



# Ensuring Access to School Nursing Services For Massachusetts Children & Youth



*"You cannot educate an unhealthy child  
and  
you cannot keep an uneducated child healthy"*  
~ Dr. M. Jocelyn Elders, Former U.S. Surgeon General~

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**On behalf of the Massachusetts School Nurse Organization, Inc.**

## **I. Executive Summary**

In January 2007, the Massachusetts School Nurse Organization, Inc. (MSNO) appointed a special Taskforce of members to examine the issue of access to school nurse services by children in the Commonwealth. Over the course of eight months, many Taskforce meetings and multiple consultations with experts and professional contacts, the Taskforce summarized its findings with an eye towards sharing this policy paper with elected officials, the Administration through the work of its Readiness Project, an appointment which MSNO is privileged to enjoy, and the public. With input and consultation from many, the Taskforce wishes first, to extend a note of special appreciation to a number of professionals with specific knowledge in education, school health, nursing and finance issues. Our thanks are extended to:

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**"You cannot educate an unhealthy child and you cannot keep an uneducated child healthy", noted Dr. M. Jocelyn Elders, Former U.S. Surgeon General.** Modern school health programs are critical to the improvement of the well being of our young people, their educational performance and the adults they will become. Massachusetts has a long-standing record of support for a public health school nurse service model. In 1950, the Legislature mandated access to school physicians and nurses. In addition, the Massachusetts Legislature, back in 1998, established the Enhanced School Health Services Program (later renamed the Essential School Health Service Program - ESHS) to be administered by the Massachusetts Department of Public Health (DPH). The goal of ESHS is to develop the capacity within a school district to establish a comprehensive school health program using identified best practices. Now in 102 school districts, impacting half of the Commonwealth's total student population, the program's goals focus on, but are not limited to enhancing the quality of the public school health service program by addressing four specific administrative and programmatic areas: school nursing infrastructure, comprehensive health education and tobacco control, linkages with local providers/health insurance programs and data systems.

School nurses provide services to the general school population, children with chronic and complex health care needs and children receiving services from special education. DPH grant statistics document over 6 million student encounters with school nurses in Massachusetts last year in funded programs, in addition to the statutorily mandated growth, postural, vision and hearing screenings that were performed. School nurses returned 88% of these students to class after an assessment and/or treatment, and cared for over 90% of the student body one or more times each school year. School nurses interacted with almost 60% of the student population for five or more health visits each year. Their contributions and positive effect upon educational performance are immeasurable. DPH findings indicate that there are 18-20% of students in the Commonwealth who have a diagnosed health condition that requires continuity of care by a school nurse. Many of these students could not attend school without these critical health services. Further, the beneficial role of school nurses is clearly evident with respect to the number of ESHS referrals to primary care providers, numbering 160,980 during the 2004-2005 school year, including 12, 253 referrals to new primary care providers.

Given Massachusetts' longstanding public health model of school nurse service delivery, a large portion of health care services provided directly by school nurses are not accounted for in most health care delivery statistics about health promotion, prevention and costs. The 102 school districts that currently have ESHS grants are coordinating and tabulating services for approximately 550,000 students, representing just half of the 1.1 million Massachusetts students.

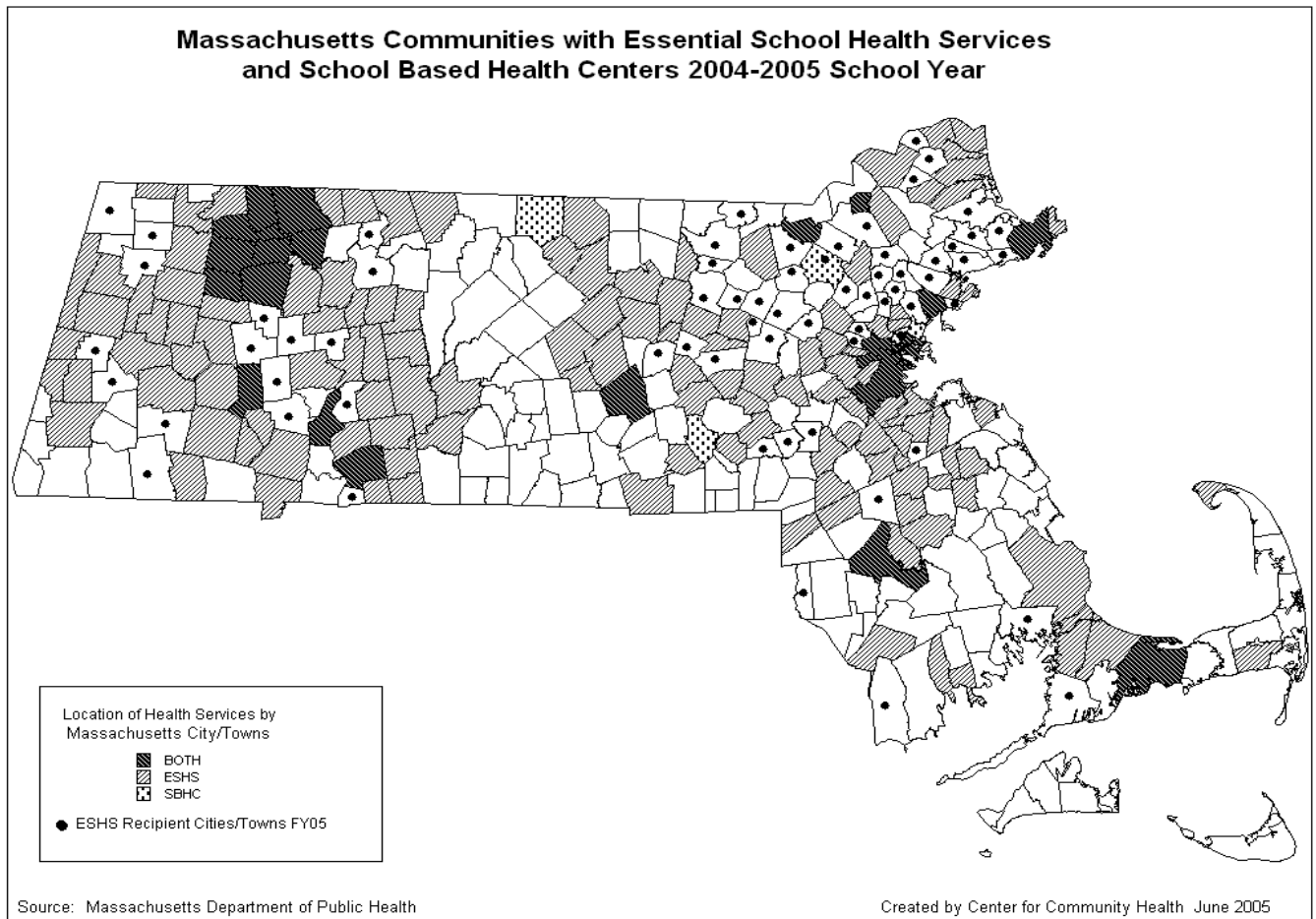
Despite the fact that health needs of students continue to increase in number and complexity, representing major challenges in the educational setting, the extent of municipal appropriations for school nursing varies greatly while many school children and youth still do not have access to necessary school nurse services.

