School Nurses (NASN). Under the bill, those nurses with lesser credentials currently working in the schools would be grandfathered in, thereby allowing them to continue working.

2) Strengthen and update Wisconsin's school medication law (Chapter 118.29). The statute was written at a time when most medications given were over-the-counter or for acute illnesses. Medication administration has become much more complicated in recent years. Students are now taking complex psychotropic medications, controlled substances, injected, rectal and nebulized medications.

More students are taking medications where the dose is dependent on the changing clinical situation. Examples include a sliding scale for insulin, which depends on the amount of carbohydrates ingested and the blood sugar measurement or emergency medications for asthma or allergic reaction.

There is an increased prevalence and severity of asthma and environmental allergies, including those with life-threatening potential. Children are discharged earlier from the hospital and return quickly to school. This increases the acuity of conditions, nursing procedures and accommodation plans.

Staff without health care or nursing knowledge can no longer intuitively determine how to assist students. Staff report being nervous about providing services, but sometimes do so because they want to help a child or don't feel they can refuse. Or, conversely, some staff do not have a healthy respect for the potential consequences and liabilities. Both of these situations lead to high potential for errors in administering care, medications, and procedures.

Staff must be able to determine when parent instructions should not be followed. For instance, a student should not be given aspirin if he or she is on a medication that can prolong bleeding or he or she has a viral illness. In addition, parents may take short-cuts, may not use the appropriate and recommended technique, or may try to save dollars by continued use of disposable equipment.

Many horror stories: There are many horror stories from across Wisconsin that highlight why school nurses should have at least the training and experience provided by a BSN and why the school medication law needs to be strengthened. Following are just a handful:

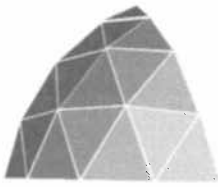
- A child was supposed to be given Dexedrine capsules as soon as he got to school each day. But the parent was inconsistent and, even when medication was provided, it seemed to be ineffective. The school nurse took the capsules to the pharmacy and asked them to be examined. They contained ascorbic acid. The parents had apparently been taking the pills or selling them. The police were contacted and a plan was set up for delivering the medication directly from the pharmacy to the school.
- A child was missing school on a regular basis because he was not receiving the medication he was supposed to be getting at school. The school secretary, who was supposed to be giving him his medication, did not recognize the importance of tracking him down. The mother assumed he was getting the medication.
- An order was delivered for five grams of Ritalin to be given daily at school. But the bottle contained 20-gram tablets. While a disaster was averted in this case, the child easily could have been provided dosages well in excess of those prescribed.
- Prescription bottles were provided with two different pills in them, and a parent asked that they be given to a child.
- A student had an order on file for Ritalin to be given at school, but no medication was ever supplied. It turned out the parent was taking the pills.

Thank you once again for considering my views and the perspective of school nurses in Wisconsin.

HIGHLIGHTS OF ASSEMBLY BILL 616

- Define a school nurse as having a Bachelor of Science in Nursing (BSN). Grandfather in nurses with lesser qualifications who are currently working in the schools. Remove the definition of school nurse as a DPI-certified nurse, but retain the option for DPI certification.
- Tighten up the definition of “drug” and add definitions for “drug product” and “nonprescription drug product” in the school medication law so that only recognized medications that are properly packaged and labeled, in specific dosage form and strength from known manufacturers, can be administered in the school setting.
- Require that a nonprescription drug product be supplied in its original sealed package with a list of ingredients and recommended dosage.
- Require that any request to administer a dose outside the recommended therapeutic dose must have written approval by the child’s health care practitioner.
- Require that a prescription drug be provided in the original, pharmacy-labeled package.
- Require all entities authorized to administer nonprescription drug products and prescription drugs to seek the assistance of one or more “registered professional nurses,” rather than “appropriate health care professionals,” in developing and periodically reviewing written policies. Appropriate health care professionals include emergency medical technicians, first responders, licensed practical nurses, podiatrists, and others.
- Require the documentation of administration of each dose, including errors.
- Delete the requirement that training procedures be included as part of the written policy. Instead, require that any person authorized to administer nonprescription drug products or prescription drugs to pupils receive training approved by DPI.
- Allow glucagon to be administered to any known diabetic student having a severe “low blood sugar with altered consciousness” event, rather than “any” pupil having a “hypoglycemic” event. Require employees to dial 911 or whatever emergency number is available.





