



WASN

Wisconsin Association of School Nurses

DRAFT

Testimony to the Senate Committee on Health in Opposition to Senate Bill 45, Rescinding Most Provisions in 2009 Wisconsin Act 160

April 6, 2011

The members of the Wisconsin Association of School Nurses (WASN) would like to express our opposition to Senate Bill 45, which would rescind most of the provisions of 2009 Wisconsin Act 160. This legislation would quickly and unnecessarily reverse course on important changes to Wisconsin law that were only recently enacted. These changes are designed to improve the health and safety of school children, which leads to successful schools.

2009 Wisconsin Act 160 (Senate Bill 414) was a proposal that the leadership of WASN invested a great deal of time and effort in developing over many years. Our goal was to ensure that school nurses receive the training they need to effectively carry out their duties, consistent with the practices that were already being employed in most Wisconsin school districts, and to modernize the school medication statute so that it can be effective at dealing with the realities of providing medications in the modern school setting.

We were delighted that the bill passed the Legislature with overwhelming bipartisan support. The legislation received nearly unanimous support in committee, and it then passed both houses of the Legislature on voice votes.

Since the law took effect, we have heard of a few concerns. One has to do with the requirement that medications be provided by the parent or guardian, another relates to the DPI-approved training for non-nursing staff, and yet another has to do with asthma inhalers/nebulizers.

We have listened to these concerns and are willing to agree to changes that address them. Please see our suggested changes below.

Going beyond these proposed changes and eliminating nearly all of the provisions of Act 160 would be a tragic mistake. We encourage you to NOT pass SB 45 in its current form, but rather adopt our suggested changes as an amendment. The health and well-being of Wisconsin's school children are in the balance.

SUGGESTED CHANGES TO CURRENT LAW:

1) Support elimination of the requirement that nonprescription drugs and prescription drugs be provided by parents. But continue the requirements that the drugs be in the original

manufacturer's package and the packages must list the ingredients and recommended dosage in a legible format. This ensures the safety of medications being provided to school children. Also, in the case of prescription drugs, update the law and make it consistent with current practice by including "prescriber" labeled packaging.

The changes to the affected statutes would be as follows:

118.29(2)(a)1.a. Except as provided in subd. 1.b., may administer any nonprescription drug product to a pupil in compliance with the written instructions of the pupil's parent or guardian if the pupil's parent or guardian consents in writing, the nonprescription drug product is ~~supplied by the pupil's parent or guardian~~ in the original manufacturer's package, and the package lists the ingredients and recommended therapeutic dose in a legible format.

118.29(2)(a)2. May administer a prescription drug to a pupil in compliance with the written instructions of a practitioner if the pupil's parent or guardian consents in writing; the prescription drug is ~~supplied by the pupil's parent or guardian~~ in the original pharmacy- or prescriber-labeled package; and the package specifies the name of the pupil, the name of the prescriber, the name of the prescription drug, the dose, the effective date, and the directions in a legible format.

2) Support changes to the medication training requirements so that only personnel who administer medications on a daily basis are required to take the full DPI-approved training. Allow for shorter, as-needed training for personnel doing things like field trips.

Also, work with DPI to ensure the DPI-approved training, whether it is directly through DPI or from another source, is more user-friendly for both school district administrators and staff. One possible change would be that Knowledge training be provided every four years, while Skill Competency be provided yearly for those employees who administer medications on a daily basis. The health and safety of Wisconsin school children is in the balance.

The new statutory language could read:

118.29(6) TRAINING. Notwithstanding sub. (2)(a)1.to2r., no school bus driver, employee, or volunteer may administer a nonprescription drug product or prescription drug under sub. (2)(a)1. Or 2., use an epinephrine auto-injector under sub. (2)(a)2m., or administer glucagon under sub. (2)(a)2r. unless he or she has received training, approved by the department, in administering nonprescription drug products and prescription drugs. Shorter as-needed training, consistent with guidelines provided by the department, can be provided to those in the categories above who do not administer nonprescription drug products or drugs on a daily basis but may need to in discrete, temporary situations.

3) Support the addition of another exception to the prescription drug restrictions for asthma inhalers/nebulizers. This would be added to existing exceptions for epinephrine and glucagon.

The new statutory language could read:

118.28(2)(2s) Except for medications via an inhaler or nebulization to known students with asthma experiencing symptoms of an acute asthma attack. Parents or guardians and medical providers should be notified, as soon as practicable, regarding the use of medication and the response to intervention.

WASN OPPOSES OTHER CHANGES PROPOSED IN SENATE BILL 45:

1) BSN standard should be retained: The legislation proposes to go back to the old statutory authorization for definition of school nurse under 115.001(11). The new statutory language, as

created by 2009 Act 160, has allowed DPI to define school nurse as having a Bachelor of Science in Nursing (BSN) through administrative rule. The new rule was approved by the Legislature. Creating the BSN definition through rule, as opposed to directly in statute, was a compromise agreed to by representatives of the tech colleges during the last legislative session. Act 160 passed both houses of the Legislature with nearly unanimous bipartisan support. Some 93% of Wisconsin school nurses had a BSN when the rule went into effect and those without BSNs have been grandfathered in. As a health care provider in an independent leadership role, a school nurse should only be called a school nurse if she/he has the community and public health training that comes with the BSN. This training cannot realistically be provided in a two-year program.

2) New definitions of “Drug,” “Drug product,” and “Nonprescription drug product” should be preserved: We should not go back to the old, looser definition of “drug” and the definitions of “Drug product” and “Nonprescription drug product” should not be eliminated. These changes were made as part of Act 160 in order to ensure the safety of medications being provided to school children. Only recognized medications that are properly packaged and labeled, in specific dosage form and strength from known manufacturers, should be administered in the school setting. Under the old law, parents and guardians would bring in baggies of substances that could arguably be defined as drugs and demand that they be provided to their children at whatever dosage levels they wanted. This created potentially dangerous situations.

3) Administration of nonprescription drugs at dosages greater than the recommended therapeutic dosages should not be allowed: Section 118.29(2)(a)1.b. of the statutes should not be eliminated. It states that dosages greater than the recommended therapeutic dosages can only be provided with written approval of the pupil’s practitioner. As noted above, under the old law, school nurses and staff were often put in situations where parents would bring in medications and demand that their children be given doses greater than the recommended therapeutic doses. It would be unwise to go back to those days.

4) Link between training and the civil liability exemption should be retained: Section 118.29(2)3. should not be amended to eliminate the link between the civil liability exemption and medication training requirements. As noted above, we are proposing changes to the training law and rules to address concerns raised by school administrators, school boards and others. This is a matter of safety for school children.

5) All of the changes to written policies (not just the documentation of doses, including errors) should be retained: These new policies are designed to ensure the health and safety of children. One of the changes was to make sure that school nurses, as opposed to “health care professionals,” are reviewing the policies. In the statute, the definition of health care professional includes Emergency Medical Technicians and First Responders, who are not in any way prepared to review the policies.