After contemplating the existing public health model for providing access to school nurse services and alternative revenue streams to enhance funding for school nurse services via third party reimbursement revenue streams, Medicaid school-based claiming and Municipal Medicaid funding opportunities; the Taskforce concluded that ***the provision of school nursing services has been and likely must remain a public health model.***

***Furthermore, the Taskforce also concluded that steps to support a viable public health model that is accountable, replicable and sustainable throughout the Commonwealth is achievable.*** Of the recommendations, some are immediately achievable and others will require time. Among the Taskforce

recommendations, **adoption of DPH's 1998 *Options Report* recommendations of RN school nurse staffing for every school building in the Commonwealth and increasing support for the ESHS Program to every city and town in the Commonwealth are paramount.**

Ensuring access to necessary services through the current public health model could be best promoted with state budget incentives for municipalities. School nursing is funded by the state through the Local Aid distribution to schools and school districts through a non-personnel related Chapter 70 Foundation line item. Increased transparency and an increased per pupil allotment in this line item for municipalities which can demonstrate adequate school nurse access may be both reasonable and politically palatable. Clearly DPH and the Department of Education (DOE) would need to collaborate closely to establish determinations of service need among student populations and within specific school settings. Extending the ESHS Grant Program to every school district as the critical support system for coordinating comprehensive school health services is an investment already proven to derive concrete, measurable and desirable outcomes. We trust our elected officials, DPH, DOE and the Administration have the experience, vision and leadership to address these needs and ensure necessary school nursing within our public education system.



## II. Introduction: Legislative History and Report Purpose

Massachusetts' history of support for school nursing as a public health priority is longstanding. "As early as 1850, our Legislature required that *"physiology and hygiene shall hereafter be taught in all public schools of the commonwealth in all cases in which the school committee shall deem it expedient"*. In the 1890s, health inspections were begun in the Boston schools in an effort to control the spread of serious communicable disease. The first public health nurses were placed in schools in the early 1900s. By 1912, Massachusetts law required that physicians examine every child in the public schools each year. In the 1920s, health education was added to the medical inspection and became a responsibility of the school nurse. In 1930, *The Handbook on School Hygiene* was published as a reference for administrators, health officers, public health nurses and others working for the health of a school child, and was subsequently revised in 1934, 1940, 1951, 1957 and 1979. The Department of Public Health (DPH) replaced it in 1995 with *The Comprehensive School Health Manual* that serves as a model for other states.<sup>1</sup>

Recently, DPH Commissioner, John Auerbach noted, "since the manual's original publication, the health needs of students have increased in number and complexity, representing major challenges in the educational setting. To address these challenges, DPH revised the manual again this year (2007), in collaboration with the Department of Education (DOE). This joint effort demonstrates a mutual understanding that *educational achievement and health are closely related*. The *Comprehensive School Health Manual* covers such areas as... infection control, care of children with chronic health conditions, substance abuse and other addictions, injury prevention, nutritional and physical fitness, to name a few."<sup>2</sup>

Since 1950, access to school nurses has been mandated per MGL, Chapter 71, section 53. It reads:

"Chapter 71: Section 53. School physicians and nurses

Section 53. The school committee shall appoint one or more school physicians and registered nurses, shall assign them to the public schools within its jurisdiction, shall provide them with all proper facilities for the performance of their duties and shall assign one or more physicians to the examination of children who apply for health certificates required by section eighty-seven of chapter one hundred and forty-nine, but in cities where the medical inspection hereinafter prescribed is substantially provided by the board of health, said board shall appoint and assign the school physicians and registered nurses. The department may exempt towns having a valuation of less than one million dollars from so much of this section as relates to school nurses."<sup>3</sup>

Since its inception, funding for school nursing has been supported by the state budget. Specifically, the Foundation Aid Chapter 70 Funds bundle school nursing services together with other funded school programs such as Clubs and Food Service. However, employment and support in the form of city, municipal and regional school district budgets have remained essentially a local decision. (See M.G.L. c 71 § 53A)

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<sup>1</sup> Options for Developing School Health Services in the Commonwealth of Massachusetts: A Report to the Committees on Ways and Means of the Massachusetts Senate and House of Representatives, Massachusetts Department of Public Health, April 1, 1998, p. 9.

