



**Ohio Association of School Nurses  
Senate Bill 233  
Proponent Testimony  
February 15, 2022**

Good afternoon Chair Brenner, Vice Chair Blessing, Ranking Member Fedor and esteemed members of the Senate Primary & Secondary Education Committee, thank you for allowing me the opportunity to testify in enthusiastic support of SB 233 on behalf of the Ohio Association of School Nurses. My name is Kelly Wagner, and I am the President of OASN.

SB 233 would restore the reasonable specialty education and license requirements for school nurses that were removed in HB 442 of the last General Assembly. To briefly recap, HB 442 was quickly amended during the Lame Duck session to incorporate several licensure reform recommendations, one of which was the elimination of the ODE license requirement for eight school professionals, including school nurses. This ODE license requirement was in addition to the requirement for professionals to earn a license from their healthcare board, ie. the Board of Nursing. This change may have made sense for other professionals whose private scope of practice is the same as their scope of practice in a school setting. However, this is not the case for school nurses.

School nursing is a specialty of nursing. Just as RNs who work in an ICU require additional education, RNs who work in a school setting require the same. There are many differences between the duties of a school nurse and a generalized registered nurse. The two practice under completely separate federal privacy laws, and the consequences for violating FERPA in a school setting are serious, namely a loss of federal funding. School nurses must understand, draft and implement individualized student care plans like IEPs and 504s, which, if not done correctly, can threaten a student's ability to have a level playing field for learning. School nurses also have to understand and apply school law to their work, such as special education regulations and rules around proper dispensing of medication. They also perform advanced student mental health assessments and practice more community health than general RNs.

Most importantly, school nurses are practicing healthcare *independently* in a non-healthcare setting. In contrast, RNs normally work in collaboration with and around other licensed healthcare professionals who they can rely on for assistance. Further, it is typical for RNs to undergo a two-week orientation prior to starting a position in addition to a six-month mentorship period after starting. This is similar to the required residency for physicians. The practicum required as part of the ODE license accomplished this for school nurses. However, now, without it, school nurses are allowed to start on day one without any practical application of their learned skills, and because they practice independently, there are no checks and balances on their

competency so critical to the safety of students and staff. If the ODE license is restored under SB 233, school nurses will know the unique ways their specialty operates in practice in a school setting, including how to delegate care to non-healthcare licensed staff, how to craft required school health policies and procedures, and how to know if those plans are working. In the current pandemic environment, having a solid grasp of these special skills and community health principles has become even more important.

All of these critical tenets of school nursing are covered in a school nurse licensure program, which was previously required under the ODE license, but not in general RN preparation programs. Unfortunately, under the enacted law, any RN with a bachelor's degree can purchase a registration from ODE to be a school nurse. By removing the critical school-specific education and experience requirements necessary to practice this nursing specialty, we are allowing RNs to be wholly unprepared for school nurse duties, risking liability for schools, harm to students and staff, and thus failing our school communities.

A few final points: first, the removal of the ODE license and its corresponding requirements may violate the Nurse Practice Act, OAC 4723-4-03. This section of Code prohibits a RN from “[providing] nursing care that is beyond basic nursing preparation for a registered nurse” without “[obtaining] education that emanates from a recognized body of knowledge relative to the nursing care to be provided.” Allowing RNs to practice the specialty of school nursing with only a background check and without the specific school nursing education and practicum provided under the ODE license is likely in violation of those provisions of Code. Also concerning is the fact that the enacted language in ORC 3319.221 removes local control by expressly *forbidding* local districts from requiring an ODE license for their school nurses. This forces all districts to abide by this lower professional standard, even when they may not want to. SB 233 would restore that commonsense local control.

As a final note, we understand that the intent of HB 442 was to ease regulatory burdens. However, the previously existing school nurse license requirements are not overly burdensome. They comprise 12-18 credit hours of flexible programming that can be easily completed while working a separate job, plus a practicum in a school setting. This education is absolutely critical though to the safety of staff and students, and must be allowed to be required by schools. To clarify, SB 233 would not create a blanket requirement for all nurses in schools to complete these requirements. Schools could still choose to hire RNs instead of LSNs for their school nurse position for any reason. The bill would simply restore schools’ ability to *choose* who to hire, and ensure more school nurses have the robust training to match their important title.

Mr. Chairman and members of the Committee, thank you again for considering the perspective of the school nurses working tirelessly to keep our students and teachers safe every day. We respectively urge support of SB 233 and I would welcome any questions you may have.