

112TH CONGRESS
1ST SESSION

H. R. 2229

To make demonstration grants to eligible local educational agencies for the purpose of reducing the student-to-school nurse ratio in public elementary schools and secondary schools.

IN THE HOUSE OF REPRESENTATIVES

JUNE 16, 2011

Mrs. MCCARTHY of New York (for herself, Mrs. CAPPS, Mr. FARR, Ms. NORTON, Mr. JACKSON of Illinois, Ms. BORDALLO, Ms. MOORE, Mr. HINCHEY, Mr. PASCRELL, and Mr. HOLT) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To make demonstration grants to eligible local educational agencies for the purpose of reducing the student-to-school nurse ratio in public elementary schools and secondary schools.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Student-to-School
5 Nurse Ratio Improvement Act of 2011”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) The American Academy of Pediatrics em-
4 phasizes the crucial role school nurses have in the
5 seamless provision of comprehensive health services
6 to children and youth, as well as in the development
7 of a coordinated school health program.

8 (2) The school nurse functions as a leader and
9 the coordinator of the school health services team,
10 facilitating access to a medical home for each child
11 and supporting school achievement.

12 (3) Recent national data indicates 45 percent of
13 public schools have a school nurse all day, every day,
14 while another 30 percent of schools have a school
15 nurse who works part time in 1 or more schools.

16 (4) The American Nurses Association has re-
17 ported that when there is no registered nurse on the
18 school premises, the responsibility to administer the
19 necessary medications and treatments, and appro-
20 priate monitoring of the children falls on the shoul-
21 ders of administrators, educators, and staff who are
22 ill-prepared to perform these tasks.

23 (5) Statistics from the National Center for
24 Educational Statistics indicate that of the
25 52,000,000 children who currently spend their day

1 in schools, 16 percent have chronic physical, emo-
2 tional, or other health problems.

3 (6) A recent study indicated that from 2002 to
4 2008, the percentage of children in special education
5 with health impairments, due to chronic or acute
6 health problems, increased 60 percent. Within this
7 group, the rate of autism has doubled since 2002.

8 (7) A 40-percent increase in asthma has been
9 seen in the past 10 years, along with nearly 50-per-
10 cent increase in the incidence of diabetes in the
11 same time period.

12 (8) According to the American Academy of Pe-
13 diatrics, students today face increased social issues
14 as well as the need for preventative services and
15 interventions for acute and chronic health issues.

16 (9) The Centers for Disease Control and Pre-
17 vention report that the percentage of children with-
18 out health insurance was 8.9 percent in 2008, and
19 with over 1,300,000 homeless children in the United
20 States, schools have become the only source of
21 health care for many children and adolescents.

22 (10) Communicable and infectious diseases ac-
23 count for millions of school days lost each year.
24 There is reported evidence that school nurses have

1 a positive impact on immunization rates, with fewer
2 parent requested exemptions.

3 (11) A recent study showed that students with
4 health concerns attended to by school nurses were
5 able to return to class 95 percent of time, while stu-
6 dents attended to by nonlicensed staff were only able
7 to return to class 82 percent of the time.

8 (12) Using a formula-based approach for deter-
9 mining a balanced student-to-school nurse ratio of-
10 fers a reasonable means for achieving better student
11 outcomes.

12 **SEC. 3. REDUCING STUDENT-TO-SCHOOL NURSE RATIOS.**

13 (a) DEMONSTRATION GRANTS.—

14 (1) IN GENERAL.—The Secretary of Education,
15 in consultation with the Secretary of Health and
16 Human Services and the Director of the Centers for
17 Disease Control and Prevention, may make dem-
18 onstration grants to eligible local educational agen-
19 cies for the purpose of reducing the student-to-
20 school nurse ratio in public elementary schools and
21 secondary schools.

22 (2) APPLICATION.—To receive a grant under
23 this section, an eligible local educational agency shall
24 submit to the Secretary of Education an application
25 at such time, in such manner, and containing such

1 information as the Secretary of Education may re-
2 quire, which shall include information with respect
3 to the current ratios of students-to-school nurses in
4 each of the public elementary secondary and sec-
5 ondary schools served by the agency.

6 (3) PRIORITY.—In awarding grants under this
7 section, the Secretary of Education shall give pri-
8 ority to applications submitted by high-need local
9 educational agencies that demonstrate the greatest
10 need for new or additional nursing services among
11 students in the public elementary secondary and sec-
12 ondary schools served by the agency.

13 (4) MATCHING FUNDS.—The Secretary of Edu-
14 cation may require recipients of grants under this
15 section to provide matching funds from non-Federal
16 sources, and shall permit the recipients to match
17 funds in whole or in part with in-kind contributions.

18 (b) REPORT.—Not later than 24 months after the
19 date on which a grant is first made to a local educational
20 agency under this section, the Secretary of Education shall
21 submit to the Congress a report on the results of the dem-
22 onstration grant program carried out under this section,
23 including an evaluation—

1 (1) of the effectiveness of the program in reduc-
2 ing the student-to-school nurse ratios described in
3 subsection (a)(1); and

4 (2) of the impact of any resulting enhanced
5 health of students on learning.

6 (c) DEFINITIONS.—For purposes of this section:

7 (1) The terms “elementary school”, “local edu-
8 cational agency”, “poverty line”, and “secondary
9 school” have the meanings given to those terms in
10 section 9101 of the Elementary and Secondary Edu-
11 cation Act of 1965 (20 U.S.C. 7801).

12 (2) The term “eligible local educational agency”
13 means a local educational agency in which the stu-
14 dent-to-school nurse ratio in each public elementary
15 and secondary school served by the agency is 750 or
16 more students to 1 school nurse.

17 (3) The term “high-need local educational agen-
18 cy” means a local educational agency—

19 (A) that serves not fewer than 10,000 chil-
20 dren from families with incomes below the pov-
21 erty line; or

22 (B) for which not less than 20 percent of
23 the children served by the agency are from fam-
24 ilies with incomes below the poverty line.

1 (4) The term “nurse” means a licensed nurse,
2 as defined under State law.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated such sums as may be
5 necessary to carry out this section for each of the fiscal
6 years 2012 through 2016.

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