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Testimony Before the District of Columbia Council  
Committees on Education and Health  
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Public Hearing:  
Bill 22-0027 – *Public School Health Services Amendment Act of 2017*

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## **Introduction**

Good morning Chairman Grosso and Chairman Gray and members of the Committees. My name is Sharra E. Greer. I am the Policy Director of the Children's Law Center<sup>1</sup> and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Almost every one of our clients attend public schools in DC and many are students with disabilities who require clinical care at school. The purpose of my testimony today is to highlight the need for adequate health services in all public schools, so students with disabilities and chronic health conditions are not effectively excluded from some schools.

Over 85,000 children attend DC's public schools.<sup>2</sup> Current law requires a minimum of 20 hours per week of nursing services at schools provided by either a registered nurse or a licensed practical nurse (LPN) under the supervision of a registered nurse.<sup>3</sup> The proposed bill, if passed, would change this requirement to 40 hours per week. In addition, other health professionals, including LPNs, would be able to supplement the registered nurse work force in meeting the requirement.

Nurses and other medical professionals in the schools are vital for the entire school population. They provide a wide array of services. School nurses provide care

for injuries and acute illnesses. They also provide screenings and referrals, promote health and a healthy school environment and act as a liaison between the school, parents and the health care community. However, for students with chronic health conditions, such as asthma and diabetes, having a health professional on site is often key to making it possible to go to school. This is not a small percentage of DC's school children. Over 28,000 (or 33%) of DC students have at least one chronic health condition.<sup>4</sup> The most common are asthma, which affects over 13,000 students; allergies which affects over 5,000 and Attention Deficit Hyperactivity Disorder (ADHD), which affects over 1,500 students.<sup>5</sup> Additionally, while diabetes is less prevalent, 70% of all recorded special needs administrations by school nurses were for diabetic care.<sup>6</sup> Almost 6,000 students require regular health care services at school.<sup>7</sup>

Under the current system, our clients, or their children, who have medical needs, have run into challenges with attending school. Some schools with only a part-time nurse can't support the children's health needs in a way that allows it to be safe for the child to go to that school. For example, when there is not staff available to administer medication when necessary or test blood sugar levels, it can be dangerous for the child. We have had clients have to leave a school because there was not a full time health professional on site, and they required regular health services. The lack of services effectively closes the door to that school for that child. Other challenges arise when the nursing suite is closed for part of the day or the nurse is on extended leave. Again, this

creates substantial difficulties for children with chronic health conditions to attend school.

Having a healthcare professional<sup>8</sup> on-site full-time would alleviate many of the problems our clients face. A full-time presence would not only help children with disabilities and chronic health needs, the additional time would allow health professionals to be able to do more. They would be able to more fully participate in Individual Education Plans (IEPs) and 504 planning; help with general health education and prevention work; and provide robust coordination between families and community health resources.

We are concerned about having a sufficient work force. In addition to health professionals, unlicensed assistive personnel, such as certified nursing assistants and medical assistants, can have valuable and necessary roles providing support.<sup>9</sup> Similarly, the addition of properly trained and monitored personnel could help alleviate the demands on the school health professional's time. This would help ensure that students requiring regular medical care can safely attend school and all the other needs of the school are met.

One of the challenges some schools in DC are facing in providing adequate nursing service coverage stems from an inability to provide an appropriate health suite. At the Committee on Education hearing held in October 2016, there was significant testimony that some schools are not able to even meet the current requirement of 20

hours a week because they do not have the appropriate facilities.<sup>10</sup> The current bill does not address this issue directly. However, if passed, in order to be effectively implemented, steps must be taken to ensure that all schools can have a health professional on site.

We advocate that the ultimate result of this re-examination of the health staffing in schools includes: ensuring there is a health professional on site full-time, an ability through other staff to provide support services when the health professional is unavailable, adequate unlicensed assistive personnel to supplement the health care professional so the he/she can more fully implement his/her professional school role, and ensuring that all schools have a health suite to serve students.

Students with disabilities and chronic health conditions that require health services should be able to attend any school in the District. We must ensure appropriate healthcare support is available in the schools to make this possible.

## **Conclusion**

Thank you for the opportunity to testify. I am happy to answer any questions.

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<sup>1</sup> Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are

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abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

<sup>2</sup> OSSE FY16 Performance Oversight Responses, Q2 – Attachment 2.

<sup>3</sup> DC Code § 38–621(b).

<sup>4</sup> DC Action for Children and DC Department of Health (June 10, 2016). *Lessons Learned from the 2016 Student Health Needs Assessment*, p. 8. Retrieved from

[http://doh.dc.gov/sites/default/files/dc/sites/doh/service\\_content/attachments/School%20Health%20Needs%20Assessment%202016.pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/School%20Health%20Needs%20Assessment%202016.pdf)

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> “Health professional” in this testimony means health professional as defined in Bill 22-0027 – *Public School Health Services Amendment Act of 2017*

<sup>9</sup> National Association of School Nurses (January 2015). *Unlicensed Assistive Personnel: Their Role on the School Health Services Team*.

<sup>10</sup> See, DC Council LIMS, Hearing Record 21-0070 – Public Roundtable: School Health Services Program. Retrieved from <http://lims.dccouncil.us/Legislation/HR21-0070?FromSearchResults=true>