



**Testimony before the Illinois State Board of Education
Mandate to Require Certified School Nurses
for Student Medical Reviews
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Deanna Sullivan
Director of Governmental Relations, IASB
IL Statewide School Management Alliance

While the IL Statewide School Management Alliance appreciates the State Board of Education's attempts to find middle ground for this issue we respectfully remain opposed to requiring schools to hire Certified School Nurses to conduct medical reviews.

After review of the public comment to the proposed rulemaking and responses to a more recent request for comment, the proposal before you today fails to address the fundamental problems that school districts and special education cooperatives have with this issue:

- Most importantly this creates an unnecessary costly unfunded mandate when schools face daunting financial hardships. Schools need more flexibility not agency rulemaking that create less flexibility; and
- There simply are not enough Certificated School Nurses available to handle the workload this rulemaking creates.

Examples:

- The IEP TEAM determines appropriate instruction, related services, accommodations and modifications. This new language limits the decision-making ability of the IEP team to make such decisions.
- Many of our districts do not have a certificated school nurse and cannot find one.
- Reality is that the number of actual applicants who have Type 73 endorsements is lacking.
- This requirement would leave 70% of our buildings in the cooperative vacant of nurses.
- Requiring them to hire one or contract the services of a school nurse for this purpose is an expense that cannot afford with the current cuts in state aid.
- The information needed for medical reviews for IEPs is often obtained by other staff, often school social workers, who consult with nurses and/or medical doctors on the history and current medical needs of students who are eligible to receive special education services or who may be in the process of being evaluated for eligibility.
- This requirement is not necessary in order to provide a free, appropriate public education as required under IDEA.
- Forcing districts to add this unnecessary personnel takes away scarce funds needed for essential positions directly related to the provision of teaching and other special education services.

- This new language limits the decision-making ability of the legal IEP team who is responsible for determining appropriate services, which includes specialized instruction and accommodations and modifications. Limiting the ability of the IEP team to make such decisions is a disservice to the children and goes beyond what is required by IDEA.
- Many rural schools must contract for nursing services. We are certain that their schedules do not allow for participation in the number of IEPs that this mandate would require.
- This mandate will be VERY COSTLY and IMPOSSIBLE to implement because of the shortage of certificated school nurses available.
- registered nurses do, indeed, have expertise and are capable of providing professional recommendations for accommodating student health needs in the educational setting. They advise teams appropriately and collaborate with the educational experts on the child's team. We are confident that with the input from the registered nurses, along with the other experts on our teams, that we are providing the very best quality of care and services to students with or without disabilities.
- One Certified School Nurse writes: "I do not feel that school nurses should be required to have this credential nor feel that only these nurses are able to interpret health data and make educationally appropriate recommendations for special education."
- A School Psychologist writes: "I have had the opportunity to work with Certified School Nurses. I believe they may initially have a better understanding of special education regulations, but I did not find the written medical reviews to be of significantly better quality than the nurses who have not been certificated."
- It would be impossible for the certificated school nurse that oversees the work of 21 registered nurses in our district to make recommendations regarding educational interventions, accommodations or modifications based on the findings of the student's medical review for the multitude of case studies completed each year.

While the compromise effort embodied in this draft does provide a grandfathering, of sorts, the proposal needs to include a provision that would allow any school nurse currently providing medical reviews to continue doing so. This simple change would at least provide schools with time to incorporate these changes and continue to utilize the staff that has grown knowledgeable about medical reviews. Numerous public comment responses bear this out.

"\$9 million shortfall, \$41 million deficit" are just a couple of the examples of the financial hardships schools face currently and this would add to their burden. One respondent shared "We don't need raised taxes to pay for something that doesn't need to be changed!" Thank you for considering these points and we ask that you reject any rulemaking that creates an unnecessary financial and staffing hardship for our schools.