

## Key Excerpt

*School nurses are a key component of a school staff: nurses are critical if a district is to meet state and federal law requirements for services to medically impacted and/or fragile students and critical to student well-being and ability to focus on learning. Yet in the new finance system, the state continues decades of underfunding of the health/nursing component of school funding. In the 2016-17 school year, Olympia School District is funded for about 1.5 nurses across 19 schools that serve approximately 9,800 full time equivalent students. For a district with 10,000 full time equivalent students, the state formula generates 1.68 full time equivalent nurses. On average, this only provides for a school nurse to be in a student's school 2 days per month (more precisely 17 days out of a 180-day school year). Historically the Olympia School District provides an additional 8-10 nurses across schools using voter-approved school levy funds, depending on the number of medically fragile students. By the 2019-20 school year the state will reduce Olympia School District's levy funds to nearly half of what the levy would have otherwise been; yet the state has not given the Olympia School District a way to pay for critical staffing that the state of Washington inadequately funds, including school nurses. Nurses are "Basic Education," and the state has made no attempt to implement a decade of recommendations from school finance blue ribbon commissions and health experts regarding adequate levels of nursing and other school staffing components.*

## Overview of New Finance System Impact on Olympia School District

In 2017 the state of Washington enacted a new finance system for school district funding, contained in a combination of new legislation (House Bill 2242) and in the state's two-year enacted operating budget. Most provisions begin implementation in the 2018-19 school year. The new system contains far-reaching changes to funding for the Olympia School District. Funding information shared by the state indicates that the Olympia School District will benefit from a \$9.2 million increase<sup>1</sup> in net new funding (new state funding minus the reduction in levy funding the district currently receives) by the 2019-20 school year. However, the \$9.2 million subtotal is overstated. The state incorrectly identifies that in 2019-20 the Olympia School District levy will be about \$4.7 million lower than it is now. By starting the analysis with a lower levy amount to represent "current law" funding, the net new funding amount is inflated. (In fact, Olympia School District voters approved an increase in the levy for future years.) By substituting the current levy amount in this analysis (not the increase that voters approved), the true change in future funding is \$4.5 million net new resources, not \$9.2 million. The net new funding of \$4.5 million must pay for several new state-mandated expectations: 1) reduce class size in Career and Technical Education courses for \$1.3 million; and 2) enhance services to English Learners, gifted students and struggling students for \$600,000. This leaves \$2.5 million in FLEXIBLE NEW money. Of this amount the district will need to spend about \$5.6 million to meet the state's mandate to decrease class size at grades K-3 from 23 students to 17 students per teacher, leaving a deficit of \$3.1 million. In addition, the state mandates a 9.5 percent increase in beginning teacher salaries. No district has the flexibility to compress the salary schedule and pay beginning teachers nearly 10 percent more while holding the rest of the salary schedule static. Therefore, the Olympia School District will likely invest millions into a new teacher salary schedule, not just one or a few cells of the schedule. If the Olympia School District only increases teacher salaries by 5 percent on average, the cost is about \$3 million. In addition, Olympia School District must continue to pay \$3.3 million in salary premiums for senior experienced teachers, and this amount is no longer funded by the state via the staff mix formula. **In short, the new legislation carries multiple demands on the Olympia School District for expenditures far in excess of the new money; conservatively the district will experience as much as a \$9.4 million deficit in net funding compared to new expenditure demands. It is in the context of a \$9.4 million**

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<sup>1</sup> This figure and all others are in 2017 dollars, unless otherwise specified.

**deficit that this issue paper is developed as the new finance system does not improve the level of nurses in our schools and reduces the district’s ability to pay for nurses using levy funds.**

## Importance of Nurses in a School

As background, school nurses are critical to the operation of a school. Healthy students can focus on learning. Nurses intervene when a student is injured or is ill, promote health and safety generally, provide case management for acutely ill students, and support teachers and other building staff in keeping medically fragile students safe. Nurses administer medications; conduct scoliosis, vision and auditory screenings; track family compliance with immunization statutes; participate in the federal 504 process; create acute care management plans; create diabetes management plans; create asthma management plans; respond to anaphylaxis plans; and conduct clean/intermittent bladder catheterization. Where students have care plans in place, nurses train other school staff on the provisions of each plan.

## State Law Requirements

The current staffing allocation for nurses evolved from K-12 finance policy in the 1980’s, and while clarified in the early 2000’s has not been increased over the original level. Yet, state statutes have expanded the role of Registered Nurses (RNs) in schools. In 2003, the statute (RCW 28A.210.280) newly required schools to provide clean, intermittent bladder catheterization (CIC) to students who need it. Prior to 2003, CIC was an optional service by schools. In 2002 the state enacted RCW 28A.210.320 requiring school RNs to develop life-threatening conditions management plans. In 2002 statutes were enacted to require individual health plans and emergency care plans for students with diabetes. In 2005 statutes were enacted to require individual health plans for students with asthma. In 2008 statutes were enacted to require development for emergency care plans associated with anaphylaxis. All of these statutes have been enacted while the school nurse allocation has been static but nurses are required to participate in development of the plans and oversee implementation of the plans.

