ISSUE BRIEF

ENSURING ACCESS TO SCHOOL NURSES: LESSONS AND IMPLICATIONS FROM MARYLAND AND IMPLICATIONS

INTRODUCTION

In 2014, the Centers for Disease Control and Prevention adopted a framework called the "Whole School, Whole Community, Whole Child" (WSCC) approach, which emphasizes that student health care should "not be left to a single doctor or clinic working in isolation; [rather], [i]t takes a well-coordinated team to meet students' health needs effectively, and no member of that team is more critical than the school nurse."[1] School nurses are uniquely positioned to be the first line of defense for children with special health care needs in schools, yet no state, besides Delaware, requires all schools to employ a full-time nurse.[2] As a result, most states, including Maryland, contain schools that lack one.[3] This is problematic given the high percentage of students in the U.S. who require a school nurse to effectively manage chronic health conditions in school.[4] This issue brief explores the problem of inadequate school nurse coverage and, using Maryland as an example, makes the case for mandatory staffing laws in the states.

School nurses provide much more critical and complex services than many realize. According to the National Association of School Nurses (NASN), school nurses provide services including, but not limited to, injury detection, medication distribution, communicable disease control and prevention, and chronic illness management.

The Myth of Universal School Nurse Coverage

A common misconception, even among state policymakers, is that every school has a full-time nurse in the building. For example, during the 2026 Maryland legislative session, two bills were introduced that relied on the assumption that all Maryland schools employed a full-time nurse. In one bill hearing, the proponents argued that all schools should have an airway clearing device for the school nurse to utilize when assisting a person who is choking.[5] In the other hearing, proponents advocated for schools to employ a full-time therapist and based their argument on the incorrect assumption that all schools have a full-time nurse.[6]

A Case Study: Maryland Schools Require a Law Enforcement Officer but Not a School Nurse

In 2022, the Maryland General Assembly failed to pass SB856, which would have required all Maryland schools to employ a full-time registered nurse (RN).[7] During the bill hearing, the committee chair stated that "in terms of having a nurse or provider in every school, you had us at hello… but the question is the financial piece of this."[8] The committee chair further commented that the bill's implementation would likely cost between $20,000,000 and $40,000,000 and expressed concern that the state lacked funding for this initiative.[9] Based on this information, it is clear the bill failed for financial reasons.[10]

By contrast, in 2018, the Maryland Legislature passed the Maryland Safe to Learn Act via SB1265.[11] This law mandated all schools to employ a law enforcement officer.[12] Additionally, the law established a framework for funding safety-related school initiatives including, but not limited to, an annual grant of $10,000,000 to ensure all schools possess a law enforcement officer.[13] Law enforcement officers are tasked to "counsel students, de-escalate conflict, [and] advise school staff on security issues…"[14] Law enforcement officers are also placed in schools to help diffuse violent situations when they arise.[15] Ultimately, the purpose of placing law enforcement officers in schools is to create a safe environment.[16] When Maryland passed this 2018 law, it demonstrated its interest in creating school crime-safe environments. Research supports the idea that a safe school environment should also include school nursing services.

School Nurses Provide a Wide Range of Increasingly Complex and Essential Services

School nurses provide much more critical and complex services than many realize.[17] According to the National Association of School Nurses (NASN), school nurses provide services including, but not limited to, injury detection, medication distribution, communicable disease control and prevention, and chronic illness management.[18] Nationwide, more than 25% of students manage "chronic conditions such as asthma, diabetes, and epilepsy." Additionally, many more students today attend school "with tracheostomies, gastrostomy tubes, and ventilators due to improved survival rates of premature infants and infants with disabilities."[19] Regarding statistics among Maryland students, a 2021-2022 study conducted by the Medicaid and CHIP Payment and Access Commission revealed that 18.6% of children between the age of 0 and 17 in Maryland are classified as "Children and Youth with Special Health Care Needs" (CYSHCN).[20] In determining this percentage of CYSHCN, the Commission considered several conditions including, but not limited to, diabetes, heart conditions, asthma, epilepsy, allergies, autoimmune diseases, mental illnesses, and cerebral palsy.[21] While school nurses are essential for keeping all students and faculty safe, they are indispensable for students with special health care needs.