Testimony concerning
AB 616 -- School Nurses

Assembly Committee on Education
Representative Sondy Pope-Roberts, Chair

January 12, 2010

Representative Pope-Roberts and Members of the Committee,

Wisconsin Technical College District Boards have concerns about one element of language contained in AB 616 regarding new requirements to be a Wisconsin school nurse. The bill as drafted would, for the first time, establish in statute a bachelor's degree minimum to serve as a school nurse. This could affect the employability of a number of current Wisconsin school nurses and sets a negative precedent for the future.

Technical Colleges support the Department of Public Instruction (DPI) establishing appropriate standards for school nurses by administrative rule. We do not believe it is appropriate or necessary to include a bachelor's degree minimum in statute. We have brought this concern to DPI's attention. However, the initial amendment prepared for this bill continues to use the bachelor's degree minimum language in statute.

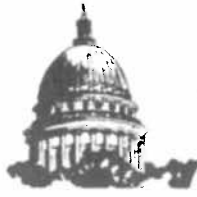
Registered nurses (RN's) may earn an associate degree in nursing or a bachelor's degree in nursing to qualify to sit for RN examinations. All new Wisconsin RN's have passed the same examinations and meet the same standards for professional training regardless of degree program. There is no meaningful difference in RN exam passage rates for new graduates in Wisconsin based on degree earned. From year to year, the RN exam passage rate may be higher for new associate degree graduates than it is for bachelor's degree graduates.

Wisconsin Technical Colleges work closely with DPI across a range of educational issues and are very reluctant to oppose a bill supported by the bill sponsors and DPI. We support DPI's establishment of careful and appropriate standards for school nurses based on competencies in all relevant areas including public health nursing and pediatric nursing. However, we are not able to support AB 616 pending the removal of a bachelor's degree minimum from statutory requirements.

Respectfully,

Paul Gabriel
Executive Director





SONDY POPE-ROBERTS

STATE REPRESENTATIVE

79TH ASSEMBLY DISTRICT

January 12, 2010

Members of the Assembly Committee on Education

I would like to thank you, fellow committee members, for being here today to hear testimony on Assembly Bill 616. Assembly Bill 616 was crafted by the Department of Public Instruction and the Wisconsin Association of School Nurses to address the issue of the administration of drugs to our state's school students.

As our healthcare has evolved over the past few decades, more children are being prescribed advanced pharmaceuticals to treat medical problems. These treatments are often carried over into the school setting, and district employees are frequently asked to continue to assist these students with, at times, very complicated drug administrations. With difficult prescriptions, medication error can occur and, according to the Institute of Medicine, is the most common and serious mistake made throughout the healthcare field.

This becomes a problem in our state due to the fact that the people in our schools with the most training, our school nurses, are often stretched far too thin to be able to assist in the administration of drugs.

This legislation changes several provisions revolving around the distribution of medicine in schools to ensure that our students stay healthy and safe.

AB 616 requires that all non-prescription medicines be brought to the school in their original packaging with information about the proper dosage on the container. The original bill states that the medicine must be "sealed", however, we are working with the School Board Association on an amendment that removes the word "sealed" thereby requiring that the medicine only be in its original container. Additionally, if a parent or guardian wants the school to administer more medication than what is recommended per dosage, written approval from the student's health care provider must be given.

For prescription drugs, the provisions in AB 616 stipulate that the parent or guardian must bring the drug to the school in the original, pharmacy-labeled package and the labeling must have the pupil's name, the prescriber's name, the name of the drug, the dose, the effective date, and the directions for administration. This information is routinely included on prescription drugs now.

AB 616 also requires that any school district employee that administers prescription or non-prescription drugs take a free training program as directed by DPI. The training system is currently available online and provides staff with vital information about administering drugs. Under this bill, schools will also be required to keep documentation about the dosage given to students and at the date

Page 2
Pope-Roberts – AB 616
1/12/2010

and time it was dispensed. Record keeping proves to be an essential asset in catching errors or recommending further treatment.

Finally, AB 616 changes the definition of a school nurse to require that school nurses hold at least a bachelor's degree. The importance in this change is centered on the fact that school nurses are asked to do far more than standard clinical work. The workplace demands call for proper public health training, which is obtained through a baccalaureate program. According to a recently conducted DPI survey the vast majority of school nurses already have a bachelor's degree or greater.

