



Good Morning Chair Neron, Vice Chairs Dobson and McIntire, and Members of the Committee,

My name is Wendy Niskanen. I have practiced as a registered nurse in the school setting for nearly 2 decades, and I was a classroom teacher and education leader for decades before that. I currently act as the Executive Director of the Oregon School Nurses Association and am the Oregon Director on the Board of the National Association of School Nurses. I am grateful for this opportunity to testify on behalf of Oregon students in support of HB2729.

In partnership with Oregon School Based Health Alliance, the Oregon School Nurses' Association has implemented funds from previous, similar legislation through School Health Services Planning Grants. These efforts begin by supporting educational entities (School or Education Service Districts) as they assess their school health services needs. Having gathered data about their communities/school systems, local communities prioritize and implement the school health system supports they need.

Over the past 6 years, several districts have chosen to implement school nurse models, thereby increasing the capacity of school nurses and establishing policy and processes within the education system which support the health of students and increase their capacity to learn. After the success of the first 2 bienniums of the School Nurse Pilot Project, OHA has established an ongoing program called SHINE, "School Health Improvement and Nursing Enhancement: SHINE For Student Health." Grants awarded in this bill would support districts participation in this program which will strengthen school nursing services by improving student health and safety, decreasing district liability, and stabilizing the school nursing workforce.

In districts which do not have strong school health services, many students who need intervention can be left unidentified, or worse, overlooked, putting the student at great risk. For students without access to routine well-child care, schools may be a place where their needs are recognized for the first time.

Consider a second grade student who has not had access to annual screenings at well-child visits and struggles at school. After a school vision screening identifies his near complete vision impairment, corrective lenses jump start his efforts to read.



Imagine a school nurse recognizing the signs of poorly controlled asthma in a student heading to truancy court. Connecting that student to primary care (and access to asthma controller medications) reduces the likelihood that the student will be chronically absent due to asthma, thus changing the course of her education. She never receives truancy orders; she attends school regularly, builds relationships with teachers and peers, and finds traction with her studies.

Reflect on the potential outcome of a student whose school nurse recognizes indicators of type 1 diabetes and recommends that a family seek medical attention. The student is diagnosed and treated long before presenting to the emergency department in a life threatening crisis.

Think about a student with somatic symptoms, such as chronic headache, related to an underlying behavioral health concern, recognized by a school nurse, who connects that student to school mental health resources and makes a referral to behavioral health resources at the school based health center.

School Based Health Centers are important in this work, and as the costs of providing health care increase, so has the burden on SBHCs. It is past time to adjust their funding to compensate for inflation.

Working together, school based health centers and school nurses can reduce barriers to healthcare thereby improving students' access to school and elevating education attainment by keeping students safe, in school, and ready to learn. HB2729 would continue this successful collaboration.

Thank you,

Wendy Niskanen