School Nurses Improve Student Health and Educational Outcomes, and Reduce School System Costs

The care provided by school nurses improves student health outcomes and can reduce health inequities.[22] In addition to other contributing factors in some communities, chronic underfunding of school nurses exacerbates health inequities. This is particularly true for communities where families rely on the school nurse for primary

care.[23] The presence of a school nurse can reduce these health inequities. In addition to providing key health benefits for students, research reveals that the presence of a school nurse also improves students' academic success and leads to cost savings.[24] When students have good physical and mental health, they learn better; thus, they are more likely to have academic success.[25] Schools who employ a full-time nurse tend to have lower absenteeism rates and higher graduation rates than schools that lack one.[26] Regarding cost savings, school nurses provide a significant return on investment. NASN reports that "every dollar spent on school nurses saves $2.20 in medical costs."[27] When a school nurse is present to routinely help students manage their health care needs, this is a form of preventative care, which typically leads to financial savings.[28]

The presence of a school nurse may not only provide cost savings for families and the health care system, but it will also likely save schools money. As indicated above, school nurses are essential for keeping students with special health care needs safe; however, for some CYSHCN, school nurses are not only essential, but they are also required by federal law. Some students' Individualized Education Plans (IEP) require a full-time nurse on site.[29] Unfortunately, a 2022 Project Baltimore investigation revealed that at least four Baltimore City Public School students with this type of IEP requirement were forced to miss several days of school because their schools lacked a full-time nurse.[30] The Baltimore City Public Schools system was investigated for these violations of the students' federal rights and the students eventually began receiving the services their IEPs required.[31] The cost of employing a full-time nurse is likely less than the cost of defending lawsuits for violating students' rights.

Toward a Policy Goal of a Full-Time Registered Nurse in Every School

While there are several types of nursing and allied health degrees, it is NASN's position that all schools should employ an RN all day, every day.[32] Every state should consider this policy goal. Taking Maryland as an example, some nurses currently working in Maryland schools are Licensed Practical Nurses ("LPNs") rather than RNs.[33] While LPNs certainly provide health care, their training is different and less comprehensive from that of an RN.[34] Unlike an LPN, an RN completes certain "nursing tasks such as assessing the whole child, developing care plans, providing health counseling, and performing complex treatments."[35] Additionally, LPNs generally need a physician, RN, or Advanced Practice Registered Nurse (APRN) to supervise them.[36] For these reasons, states should require an RN in every school building.

Regarding the hours a school nurse is present at schools, NASN maintains that the nurse should be in the building all day, every day. Since 1991, Maryland has required every school to employ a "school health services professional."[37] Schools are compliant with this law if they employ a physician, certified nurse practitioner, or registered nurse.[38] However, because Maryland does not require a full-time provider in every school, some schools satisfy this law by employing trained, but unlicensed, staff to work under a registered nurse, who may be forced to split their time at up to three schools. This staffing model limits registered nurses' ability to provide adequate care.[39] One nurse in Baltimore City who was assigned to three different schools was very uncomfortable with the idea; he noted, "[i]f I'm at one side of town and I have to get to the other side of town, it's going to take me 15 minutes. A lot changes within 15 minutes in an emergency. It could be the matter of life and death."[40] States should ensure that every school has a full-time school nurse on site throughout the school day to ensure that all students can learn, thrive, and remain safe at school.

