

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: HB24, School District Full-Time Nurses; and SB31, Full-Time School
Duplicates/Relates to Appropriation in the General Appropriation Act: N/A

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: House Bill 32 (HB32) creates a new section of the public school code to require each public school, including charter schools, to employ a minimum of one full-time school nurse each school year, unless the Public Education Department (PED) grants a public school a waiver. HB32 allows PED to grant a waiver to a rural public school with fewer than a two-hundred and fifty (250) student enrollment that can demonstrate it can effectively meet student health needs by hiring a part-time nurse or is not able to hire a qualified nurse or contract with a third party for a qualified nurse because of insufficient availability of qualified nurses in the public school’s geographic vicinity. If a rural public school is not able to hire a qualified nurse and pursues a waiver from PED, HB32 requires a public school to provide documentation to PED of the rural public school’s unsuccessful attempts to hire or contract with a school nurse.

Additionally, HB32 requires PED to promulgate rules related to rural school waivers.

HB32 amends the Public School Finance Act to prohibit PED from approving the operating budget of a school district or charter school if the educational plan does not provide for employment of a full-time school nurse, unless a waiver has been granted.

FISCAL IMPLICATIONS

HB32 appropriates five million dollars (\$5,000,000) from the general fund to PED for expenditure in FY22 to assist public schools and charter schools with hiring school nurses in each public school and charter school in the state. Any unexpended or unencumbered balance remaining at the end of FY22 shall revert to the general fund.

In New Mexico, there are a total of 867 public schools, including charter schools, in the state. According to the Annual School Health Services Report (ASHSR) from the 2018-2019 school year, there were 518 licensed school nurses, assisted by seven licensed practical nurses, and 513 health assistants on 810 public school campuses. Assuming there are still approximately 518 licensed school nurses across the state and assuming individual school nurses are each located at a separate public school, this would mean there is still a shortage of 349 licensed school nurses.

In New Mexico, full-time nurses earn an average annual salary of \$47,213, excluding benefits. Based on this data, the appropriation would allow schools and charter schools to hire up to approximately 105 additional licensed school nurses, depending on experience and nursing

license level. The appropriation does not allow the possibility to hire a full-time nurse at every public school and charter school in the state.

Additionally, to administer the appropriation, PED would need a new or existing full-time equivalent (FTE) employee. It is unclear, at this time, if the work could be accomplished utilizing existing resources.

School districts and charter schools may incur certain administrative costs. Recruiting candidates may require expenses associated with advertising the position. Further, if school districts and charter schools were to receive partial funding and still be required to have 1.0 FTE school nurse, the school district and charter school may be responsible for the remaining portion of the position's salary and benefits.

SIGNIFICANT ISSUES

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.

According to the [2018-2019 Annual School Health Services Report](#), a report developed by PED in collaboration with the New Mexico Department of Health (DOH), there were more than 1.9 million visits to school district health offices during the school year. The top three reasons for visits were acute illness, chronic conditions, and injuries. School nurses were responsible for 21,961 prescription medications for students in their school district. 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.

PERFORMANCE IMPLICATIONS

N/A

ADMINISTRATIVE IMPLICATIONS

PED issues licenses to school nurses, but school districts and charter schools would be responsible for hiring nurses. Because of this, PED would likely need to develop and release a Request for Application (RfA). PED would need to review all applications, allocate funds, develop and send award letters, approve Budget Adjustment Requests (BARs), approve Requests for Reimbursements (RfR) associated with the awards, and be responsible for the oversight and monitoring of the recurring general fund appropriation. This may require hiring an additional FTE.

School districts and charter schools would need to identify new or existing personnel to be responsible for the administrative tasks identified in the previous paragraph, such as application reviews, BARs, and RFR approvals. It may also be administratively burdensome for some school districts and charter schools to recruit and retain school nursing staff in certain rural areas of New Mexico. This may require coordination with surrounding school districts and charter schools to share a school nurse FTE from a nearby area or perhaps working with staffing agencies to identify potential candidates.

Additionally, HB32 requires PED to promulgate rules. HB32 would require PED to determine how a rural school district with less than a two-hundred and fifty (250) student enrollment can demonstrate it can effectively meet student health needs by hiring a part-time nurse.

A past analysis from the Department of Health (DOH) on a similar bill notes a collaboration between PED and DOH may benefit the rulemaking process to implement the provisions of HB32.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

Similar to HB24, School District Full-Time Nurses; and SB31, Full-Time School Nurse.

TECHNICAL ISSUES

HB32 states a “‘a school nurse’ means a person who...is licensed by the department and the board of nursing as a school nurse.” The Board of Nursing does not designate nurses as “school nurses.”

Section 4 of HB32 states the appropriation is to “assist public schools and charter schools,” which implies charter schools are not public schools. Further, HB32 defines “public school” as “includes a charter school.”

OTHER SUBSTANTIVE ISSUES

HB32 defines a “school nurse” as a person, authorized pursuant to the Nursing Practice Act, to practice as a professional registered nurse, is licensed by PED and the board of nursing as a school nurse, and provides services as a school nurse at a school.

While a ratio of one school nurse to 750 students has been recommended, the National Association of School Nurses notes a one-size-fits-all workload determination is inadequate to meet the complex health needs of students and school communities. The [National Association of School Nurses](#) states other factors that should be considered include the following:

- safety, medical acuity, and health needs of a student;
- characteristics and considerations of student or population, including social needs and the infrastructure that increased inequities in social determinants of health;
- characteristics and considerations of the school nurse and other inter-professional team members; and
- context and culture of the school or school district that influences nursing services delivered.

ALTERNATIVES

N/A

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

N/A

AMENDMENTS

None as of 1/21/21