I hope you join me in supporting this important piece of legislation. This is a serious issue that requires our attention to ensure that all pupils can be assisted by well-trained and knowledgeable staff acting upon sound policies.

Thank you again for your time and attention to this matter. I will be happy to answer any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Sondy Pope-Roberts".

Sondy Pope-Roberts
State Representative
79th Assembly District



Assembly Committee on Education

Testimony of Deputy State Superintendent Mike Thompson on 2009 Assembly Bill 616

January 12, 2010

Thank you to Chairperson Pope-Roberts and members of the committee for the opportunity to testify before you today in support of Assembly Bill 616. My name is Mike Thompson and I am the Deputy State Superintendent of the Department of Public Instruction. With me today is Rachel Gallagher, the department's school nurse consultant. On behalf of State Superintendent Tony Evers I want to thank the chair for introducing this bill at the department's request.

AB 616, if passed into law, will enhance the health and safety of students by giving schools clear guidance as to what drugs can be administered to students, the instructions that must accompany those drugs, records that must be kept, the training required for those administering drugs and the education requirements for school nurses.

The provisions under the bill are important given the large number of people in the school setting that may have responsibilities for administering drugs to students. The school nurse to pupil ratio in Wisconsin averages one nurse for every 2,359 pupils while the proportion of students with special health care needs is significant.

Thirteen percent of Wisconsin children have special health care needs and eight percent were affected by asthma. Nationally, we know that diabetes affects one in every 400 to 600 children, that six to eight percent of students have food allergies, one percent seizure disorders, and seven percent attention deficit hyperactivity disorder. Schools must provide all students with chronic health conditions a free and appropriate public education.

Students are taking psychotropic medications, controlled substances, injected, rectal, and nebulized medications and getting drug dosages dependent on the clinical situations. Given the scope of health care needs in schools and the high numbers of students to school nurses it is important that the many staff who are not licensed practitioners have the appropriate training to provide the medications they are being asked to administer. In fact, according to a survey conducted by the Wisconsin Public Health Association, most medication in the school setting is being given by non-health providers and 51 percent of all medication is being administered by secretaries. AB 616 addresses this need by requiring school staff who are administering drugs to be trained to do so.

The department has developed an on-line medication training program and webcasts so that staff at any time can take the units of training they may need depending on what they are being asked to administer. This training is free as the department has secured private funding for the program

and is currently available to school districts. Each unit takes 5-10 minutes to complete. However, for safety reasons, the bill does require that if someone is doing more invasive procedures that they receive hands-on training from a health care provider.

This bill requires that drugs, including homeopathic remedies, be officially recognized. It also requires that nonprescription drug products be provided by parents in the original container with the written instructions of the parent and prescription drugs in the original pharmacy labeled package. This language is needed. A wide array of both traditional and non-traditional medicines is now being brought into schools. Often schools are presented with medication in plastic baggies without the identified active ingredient and instructions for administration. Documentation of dosages of medications and errors can help school personnel to avoid double dosing, omissions and learning from medication errors.

Current law does not address how school staff should respond to requests to administer more than the recommended dose of a nonprescription drug for a student. AB 616 clarifies that school staff should only provide more than the recommended dose if the request is accompanied by written approval from the student's health care provider.

Under the bill school districts must keep a record of the administration of each dose, including errors. It is extremely important that all school districts keep this type of record in case multiple people are providing the student with the medication or in the event something happens. Accurate knowledge of what the student was given can be lifesaving.

The scope of what a school nurse does has changed significantly over time. It is no longer about providing only direct services. They are now expected to develop emergency health care plans for individual students, direct health education, provide consultation, oversee health outreach in a community setting and direct health policy for large populations. Given these responsibilities, the department felt it was important that all incoming school nurses have a bachelor's degree due to the public health training involved in the nursing educational program. This is also a recommendation of the American Academy of Pediatrics and National Association of School Nurses. In a survey conducted in December of 2009 of 388 school nurses, 92% of school nurses in Wisconsin already have at least a bachelor's or master's degree. All school nurses currently practicing school nursing with lesser educational preparation will grandfathered into this proposed statute.

Thank you for the opportunity to testify before you today. I would be happy to answer any questions you may have.