The Special Impact of School Nurses in Rural Maryland

Students in rural U.S. areas are particularly vulnerable to the school nursing coverage problem.[41] Because there is a lower concentration of health care providers in rural counties, often, school nurses are the only healthcare providers that students in these areas will see regularly..[42] Additionally, rates of chronic illness tend to be higher among people living in rural areas, making them more likely to need regular health care.[43] To address inadequate access to health care services in rural areas, in 2025 the Federal Government created the Rural Health Transformation Program, which allocates funds to states to improve healthcare quality and access in rural regions.[44] To receive such funds, states are required to submit proposals to the Federal Government to explain the initiatives for which they planned to use the funds.[45]

States have considerable flexibility in determining how these funds would be used. For example, Maryland's proposal specified that one of its primary initiatives was to develop the healthcare workforce in rural counties, yet it did not expressly state that school nurses were among the healthcare workforce they planned to develop.[46] Ultimately, Maryland received $168,180,838 via the Rural Health Transformation Program grant system.[47] Given that 18 of 24 counties in Maryland are considered rural, funding should be used to increase the presence of school nurses in these regions,[48] and given the important role school nurses play in supporting the health, safety, and educational success of students in rural communities, policymakers across the country should consider using available rural health and workforce development funding to expand access to school nurses.

The Policy Path Forward: A Full-Time Nurse in Every School

While funding initiatives such as the Rural Health Transformation Program may help increase the number of school nurses in some communities, long-term progress will likely require stronger policy commitments at the state level. Across the country, many schools continue to operate without a full-time nurse despite growing student health needs and increasing recognition of the important role school nurses play in promoting health, safety, and academic success. Maryland provides a useful case study. The state has demonstrated its commitment to safe school environments through initiatives such as the Maryland Safe to Learn Act and by dedicating ongoing funding to ensure schools are staffed with law enforcement personnel. However, a truly safe and supportive school environment requires not only protection from external threats, but also reliable access to essential health services. As Delaware has done, states should consider requiring every school to employ a full-time nurse. Establishing universal access to school nurses would help ensure that all students, regardless of where they live or attend school, have the health support they need to learn, thrive, and remain safe at school.

June 2026
This document was developed by Jessica Stampfer, 2026 J.D. Candidate, University of Maryland Francis King Carey School of Law, under the supervision of Kerri McGowan Lowrey, J.D., M.P.H, Director, Grants & Research, University of Maryland Francis King Carey School of Law and Kathleen Hoke, J.D., Professor, University of Maryland Francis King Carey School of Law and Senior Advisor, Network for Public Health Law. The Network promotes public health and health equity through non-partisan educational resources and technical assistance. These materials provided are provided solely for educational purposes and do not constitute legal advice. The Network's provision of these materials does not create an attorney-client relationship with you or any other person and is subject to the Network's Disclaimer.

SUPPORT
Support for the Network provided by the Robert Wood Johnson Foundation. The views expressed in this document do not necessarily reflect the views of the Foundation.