<sup>2</sup> Department of Public Health, Press Release, October 2007.

<sup>3</sup> Massachusetts General Laws, Chapter 71, Section 53.

In recognition of the increasingly complex health needs of children, as well as the impact on the role of school nurses, when federal legal changes ensured that our educational system would be more inclusive of children with special needs, disabilities and chronic diseases, the Massachusetts Legislature, back in 1998, established the Enhanced School Health Services Program (later renamed the Essential School Health Service Program - ESHS) to be administered by DPH. The goal of ESHS is to develop the capacity within a school district to establish a comprehensive school health program using identified best practices. Specific goals include, but are not limited to enhancing the quality of the public school health service program by addressing four specific administrative and programmatic areas: school nursing infrastructure, comprehensive health education and tobacco control, linkages with local providers/health insurance programs and data systems. In 1999 the programs were required to address non-public and charter schools in the community where services were not available by providing school nursing leadership through the local public school health service program assuring a set of certain basic health services to all school-aged children and youth in a community. Regardless of school setting, it is noteworthy that program data indicate that more than 30% of school children currently take prescription medications during the school day.

The ESHS program has been inconsistently funded each year through line item 4590-0250 (having experienced a substantial 9C cut back in 2003 that has not been restored), but has successfully created an infrastructure of support for school nursing that has reliably collected specific school health information. The role of the School Nurse Leaders financed through the grant, along with technical, logistical and school health program supports, such as computerized health records, medical equipment, health care resources and references, and linkages of students to primary health care providers and health insurance, are the core components of the grants to those 102 cities and towns that are recipients of the funding. ***The ESHS program supports, but does not supplant Foundation and local budget funding for school nursing personnel. The program's annual appropriation has benefited a total of 102 school districts annually.*** The data collected through this successful program graphically illustrates the needs of school children in a system where they spend the majority of their day.

### **III. Health Care Service Demand in Schools**

Theoretically, every school-aged child in Massachusetts is eligible for health insurance coverage, either through a private health plan, MassHealth or through the Children's Medical Security Plan administered by the state. The school nurse facilitates referral to health insurance programs for those students who are uninsured, through education and distribution of information about the Commonwealth's Health Connector and Insurance programs, and referral to the appropriate resources for assistance. Insurance coverage, however, is not akin to access. Access to immediately needed services is a challenge for children, youth and their families. School nurses bridge the barrier between insurance coverage of services provided by pediatricians and other reimbursed providers, such as school based health centers (SBHC) where appropriate and available. School nurses support access to appropriate and available health care, and provide attention to immediate health concerns and issues directly where children are present for the majority of their day, in their educational setting. It is through these lenses one must view the overlap between education and health. "In response to these challenges, and in keeping with current public health practice, school health programs are becoming much more proactive, emphasizing preventive health promotion, care management, early risk identification and referral and a comprehensive, coordinated approach to health care. Increasingly, comprehensive school health programs are built on a foundation of close collaborative partnerships among school health and human service personnel, teachers, and administrators and external health care providers, families and the

community.”<sup>4</sup> The school nurse role is often as a case manager for the student with chronic health or complex medical conditions.

The beneficial role of school nurses is clearly evident with respect to the number of ESHS referrals to primary care providers, numbering 160,980 during the 2004-2005 school year, including 12,253 referrals to new primary care providers.<sup>5</sup> Additionally, the daily management of children’s health care needs is illustrated through the following ESHS data. These data are statistically significant and extrapolations can be made for the entire Commonwealth. ***The following 2005-2006 school year findings are based upon the school districts with ESHS support, representing the health needs of 550,000 students; or just half of the 1.1 million students in Massachusetts.***

- There were 6,044,826 school nurse student encounters and the school nurse returned 88% of students to class after an assessment or treatment by the school nurse.
- Each month, nurses administered an average of 128,788 medication doses to students and almost two-fifths of these medication doses were psychotropic medications.
- Blood glucose monitoring was the most common procedure at 45.5 procedures per 1,000 students each month.
- School nurses attended to 40,022 student injuries. 10.1% of the more serious injuries were classified as intentional, including assaults, and self-inflicted injuries, such as overdoses and suicide attempts.
- There were 11,357 emergency referrals of which 17.4% resulted in contacting 911/ambulance services and 82.6% resulted in parents transporting children to emergency services or primary care providers.

