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FISCAL IMPACT REPORT

ORIGINAL DATE 1/24/21

SPONSOR Sariñana LAST UPDATED _____ HB 24

SHORT TITLE School District Full-time Nurses SB _____

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Hiring nurses		\$2,700.0	\$2,700.0	\$5,400.0	Recurring	General Fund
Additional PED expense to administer		Uncertain, probably small	Uncertain, probably small	Uncertain, probably small	Recurring	General fund
Additional DOH expense to administer	\$122.0	\$122.0	\$122.0	\$366.0	Recurring	General fund
Total	\$122.0	>=\$2,800.0	>=\$2,800.0	>=\$5,700.0	Recurring	Mixed

(Parenthesis () Indicate Expenditure Decreases)

Relates to House Bill 32
 Duplicates Senate Bill 31

SOURCES OF INFORMATION

LFC Files

Responses Received From

Public School Insurance Authority (PSIA)
 Public Education Department (PED)
 Board of Nursing (BN)
 Department of Health (DOH)

No Response Received

Albuquerque Public Schools (APS)
 Regional Education Cooperatives (REC)

SUMMARY

Synopsis of Bill

House Bill 24 would require that each public school district in the state employ at least one full-time school nurse. Waivers of this requirement would be available in the case of rural school

districts with fewer than 250 students if those schools could demonstrate either that services to that school's students using a part-time nurse could be met OR being unable to provide evidence that the school had tried and failed to find a nurse to be employed or contracted to that school. Only registered nurses, licensed as school nurses by PED and by BN, would meet the requirements of this bill.

Section 2 amends Section 22-8-9 NMSA 1978 to require PED to approve public school district budgets only if they employed at least one full-time school nurse at in each district or had been granted a waiver as described above.

The effective date of this bill is July 1, 2021.

FISCAL IMPLICATIONS

There is no appropriation in this bill. Local school districts that do not currently employ a school nurse full-time would be required to use their own funds to do so – according to PED data, there are 18 such districts among the 89 New Mexico school districts. PED estimates the total cost of this requirement to be \$2.7 million, based on the average salary of a nurse, which PED states to be \$47,213. Without state funding, this cost would then be spread among the 18 districts, probably among the smaller districts in the state.

DOH notes that it would require additional staff to administer the program: “As the agency with clinical oversight of school nurse services, the New Mexico Department of Health would have an increased administrative burden. This increased administrative burden would require 1 full time employee with salary, benefits, space and equipment to manage. Assuming an employee in pay band 65, the annual cost of this employee's salary, benefits and equipment would be approximately \$122thousand annually, recurring.”

SIGNIFICANT ISSUES

PED comments extensively on significant issues with this bill noting the importance and usefulness of school nurses: “By providing health services, such as care for acute illness, chronic disease management, medication administration, and other services, during the school day, the school nurse supports students' ability to return to class and have a greater opportunity to learn. According the [2018-2019 Annual School Health Services Report](#), 91 percent of all students visiting the health office returned to class.”

However, PED continues,

Due to a lack of registered nurses, particularly in rural areas, it is common for school districts to contract nursing services through Regional Education Cooperatives (RECs), sharing full-time school nurse positions with other small school districts. School districts and charter schools employ supervised licensed practical nurses, health assistants, and contracted nurses in addition to – or in lieu of – registered nurses. Past REC analysis of a similar bill notes that while having a full-time nurse in each school would be beneficial, school budgets would be negatively impacted without an appropriation.

According to data from the 2019-2020 school year, there are 57 school districts and state charter schools with fewer than 250 enrolled students.

DOH also comments on the importance of school nurses:

The National Association of School Nurses (NASN) and the American Academy of Pediatrics recognize the professional school nurse as an essential healthcare expert for the identification, evaluation, and monitoring of students who may be eligible for services through the IDEA and Section 504 of the Rehabilitation Act of 1973 <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-idea>

Currently, the State Equalization Guarantee (SEG), which provides operational funds to schools, does not provide for the cost to employ school nurses. Other indirect funding sources, such as the Medicaid in the Schools program, provides limited funding for Medicaid Eligible Special Education Services and to school districts with a high student population. However, school nurses are cited as being a solid return on investment by reducing cost from chronic disease management, the prevention of communicable disease, health promotion, reducing chronic absenteeism, and keeping students in school and student seat time: for every dollar spent for school nursing, \$2.20 was saved in health care procedures and parent time away from work (Baisch, Lundeen, & Murphy, 2011; Hill & Hollis, 2012). School nurses have also been shown to increase parent and teacher productivity (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/1872779>) and student attendance and academic success (Cooper, 2005; Moricca et al., 2013).

ADMINISTRATIVE IMPLICATIONS

A past analysis from DOH on a similar bill notes a collaboration between PED and DOH may benefit the rulemaking process to implement the provisions of HB24.

DUPLICATE of Senate Bill 31.

CONFLICTS with House Bill 32, which applies the requirement of a full-time school nurse in every individual public school (not district, as in HB 24) and also applies that requirement to charter schools and makes an appropriation to PED to help both public and state-approved charter schools comply with the requirement of a full-time nurse in each school.

TECHNICAL ISSUES

“Rural” is not defined in the bill, as in “rural school districts.”

Locally-chartered charter schools are not addressed in the bill.

As PED and BN both note, the Board of Nursing does not license nurses specifically as school nurses.

As PED and DOH note, collaboration between the two departments would be essential to the functioning of this bill’s requirement.

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