[1] Erin D. Maughan, *School Nurses: An Investment in Student Achievement*, 99 PHI DELTA KAPPAN 8, 9 (2018).
[2] Delaware Code Title 14. Education § 1310 (public schools); 14 Del. Admin. Code § 275 (charter schools). In Vermont, schools with 500 students or more are required to employ a full-time nurse, however schools with fewer than 500 students employ nurses on a pro-rata basis; thus, some schools lack a full-time nurse. Vermont State Board of Education Rule Series 2000 – Education Quality Standards; Rule 2121.2.1, https://education.vermont.gov/sites/aoe/files/documents/sbe-final-adopted-rule-2000-clean-version-06-18-24.pdf; *see* Steed et al., *State Laws on School Nursing Outline Copious Responsibilities for Nurses*, CHILD TRENDS (Aug. 9, 2022), https://www.childtrends.org/publications/state-laws-on-school-nursing-outline-copious-responsibilities-for-nurses. *See generally* Kerri McGowan Lowrey & Alexandra Jabs, *School Nursing Scope of Practice 50-State Survey*, The Network For Pub. Health L. (Oct. 2017), https://www.networkforphl.org/wp-content/uploads/2019/12/School-Nursing-SOP-50-State-Survey.pdf; *see About NASN*, NASN (Apr. 2026), https://www.nasn.org/about-nasn/about (defining a full-time school nurse as one who works more than 35 hours per week).
[3] Chris Papst, *Baltimore City Schools Forced to Share Nurses Despite $32 million Grant*, FOX 45 NEWS BALTIMORE (Sep. 21, 2022) https://foxbaltimore.com/news/project-baltimore/baltimore-city-schools-share-nurses-32-million-dollar-grant-licensed-nurses-brit-kirwan-commission-plan-glenn-carman-maryland-state-department-education-licensed-physicians-assistant-wbff-fox45; Tim Tooten, *Maryland Universities to Help Fill Baltimore School Nurse Shortage*, WBAL TV 11 (Nov. 8, 2023), https://www.wbaltv.com/article/baltimore-city-school-nursing-shortage-johns-hopkins-coppin-morgan-state-university/45782881.
[4] *What School Nurses Do*, NASN (Feb. 2025), https://www.nasn.org/advocacy/advocacy-what-school-nurses-do.
[5] *Public Schools - Airway Clearing Device Availability and Use - Policy (Bowen Levy Airway Clearing Device Act)*: *Hearing on H.B 117 Before the H. Comm. On Ways & Means*, 2026 Leg., 446th Sess. (Md. 2026).
[6] *Public Schools - School-Based Mental Health Services - Full-Time Therapist: Hearing on H.B 740 Before the H. Comm. On Ways & Means*, 2026 Leg., 446th Sess. (Md. 2026).
[7] Legislation S.B. 856, MD. GEN. ASSEMBLY (2022), https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0856/?ys=2022rs.
[8] *Public Schools – Health Services – School Nurses: Hearing on S.B 856 Before the H. Comm. On Education, Health & Environmental Affairs*, 2022 Leg., 442nd Sess. (Md. 2022).
[9] *Id.*
[10] *Id.*
[11] Legislation S.B. 1265, MD. GEN. ASSEMBLY (2018), https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB1265/?ys=2018rs.
[12] *Id.*
[13] Karen B. Solomon, *Update: Maryland Safe to Learn Act*, MD. PUB. SCH. (July 24, 2018), https://www.marylandpublicschools.org/stateboard/Documents/07242018/TabP-SafeLearnAct.pdf.
[14]Akhil L. Hamm, *School Based Police Officers and the School Community*, THRILL SHARE (Nov. 29, 2016), https://files-backend.assets.thrillshare.com/documents/asset/uploaded_file/3843/Bcps/48d27ab5-b475-4bc2-b3e0-3b7322ae91e5/2016-OfficerResponsibilities.pdf?disposition=inline; *School Police*, BALTIMORE CITY PUB. SCH. (2018), https://www.baltimorecityschools.org/page/school-police.
[15] *See* Chris Papst, *Despite School Violence Increase, Zero Maryland Schools Labeled 'Persistently Dangerous'*, FOX 45 NEWS BALTIMORE (May. 12, 2025), https://foxbaltimore.com/news/project-baltimore/despite-school-violence-increase-zero-maryland-schools-labeled-persistently-dangerous-president-donald-trump-unsafe-school-choice-option-victim-of-violence-ryan-coleman-randallstown-naacp (reporting that 2024 data reveals a 19% increase from 2022 regarding reports of "attacks, threats and fighting in school.").
[16] Hamm, *supra* note 14.
[17] *See* Martha Dewey Bergren, *School Nursing and Population Health: Past, Present, and Future*, 22 THE ONLINE J. ISSUES NURSING 1, 2 (Sep. 30, 2017) ("The school nurse is one of the broadest nursing roles…").
[18] *What School Nurses Do*, *supra* note 4.
[19] Bergren, *supra* note 17 (citing Stoll et al., 2015).