These objective statistics do not detail other school nurse responsibilities, such as the development of medication administration plans, assessment of each child prior to administration of any medication and the subsequent evaluation for clinical efficacy or potential adverse side effects. Furthermore, Massachusetts public schools are required by law to conduct postural, growth, hearing and vision screenings on all students permitting few exceptions under certain circumstances. In addition, some school districts have opted to conduct voluntary health screenings based on the particular health needs of their students, e.g., body mass index screenings. School nurses are responsible for ensuring that these screenings are complete and for referring students for follow-up care when needed. School nurses also performed head lice screenings. The average number of screenings and prescreenings for ESHS districts tabulated was 18,071 encounters per month.<sup>6</sup>

Documentation and communication regarding the health status of school children is another central and key responsibility. School nurses communicate findings, as appropriate with parents, teachers, doctors, agencies, and specialists. They keep records on all students, including results of all state mandated screenings. School nurses are also the gate-keepers for tracking whether each child has received required immunizations on schedule. Nurses write individualized health care plans for students with medical/health conditions and conduct monthly reports for DPH. In their role with students with special health or medical issues, school nurses participate in meetings of the Special Education TEAM, 504 Team, and pupil study meetings to contribute and interpret significant health history and medical

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<sup>4</sup> The Comprehensive School Health Manual, Revised 2007. Section 1, p. 1.

<sup>5</sup> The “Essential School Health Services Program Data Report 2005-2006 School Year”, Spring 2007 p. 3.

<sup>6</sup> The “Essential School Health Services Program Data Report 2005-2006 School Year”, Spring 2007 pp 13-14.

information and to help develop and implement educational plans when there is a medical issue which impacts a student's learning. Lastly, every interaction between the nurse and student or staff member includes, teaching regarding health, illness, wellness, first aid, and potential need for an intervention or follow up, in support of the child's health and safety and ability to access the educational program.

Some students present complex medical pictures that require additional and special attention from school nurse personnel.

“School nurses must ensure that children with chronic health conditions and complex needs can be accommodated. Advances in medical science such as neonatal intensive care, parenteral nutrition, transplantation, immunosuppression, cancer chemotherapy, dialysis and many other technologies have resulted in increased survival rates of children with a variety of medical and genetic conditions. While medical technology has expanded, so too have the legal developments ensuring the rights of all children to an education. A child's right to be educated in the least restrictive environment has supported the inclusion of students with a variety of health issues in the general education classrooms, many requiring clinical services during the school day. For example, medical procedures formerly performed only in a hospital, such as catheterizations, tracheotomy care and central line care, must now be provided in the school setting. In addition, with fewer hospitalizations and reduced lengths of hospital stays, school nurses often care for children whose illnesses or chronic conditions, such as acute asthma, cancer, cystic fibrosis, cerebral palsy and Type 1 diabetes were formerly managed in a hospital or clinic setting. These children and youth require increasingly diverse and complex on site services. Teaching families how to manage these conditions at home has shifted to the school as well. Finally, during the past decade, children with terminal illnesses and “comfort care/do not resuscitate” orders also are attending school, requiring schools to further their services to families by becoming involved in end-of-life planning”.<sup>7</sup>

This poignant depiction of modern day school nursing illustrates both the need for their ongoing presence in our education system and the need to bolster our public health model such that it can adequately address the scope and complexity of school children's health care requirements in the 21<sup>st</sup> century.

#### **IV. School Nurse Workforce**

Although school nurses are licensed by the Board of Registration in Nursing, certified by DOE and recognized as professionals within the educational system, there is no central database for specifically identifying the number of school nurses practicing in the Commonwealth. Most recently, DOE initiated the collection of data through the annual Education Personnel Information Management System (EPIMS). According to the DOE, “EPIMS will collect demographic data and work assignment information on individual public school educators for the first time in our state's history. This information will enable Massachusetts to comply fully with the *No Child Left Behind Act*, by accurately reporting on highly qualified teachers. The EPIMS data also will be used to perform greatly needed analysis on our educator workforce that over time will identify high need areas, evaluate current educational practices and programs, and assist districts with their recruiting efforts.”<sup>8</sup>

Until DOE completes its data collection, our best estimate is that that there are approximately 2,100 school nurses employed by municipalities across the Commonwealth. Currently there are about 1.1 million students in pre-Kindergarten (pre-K) through Grade 12 public education. School nurses

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<sup>7</sup> The Comprehensive School Health Manual, Revised 2007. Chapter 1: New Dimensions of School Health, p. 3.

<sup>8</sup> <http://www.doe.mass.edu/infoservices/data/epims/>, July 2007.

supported by the ESHS program also provide consultation and services to a number of private schools and collaborative school children with health care needs.

These estimates do not reflect the number of nurses and other professionals accessible to some school-aged children through local Boards of Health and through School Based Health Centers (SBHC). The SBHC model is a medical model of primary care. Each SBHC is part of a parent institution such as a hospital or community health center. The SBHC provides primary care by nurse practitioners and other disciplines, such as psychologists. Services are only provided to student's who are enrolled in the SBHC by their parents/guardians. In addition they still must have a primary care provider for times when school is closed or not in session. SBHC staff are not responsible for state mandated screenings or other daily school nurse activities such as routine medication administration or intervention for episodic illnesses or injuries. SBHC staff and school nurses work as partners. SBHC staff may participate in Section 504 planning and TEAM meetings and other educational planning meetings in collaboration with the school nurse. SBHC's also receive funding from the State's DPH line item 4590-0250.

