

A RESOLUTION

22-232

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

September 19, 2017

To declare the existence of an emergency with respect to the need to amend the District of Columbia Public School Nurse Assignment Act of 1987 to require that any public school currently receiving school nurse services above 20 hours per week continue at that existing level of service, or the level recommended by the Department of Health’s risk-based assessment, whichever is greater, for school year 2017-2018.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Public School Nurse Assignment Emergency Declaration Resolution of 2017”.

Sec. 2. (a) In 1987, the Council passed the District of Columbia Public School Nurse Assignment Act of 1987, effective December 10, 1987 (D.C. Law 7-45; D.C. Official Code § 38-601 *et seq.*), to require a registered nurse be assigned to each District of Columbia elementary and secondary public and public charter school a minimum of 20 hours per week beginning in 1989.

(b) In 2006, the Council’s Committee on Health requested that the Department of Health and Children’s National, the school nurse program contractor, transition to 40 hours of nurse coverage per week by supplementing registered nurses with licensed practical nurses.

(c) In April 2016, the Deputy Mayor for Education sent a letter to local education agency (“LEA”) leaders announcing the Department of Health’s new model for the school health services program as part of the broader Whole School, Whole Community, Whole Child (“WSCC”) model developed by the Centers for Disease Control and Prevention (“CDC”). Under the new program, registered nurses will continue to provide clinical care for all children with special health care needs who require daily medications or treatment. Additional health professionals and community navigators will work with families, schools, and students’ primary care providers to make sure students receive well-child exams and the preventive services they need to be healthy. However, the school nurse service levels will be reset for all schools at a minimum of 20 hours each week. Schools may receive more nursing coverage depending on the medical needs of student population based on a risk-based health needs assessment. This new model was to be implemented at the start of school year 2016-2017.

(d) On May 23, 2016, the Chancellor of District of Columbia Public Schools (“DCPS”) and Executive Director of the District of Columbia’s Public Charter School Board sent a joint letter to the Director of the Department of Health, the Deputy Mayor for Education, and the

Deputy Mayor for Health and Human Services requesting that the new model be delayed to school year 2017-2018 and to request that the current system and nurse staffing levels be kept in place for the upcoming 2016-2017 school year. While they believed the new model held promise to improve the quality of health care delivery to students, they also believed this promise could only be realized if LEAs and schools had sufficient time to plan, adjust their own budgets and processes, and adequately communicate with families. They had been told to expect sharp reductions in the service hours of school nurses at many schools.

(e) On June 7, 2016, the Director of the Department of Health responded to the May letter by announcing that the implementation of the new school health services model would be delayed until January 2017.

(f) On August 2, 2016, the Office of the State Superintendent of Education (“OSSE”) sent a letter to LEA leaders regarding engagement with communities on the new model. OSSE also invited leaders to LEA engagement sessions on August 23, 2016 and September 19, 2016 to solicit additional feedback to support the planning process.

(g) After weeks of constituents contacting Councilmembers, the Department of Health, and schools expressing concern and confusion about the new school health services and the potential for a reduction in school nurse services, on October 5, 2016 and October 18, 2016, the Department of Health held community engagement sessions. This did not completely assuage concerns raised.

(h) On October 23, 2016, the Executive Director of the Public Charter School Board reiterated concerns about implementing the new school health services model mid-school year. According to his letter, schools still had not received staffing plans from the Department of Health and therefore did not know just how much school staff would need to be absorbed if their service levels changed.

(i) On October 25, 2016, the Committee on Education held a public roundtable to discuss the new model. The hearing began at 2:33 p.m. and last until 8:03 p.m. The Committee on Education heard from many public witnesses, including staff from LEAs, about the concern regarding the new program. Many asked for the Council to introduce and pass legislation to increase the statutory minimum school nursing service level to 40 hours per week. Both the American Academy of Pediatrics and the CDC recommend having at least one full-time nurse in every school.

(j) The 2016 School Health Assessment completed by the DC Action for Kids stated 98% of schools that have current Department of Health nurses are staffed more than 20 hours a week. According to the Department of Health, as of October 25, 2016, 66 DCPS schools had full-time coverage, and 47 had part-time coverage of either 24 or 32 hours a week. For public charter schools, 30 had full-time coverage, and 27 had part-time coverage of 24 or 32 hours a week.

(k) For almost a decade, the District’s public schools have been receiving over 20 hours of school nursing services. While the Department of Health’s new school health program model may improve student health outcomes, there is nothing to suggest that efforts to add more allied health professionals to schools to help with care coordination and have community navigators to connect families with local assets could not continue without reducing school nurse hours.

During the roundtable, the Director of the Department of Health stated: “If we determine that all schools require 40 hours of coverage, all schools will receive 40 hours.”

(l) There have been significant concerns raised about a change to school nursing hours and the ability of the Department of Health to seamlessly transition and implement new staffing plans in January 2017. Further, there has been no true public campaign to inform students, parents, and school-based staff about what to expect under the new model. The National Institute of Health states that the broader WSCC model requires care consideration, planning, and full buy-in of school administrations to have effective implementation and sustainability. This is currently lacking among our public school communities in the District of Columbia.

(m) The Council passed on final reading emergency legislation, the Public School Nurse Assignment Emergency Amendment Act of 2016, effective November 18, 2016 (D.C. Act 21-535; 63 DCR 14347), and temporary legislation, the Public School Nurse Assignment Temporary Amendment Act of 2016, effective February 18, 2017 (D.C. Law 21-207; 63 DCR 15054), to amend existing law to require that any school currently receiving school nurse services above 20 hours per week continue at that existing level of service, or the level recommended by the Department of Health’s new risk-based assessment, whichever is greater, for the remainder of school year 2016-2017. Although school year 2016-2017 has ended, the need still exists to continue the requirement for school year 2017-2018.

Sec. 3. The Council of the District of Columbia determines that the circumstances enumerated in section 2 constitute emergency circumstances making it necessary that the Public School Nurse Assignment Emergency Amendment Act of 2017 be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.