[20] Medicaid and CHIP Payment Access Commission, Access in Brief: Children and Youth with Special Health Care Needs, 1, 15 (2024).
[21] *Id.* at 16–17.
[22] Sherrie Page Guyer, *School nurse access can make a difference in zip code health disparities*, AM. NURSE J. (Online Bonus Content, October 20, 2025), https://www.myamericannurse.com/school-nurse-access-can-make-a-difference-in-zip-code-health-disparities/.
[23] Elizabeth Dickson, Robin Cogan, & Rosa M. Gonzalez-Guarda, *Role of School Nurses in the Health and Education of Children*, 6 JAMA Health Forum 1, 2 (2025).
[24]Id.; *What School Nurses Do*, *supra* note 4.
[25] Dickson et al., *supra* note 23 at 2.
[26] *What School Nurses Do*, *supra* note 4.
[27] *Id.*
[28] Preventative Care, CTR. FOR MEDICARE & MEDICAID SERV. (June 2, 2025), https://www.cms.gov/priorities/innovation/key-concepts/preventive-care.
[29] *Sinclair's "Project Baltimore" Wins Prestigious IRE Award*, SINCLAIR (Apr. 4, 2023), https://sbgi.net/sinclairs-project-baltimore-wins-prestigious-ire-award/.
[30] Chris Papst, *One Year After Project Baltimore Investigation Students With Disabilities Now Receiving Services*, FOX 45 NEWS BALTIMORE (June 26, 2023), https://foxbaltimore.com/news/project-baltimore/one-year-after-project-baltimore-investigation-students-with-disabilities-now-receiving-services-qwantay-spearman-darian-flood-braylen-scott-shai-waddell-whitney-davis-pimlico-elementary.
[31] *Id.*
[32] *About NASN*, *supra* note 2.
[33] *School Health Services in Maryland*, MD DEP'T OF EDUC., https://marylandpublicschools.org/about/pages/dsfss/sssp/shs/shsmd.aspx (last visited Apr. 23, 2026).
[34] Maughan, *supra* note 1 at 10.
[35] *Id.*
[36] *The Levels of Nursing Practice*, AM. NURSES ASS'N (Feb. 9, 2024), https://www.nursingworld.org/content-hub/resources/becoming-a-nurse/levels-of-nursing/.
[37] *School Health Services in Maryland*, *supra* note 33.
[38] *Id.*
[39] Papst, *supra* note 3; *Hearing on S.B 856 Before the H. Comm. On Education, Health & Environmental Affairs*, *supra* note 8.
[40] Papst, *supra* note 3.
[41] Dickson, et al., *supra* note 23 at 2.
[42] *Id.*
[43] *Preventing Chronic Diseases and Promoting Health in Rural Communities*, CTR. FOR DISEASE CONTROL AND PREVENTION (Dec. 19, 2024), https://www.cdc.gov/health-equity-chronic-disease/health-equity-rural-communities/index.html.
[44] *CMS Announces $50 Billion in Awards to Strengthen Rural Health in All 50 States*, U.S. DEP'T OF HEALTH AND HUM. SERV. (Dec. 29, 2025), https://www.hhs.gov/press-room/cms-announces-50-billion-in-awards-to-strengthen-rural-health-in-all-50-states.html.
[45] *Rural Health Transformation (RHT) Program*, CTR. FOR MEDICARE & MEDICAID SERV., https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview (last visited Apr. 23, 2026).
[46] *Maryland Announces First-Year Funding for the CMS Rural Health Transformation Program (RHTP)*, WELLCHECK (Jan. 6, 2026), https://www.wellcheck.us/maryland-rhtp-funding/.
[47] *CMS Announces $50 Billion in Awards to Strengthen Rural Health in All 50 States*, *supra* note 44.
[48] Maryland Department of Health, Rural Health Transformation Program Narrative, 1, 2 (2025).