In 1998, DPH authored a report to the Committees on Ways and Means and the Massachusetts Legislature titled, "*Options for Developing School Health Services in the Commonwealth of Massachusetts*". This report was a result of a directive from the Legislature to provide a "plan delineating the implementation of recommendations submitted by the special commission relative to the provision of school health services" of Chapter 151 of the Acts of 1996. The report laid out models for consideration, which remain salient in the form of active legislative proposals today. The report noted that "...there be one registered nurse in every school building with extra staffing for schools with more than 500 students." This recommendation refers to regular education students only. When there are students with special educational or medical needs, this ratio drops. Taking this recommendation into account, along with the wide variety of community needs and community health risk factors, this model suggests a formula for strengthening the basic school health services program with the following: one full-time DOE licensed registered nurse (RN) for every school with 250-500 regular education students; for schools with less than 250 regular education students, one part-time RN with each additional 25 students generating 1/10<sup>th</sup> of a full time RN; and for schools with greater than 500 regular education students, extra RNs at the rate of 1/10<sup>th</sup> of a full time RN for every 50 regular education students."<sup>9</sup>

As is reflected in the ESHS data, accumulated since issuance of the report, the intensity of student health needs must also be factored into concrete planning for necessary school nursing services. Multiple studies and literature have been dedicated to devising plans to effectively sustain a workforce that reflects the needs of students in the 21<sup>st</sup> Century. "Student characteristics, student needs and student health services staffing patterns present a challenge to develop an objective method of identifying individual student health needs, the intensity of those needs and the health services required to appropriately address those needs."<sup>10</sup>

In a joint effort with DOE and possibly MassHealth, DPH may be in a position to use the ESHS information to conduct a statewide analysis of the needs of school students and then project necessary access to school nurses. The analysis of the access issue may essentially be an equation based on the number of school buildings, the number of students and the acuity level of specific student population needs. According to DOE, the following is the breakdown of public schools in Massachusetts.

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<sup>9</sup> Options for Developing School Health Services in the Commonwealth of Massachusetts, A Report to the Committees on Ways and Means of the Massachusetts Senate and House of Representatives. Massachusetts Department of Public Health, April 1, 1998, p. 4.

<sup>10</sup> Burt, C; Beetem, N, et.al, "Preliminary Development of the School Health Intensity Rating Scale", Journal of School Health, October 1996, Vol. 66, No. 8, p. 286.

Operating Schools: 2006-07 School Year			
<b>Operating School Districts</b>	389	<b>Type of Public School</b>	
<b>Charter Schools</b>		Elementary	1,189
Commonwealth	51	Middle/Junior	328
Horace Mann	8	High	
<b>Educational Collaboratives</b>	32	Other	14
		Secondary	344
		<b>Total</b>	1,875

Enrollment Trends in Massachusetts Public Schools over the last ten years			
	1997	2002	2007
<b>Public School Enrollment</b>	935,623	974,015	968,661
<b>Private School Enrollment</b>		134,023	

There are 572 private schools documented by DOE for 2007.

There are 2,538 school buildings in the Commonwealth.

*Our preliminary estimates reflect that in order to account for the number of nurses needed for each school building, and to address the intensity of identifiable health care needs, the state and its municipalities needs to jointly commit to supporting a school nursing workforce similar to the number of nurses needed for one teaching hospital in Massachusetts. This increase would entail an additional 1,500 school nurses above the estimated 2,100 school nurses currently in practice. The ESHS Grants provide school health program leadership and support via designated School Nurse Leaders, which would also need to grow in direct proportion to the expanded school nurse workforce for every school district.*

## V. Ensuring Access to School Nursing Services

The Taskforce researched, interviewed and examined reports from a number of sources to analyze available funding streams for ensuring comprehensive access to basic school nursing services. School nursing services must be available to all children in addition to their insurance coverage and ability to receive care from the health care delivery system. Our public health model has developed and matured within a public education system during a time of tremendous change throughout the health care delivery system. The Taskforce critically examined how public policy and public and private funds contribute to support, or undermine support for school nursing services. A review of these findings is summarized below.

### A. Federal Funding and Medicaid Coverage With MassHealth:

An examination of the role of Medicaid is paramount. The Massachusetts state Medicaid Plan Waiver, which outlines the eligibility standards, provider requirements, payment methods and benefits packages, is quite comprehensive. It also extends coverage for children under the age of 19 that don't qualify for MassHealth, but fit the financial eligibility requirements of the Children's Medical Security Plan. Medicaid third party liability rules and the Centers for Medicare and Medicaid's (CMS's) free care policy limit the ability of schools to bill Medicaid for some of the health services delivered by school

nurses and their associated costs. Under Medicaid's free care policy, Medicaid will not pay for any service also provided to non-Medicaid children free of charge. A large percentage of the services provided by school nurses under our public health model are provided free of charge. They include, but are not limited to, those typically mandated by the school district or state such as health care screenings, vision exams, hearing tests, scoliosis exams. Attending to a child's sore throat or dispensing medicine may also fall into this category. Third party liability requirements preclude Medicaid from paying for Medicaid coverable services provided to Medicaid beneficiaries if another third party, e.g. other third party insurer or other federal or state program, is legally liable and responsible for providing and paying for the services.<sup>11</sup> Therefore, if a service provided by a school nurse is a service already covered under a Medicaid managed care contract, no reimbursement for the service can be realized by the municipality or school district. In addition to providing coverage for care through a managed care network and other traditional health care delivery systems, Medicaid may however, provide coverage in the following situations:

1. IDEA – related health services. The federal Individuals with Disabilities Education Act (IDEA) was passed to assure that all children with disabilities have available to them, a free appropriate public education which emphasizes special education and related services designed to meet their individual needs. The services are provided through a child's Individualized Education Program (IEP). In 1988, section 1903 (c) of the Act was amended to permit Medicaid payment for medical services provided to Medicaid eligible children under IDEA and included in the child's IEP.