## State Allocation for School Nurses

With the new finance system and HB 2242, the state has continued to fund the historical levels of a .076 full-time equivalent nurse for 400 elementary students; a .06 nurse for 432 middle school students and a .096 nurse for 600 high school students. For the Olympia School District, of roughly 10,000 full-time equivalent students, this funding level generates 1.68 full-time equivalent nurses in the 2017-18 school year.

This funding level is wholly inadequate. Distributing 10,000 students across all 13 grade levels evenly, and then grouping students in to schools similar in size to the state’s prototypical number of students, 10,000 students generates 18 schools (13 elementary schools would have 414 K-6<sup>th</sup> grade students each; 3 middle schools would have 513 7<sup>th</sup> and 8<sup>th</sup> grade students each; 2 high schools would have 1,538 9<sup>th</sup> – 12<sup>th</sup> grade students each<sup>2</sup>). With this school configuration, state funding levels provide a school nurse to each of these schools 17 days out of the 180-day school year. A school year contains 36 weeks; each school would have a nurse present 1 day every 2 weeks (a district of 10,000 students and schools with higher enrollment could allocate a nurse more days per year to each school and spread a nurse’s time across more students).

Olympia School District augments state funding with the current levy and deploys between 8 and 10 nurses in addition to the state allocation, depending on the mix of medically fragile students in a given year. Assuming 8 additional nurses, and the theoretical school design based on state prototypical school sizes, the Olympia School

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<sup>2</sup> In this scenario, high schools have been doubled in size from 770 students to 1,540 students as it is unrealistic to provide a full range of course offerings to such a small group.

District would buy a school nurse for each high school of 1,540 students for 180 out of 180 days of the school year.<sup>3</sup> Elementary schools (about 400 students) and middle schools (about 500 students) would be allocated a school nurse for 84 days of the school year. This gives elementary and middle schools a school nurse an additional 67 days per year and high schools a school nurse an additional 163 days per school year--all paid with current levy funds.

In a 2011 White Paper written by the Washington School Nurses Association, the association identified the strong professional recommendation for a much richer allocation for school nurses: “The NASN [National Association of School Nurses], AAP [American Academy of Pediatrics], American School Health Association (ASHA), and CDC [Centers for Disease Control] all recommend school nurse-to-student ratios of 1:750 for children in regular education.”<sup>4</sup> At this staffing level, a school district of 10,000 students would generate 13.3 nurses, not 1.68 nurses. Olympia School District could deploy a state-paid school nurse in each school for 133 days of a 180-day school year---instead of 17 days per school year.

While the state staffing allocation for nurses remains unimproved in the new law, districts are directed that if they want to supplement state funding to deploy extra staff, the new Enhancement Levy is the district’s source of revenue to do so. Importantly, the state has lowered the levy cap significantly; districts can seek voter approval of an Enhancement Levy that is about half what they were allowed to collect in former Maintenance and Operations levy measures.

## Conclusion

The state’s formula of 1.68 nurses for 10,000 students is a wholly inadequate state funding level. This provides a school nurse about 2 days per month in each school. Smaller and larger school districts experience this same inadequacy.

Olympia School District historically augments state funding from the voter approved Maintenance and Operations levy by providing an additional 8-10 nurses. This levy commitment, even when added to the state funding level, only provides for a nurse to be in our elementary and middle schools for half of the 180 school days each year.

While the Legislature has studied the adequacy of the nurse allocation for years, no credible evidence has been offered that the allocation is sufficient. No evidence has been offered to contradict the recommendation of multiple professional associations and national health leaders. For years the allocation has been static while the Legislature has simultaneously increased the responsibilities of school nurses. Now the inadequate allocation for basic education nurses can be augmented by a district’s Enhancement Levy, but the amount of the new Enhancement Levy is significantly lower than the current levy. The new state law takes away Olympia School District’s ability to provide for at least 4 of 8 school nurses, if not more due to other inadequacies in the new system.

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<sup>3</sup> By placing a full time nurse at each high school, these nurses are close to feeder schools and can leave the high school to help with an emergency at one of the feeder middle or elementary schools.

<sup>4</sup> Imperative Issues Affecting School Nurse Practice: Implications for the Future of School Nursing and Child Health in Washington State, by Robin Fleming, PhD, RN, NCSN, Washington State Nurses Association, June 2011.