2. Section 504 – related health services. Section 504 of the federal Rehabilitation Act of 1973 requires local school districts to provide for certain services to make education accessible to handicapped children. These services may include health care services similar to those covered by IDEA and Medicaid. These service are typically described within a section 504 plan and are provided free of charge to eligible students.

### **B. Federal Funding And The Massachusetts Municipal Medicaid Program:**

Since 1988, Congress has allowed local school districts to receive Medicaid reimbursement for health related services provided to special education students. This joint state and federal program offers a significant source of federal money to municipalities for both the provision of covered direct medical services to special needs students and for the costs of general administrative activities performed, such as outreach and enrollment, which supports the Medicaid program. CMS allows each state a measure of latitude in designing its own program. Under the Massachusetts Municipal Medicaid program, the school districts themselves are recognized providers. State law provides that local expenditures serve as the required state match for federal aid, so there is no demand on state revenues or state Medicaid expenditures. When the Medicaid waiver was originally negotiated with CMS (then Health Care Financing Administration, HCFA), Massachusetts officials sought to streamline and simplify the administrative tasks associated with billing for these direct services and negotiated a bundled per pupil rate for qualifying students. It is calculated for each day of student school attendance. The bundled rate policy was designed to increase municipalities' participation in the program. School nurse services were not included and factored into the direct service bundled rate as qualified providers, likely because their services, unlike those of physical therapists, occupational therapists and others who commonly submit billing claims, were being provided to students free of charge. "The federal financial participation rate (FFP) for Massachusetts is 50%, so as a general rule, about one-half of the expense rate allowed for qualified services provided to special needs students who are Medicaid recipients is reimbursable."<sup>12</sup> School districts, at their discretion however, can provide a wide range of direct health care related

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<sup>11</sup> Medicaid School Base Administrative Claiming Guide, Centers for Medicare & Medicaid Services, May 2003, p.4.

<sup>12</sup> The State Auditor's Report on the Massachusetts Medicaid Program, June 2004, p. 1.

services to their students, which may or may not be reimbursable under the bundled Massachusetts Municipal Medicaid Program rate.

The majority of states with a Municipal Medicaid program use a fee-for-service methodology that submits individual claims for direct services delivered. Back in 2004, the State Auditor issued a report indicating, among other findings, that additional federal funds might be realized if Massachusetts converted its bundled rate to a fee for service billing system. Subsequent to the report's release, officials have examined this recommendation evaluating rate methodology options, including but not limited to, a fee-for-service methodology and concluded that other states that undertook similar processes abandoned their efforts after many years of negotiation with the federal government and raised concerns that opening discussions in this regard might, in this political climate, result in decreased federal financial participation.<sup>13</sup> Medicaid, now known as MassHealth, has not completed a new Medicaid Waiver Plan incorporating change to a fee-for service methodology versus the current bundled rate methodology. In fact, MassHealth related the experience of other states, such as Virginia and Alaska who attempted this change with great frustration. It was reported to this Taskforce that in the end, Alaska in fact, decided not to change their payment methodology in their waiver plan. Since 2004, it is clear that CMS has also undergone reimbursement policy changes. These regulatory reimbursement changes do not appear to favor an increased reimbursement rate to municipalities for fee-for-service methodologies. ***Municipal Medicaid, although a critical component for municipal funding, is not a source for direct billing for school nursing services in Massachusetts.*** Furthermore, it should be understood that claims and billing services contracted to be performed on behalf of municipalities for the administration of Municipal Medicaid vary across a spectrum of vendors in the Commonwealth.

Federal matching funds under Municipal Medicaid are also available, however, for the cost of administrative activities that directly support efforts to identify and enroll potentially eligible children into the MassHealth program and that support the provision of medical services covered under managed care contracts, such as referrals. School nurses play an instrumental role here, and time spent on administrative tasks absolutely result in federal financial assistance to those districts enrolled in the Municipal Medicaid program. Massachusetts adopted the program with a rationale that the federal money is a 50% match to the municipal dollar originally appropriated to support the attainment of these Medicaid goals. However, based on our state law, federal reimbursement captured by municipalities need not be, and frequently is not, directed back to school nursing services, or even to the school districts themselves. These monies are deposited to the general fund of the municipality. The Auditor's report noted that this creates a harmful disincentive for school district personnel to tenaciously complete all the necessary paperwork for distribution of federal funds back to municipalities and the Taskforce members have frequently observed this phenomenon. There are a number of bills pending in the General Court which would direct Municipal Medicaid reimbursement not to the general fund of a municipality in whole, but allocate portions directly to the school system to address needed funding for school health. Those bills have been pending for a number of sessions and predictably, municipalities are concerned that their discretionary use of reimbursement would be removed from them. On a very serious note, CMS' August 2007 proposed rulemaking would eliminate federal financial assistance for Municipal Medicaid administrative functions and transportation services. If such a federal rule were adopted, a negative impact would surely be seen in the lives of school children and the practice of school nursing. The National Association of School Nurses and MSNO have been strongly advocating against such a rule.

The Auditor recommended that DOE and MassHealth develop and implement a more effective process for obtaining parental authorization for its special education populations in order to further maximize

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<sup>13</sup> Medicaid letter to J. Parsons, Division of Local Mandates, April 20, 2004.

reimbursement for the Municipal Medicaid Program. There are many challenges to implementing this recommendation. As noted by MassHealth in 2004, individual privacy concerns remain paramount in the delivery of health care in a public education system. “Apart from the practical impossibility of securing authorizations for all children, other factors such as documentation of service, provider qualifications and a school district’s limited resources affect federal reimbursement”.<sup>14</sup> ***MassHealth estimates that if every possible avenue were captured for its reimbursement, the number of special needs students eligible for captured reimbursable services, could not adequately support the health care needs of students in the general population who are not Medicaid recipients.***

### **C. Private Insurance Coverage for Services Provided:**

School nursing programs are currently using sophisticated software to document and record screenings, preventative services, interventions and case management on behalf of students. Contemplating a fee-for-service methodology under Municipal Medicaid was appealing to this Taskforce despite our review of the Medicaid free care policy limitation since every service encounter is now captured in those districts participating in the ESHS program. If a fee-for-service methodology for Municipal Medicaid were viable, possibly many direct school nursing interventions and services could be claimed and billed under the appropriate insurance coverage. For the reasons outlined above this is not a reality for Municipal Medicaid at this time. Furthermore, from an administrative standpoint, school nursing programs would need to incorporate systems for continually tracking students’ insurance service coverage across all health insurance products. In addition, participation in school based claims submission to insurers would require medical billing expertise and assistance that ensures privacy, which a school system may not be capable of protecting without changes to statute. ***The profession of school nursing is and must likely remain a public health model.***

### **D. Foundation Budget:**

Since 1993, the Commonwealth has invested new and specific resources in the education of our children in pre-K through secondary education. Public funding for school nursing services is derived from state and local appropriations to either school districts or local health departments. According to the Department of Education (DOE), in FY06 the total statewide expenditures for publicly funded pupils was approximately \$11.2 billion dollars. Of that, \$3.3 billion dollars was derived from the Chapter 70 aid to cities and towns and regional districts. Per pupil service allotment for education is transparent in the Board of Education budget each year. However the same is not as clear in relation to school nursing. Contained in the statutory definitions for Chapter 70, are broad descriptors that include school nurses and a basic formula for the foundation budget expenditures for “Foundation health care staff”.

***However, in the actual line item for the Foundation Budget there is a real lack of transparency about the number, access to and funding for school nurses.***

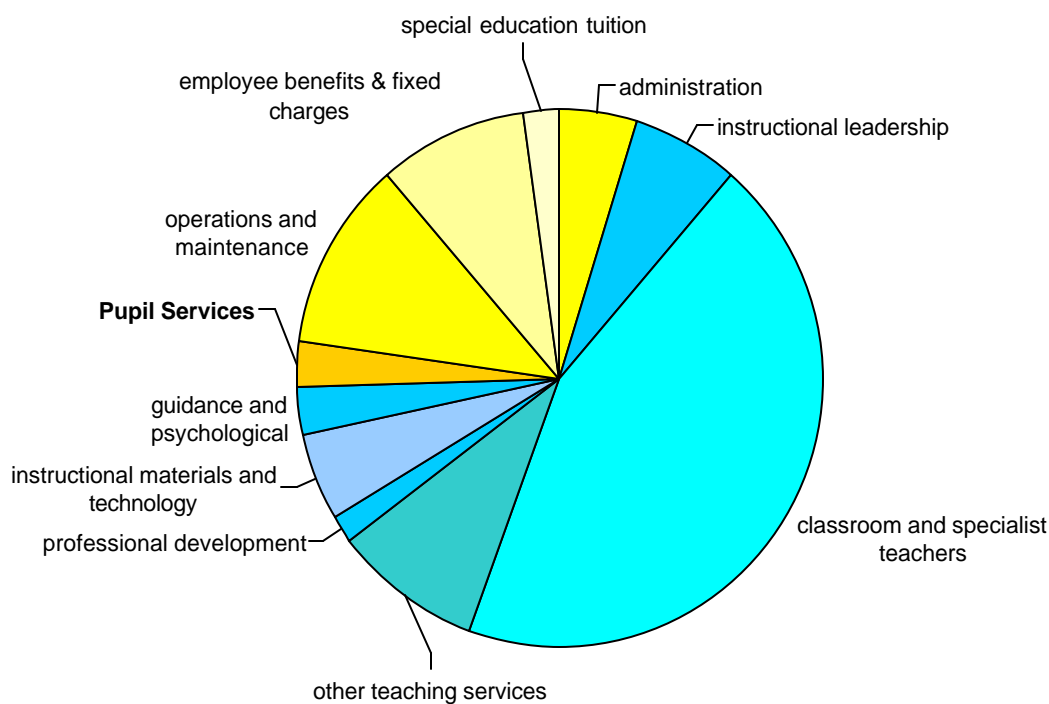
There are eleven Foundation Budget Categories. Although there is an absolute per pupil allotment for education resources and it is different for pre-K, elementary, middle school and high school students to date, there is no such per pupil allotment for ensuring adequate access to school nursing services. School nursing is contained in a Budget Category known as Pupil Services and further delineated at medical/health services. "Pupil services" is further broken down into sub function spending on: attendance, medical/health services (school nurses and school physicians), transportation, food services, athletics, student body activities, and school security.”<sup>15</sup>

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<sup>14</sup> Medicaid letter to J. Parsons, Division of Local Mandates, April 20, 2004.

<sup>15</sup> [www.finance1.doe.mass.edu/statistics](http://www.finance1.doe.mass.edu/statistics).

### FY08 Foundation Budgets By Functional Category



There are 389 operating school districts of the 351 cities/towns in Massachusetts. In FY06 there were fifty-three Commonwealth Public Charter Schools. The average per pupil education expenditure was \$11,210.77. ***The Total School District Spending on Nursing in FY06 was \$102.2 mil or \$108/ pupil, which is less than 1% of the total budget.*** About \$36 million was derived from Chapter 70 towards school nursing, another \$15 million emanated from the ESHS Grants to Cities and Towns at line item 4590-0250. This means the “medical/health services” contribution embedded within the “pupil services budget category” from the education budget by local tax payers was \$51.2 million dollars.

By comparison, the per pupil allotment for athletics in FY06 was \$107.68, which only aids a sub set population of students in middle and high school athletic programs. Comparatively, the average per pupil allotment for school nursing was \$108, which aids the entire student population.

There is no incentive built into the current methodology of the Foundation Budget to identify the number of employed school nurses or the gap in services based on a per pupil estimation of need. ***Based on the total \$11.2 billion dollar budget it is clear that less than 1% of the total education budget is allocated towards nursing services to meet the needs of school students. Proposals to further expand and make transparent an explanation of what constitutes necessary school nursing services should be considered within the context of the Foundation budget. This Task Force recommends that there should be a definition of adequate spending on school nursing services to support learning.***

Examining these expenditures in the backdrop of both student need and best practice models for care delivery in school health is helpful. For instance, examining two cities reveals great disparities in school nurse support.

**Examples of two cities FY07 per pupil spending on school nursing :**

<b>City</b>	<b>Number of Students</b>	<b>School budget</b>	<b>ESHS Grant</b>	<b>Total School Spending</b>	<b>Per/pupil spending on school nursing</b>
<b>Waltham</b>	<b>4,901</b>	<b>\$886,865</b>	<b>\$117,091</b>	<b>\$1,003,965</b>	<b>\$208</b>
<b>Webster</b>	<b>1,990</b>	<b>\$173,987</b>	<b>\$0</b>	<b>\$173,987</b>	<b>\$90</b>

*Our current public health model might best be promoted with state budget incentives for municipalities, to ensure necessary access to school nurses. School nursing is bundled within a non-personnel related Chapter 70 Foundation line item. Transparency in the “Pupil Services” line item specific for school nursing services may be beneficial. An increased per pupil allotment in this line item for municipalities that can demonstrate school nurse access may be both reasonable and politically palatable. Expansion of the benefits of the ESHS grants to all school districts should also be considered.*

Clearly DPH and DOE would need to collaborate closely in relation to determinations of school nurse need among student populations and within specific school settings. We trust our elected officials, DPH, DOE and the Administration have the experience, vision and leadership to do so.

**VI. Leadership Opportunities and Recommended Solutions**

Massachusetts has a long history of understanding the value of a public health school nurse model and support for school nursing. *At this point in time, the Commonwealth has enough information to conclude that additional steps toward implementing a coordinated, thorough and comprehensive statewide school nurse program are necessary and invaluable.* Multiple steps toward the accomplishment of this goal are recommended for consideration in attempting to adequately provide school nursing services to best assure maximum health that supports maximum educational achievement, prevention of underachievement, mainstreaming of children with special health care needs and adoption of general health initiatives to sustain and develop a generation of students in becoming healthy responsible adults.

**Recommendations the Taskforce strongly encourages consideration of, include the following:**

- **Adoption of DPH’s 1998 *Options Report* recommendations of RN School nurse staffing for every school building in the Commonwealth; increasing the number of school nurses from an estimated 2,100 to 3,600.**
- **Review ESHS data and extrapolate services to address the scope of unmet student health care needs across the Commonwealth;**
- **Add a DPH representative to work collaboratively with DOE for comprehensive interagency planning and best use of acquired EPIMS data and other health related polices;**
- **Add a DOE certified school nurse to the Board of Education to support planning for the “whole child” in prevention of drop out rates, management of chronic and serious health conditions, inclusion for those with disabilities and comprehensive health planning in the educational setting;**

- **Extend the ESHS Program to every school district as the critical support system for coordinating comprehensive school health services;**
- **Increase the support of DPH in the administration of the ESHS Grant program;**
- **Create a process to afford more transparency in the Chapter 70 Foundation budget for school nurse employment; which may include a calculation of a per pupil allotment for school nursing, such as that used by educators;**
- **Develop a statutory change to the Foundation budget, as appropriate, and fund state budget incentives that encourage municipal school nurse employment to adequately address need;**
- **Incrementally build upon the current combined local and state annual Foundation budget of \$102.2 million in support of school nursing to increase the state’s contribution via the Foundation budget by \$37 million. Increase total Foundation budget spending from \$102.2 million to \$175 million dollars.**

## VII. Conclusions

The MSNO Taskforce, based on thoughtful research and deliberation regarding the status of school nursing services in the Commonwealth is proud to publicly share the ESHS statistics and reflect on the impact school nurses have on children’s health and educational achievement. Massachusetts has a rich history of supporting school nursing services. Recent statistics, reflecting services to an estimated 550,000 students of the total 1.1 million students across the Commonwealth confirm that there is a great school health divide certain to impact future student academic success and long-term health outcomes for our future adult generations. Municipal budgetary incentives through state support, that correlate with adequate access to school nursing services may, in this economic climate, be the most salient means to continue and expand support for such a pivotal public health program as school nursing. Ensuring access to School Nurse services for Massachusetts children and youth will transform the health and wellness of communities across the Commonwealth.

