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# A BILL FOR AN ACT

RELATING TO CHILDREN'S HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1 PART I

2 SECTION 1. The legislature finds that recent neuroscience  
3 research demonstrates that a child's early years are the most  
4 crucial in the child's cognitive, emotional, social, and  
5 physical development. The legislature affirms that there are  
6 tremendous opportunities for preventive work with children and  
7 families as well as the predictable, costly consequences of not  
8 doing so. The legislature further finds that quality early  
9 childhood education and child care that support all aspects of  
10 early development are crucial to ensuring that every child  
11 starts his or her formal education healthy, safe, and ready to  
12 learn and succeed. A child's ability to function in the  
13 classroom is essential. This goal can be achieved by assuring  
14 that each child can hear, see, and speak at a minimal level  
15 prior to starting school.

16 The legislature further finds that early screening,  
17 identification, and intervention for developmental delays and  
18 psychosocial problems improve children's outcomes and have a



1 critical influence on school success and family functioning.  
2 The ideal is to provide each child with ongoing access to  
3 quality primary healthcare and, to the greatest extent possible,  
4 a safe home and community environment. However, not all  
5 children have access to quality primary healthcare prior to the  
6 start of school. It is in the State's interest to provide  
7 developmental screening and assessment that will detect  
8 deficiencies and provide corrections before they hinder a  
9 child's ability to function in school.

10 The departments of health, education, and human services  
11 currently provide families access to various community health  
12 services. However, parents are often unaware of or choose not  
13 to avail themselves of these services. Meanwhile, their  
14 children do not receive proper screening, evaluation, or  
15 referrals for correction or treatment.

16 The purpose of part I of this Act is to provide a means for  
17 a child to be screened prior to the start of the child's  
18 education, at the child's first entry into preschool or  
19 elementary school, to provide for diagnosis, referral,  
20 correction or treatment, and to integrate the efforts of  
21 community and state organizations related to screening under an  
22 early childhood screening program.



1 SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
2 amended by adding a new part to be appropriately designated and  
3 to read as follows:

4 "PART . EARLY CHILDHOOD SCREENING

5 §321- Early childhood screenings. (a) Prior to the  
6 start of a child's entry into either preschool or kindergarten,  
7 the parent or guardian of a child shall have the child screened  
8 for vision, hearing, and development, and shall obtain  
9 certification that the child has been screened from:

- 10 (1) The child's pediatrician; or
- 11 (2) Any primary healthcare provider.

12 If the child does not have a pediatrician or primary healthcare  
13 provider, the department may provide the screening or refer the  
14 child to a primary healthcare provider at no cost to the child  
15 or family.

16 (b) Beginning with the 2009-2010 school year, the parent  
17 or guardian of a child shall present the certificate of  
18 screening to the school where the child enters:

- 19 (1) Preschool; or
- 20 (2) Kindergarten or first grade, whichever is the  
21 student's entry grade level for elementary school.

1 (c) The department of health shall be the lead department  
2 in the development of screening guidelines and shall administer  
3 the screening and certification process in collaboration with  
4 the departments of education and human services, within the  
5 framework defined by the early childhood screening program  
6 advisory committee.

7 (d) As part of the screening and certification process  
8 required by subsection (a), the department of health, child's  
9 physician, or primary healthcare provider may:

- 10 (1) Provide information and referrals to programs and  
11 services to help remediate any concerns revealed by  
12 the screening;
- 13 (2) Inform parents and guardians of their responsibilities  
14 in ensuring that the child's psychological and  
15 physiological development is progressing  
16 satisfactorily;
- 17 (3) Provide assistance and advice to parents and guardians  
18 in meeting their responsibilities under paragraph (2);
- 19 (4) Provide additional evaluations or referrals as deemed  
20 necessary; and



1 (5) Use standardized screening tools and referral  
2 protocols developed by the early childhood screening  
3 program advisory committee.

4 (e) A waiver signed by a child's parents or guardian  
5 indicating that they do not want to have the child screened  
6 based on their religious beliefs shall be accepted by the school  
7 in lieu of the certificate required in subsection (a).

8 (f) As used in this section, "primary healthcare provider"  
9 means any healthcare practitioner who provides, or a facility  
10 through which is provided, any medical evaluation or treatment  
11 including dental and mental health evaluation or treatment.

12 **§321- Early childhood screening program advisory**  
13 **committee; establishment.** (a) There is established the early  
14 childhood screening program advisory committee which shall be  
15 attached to the department of health, for administrative  
16 purposes, to:

17 (1) Plan and implement a statewide screening program for  
18 all children from birth to eight years of age;

19 (2) Develop and implement screening certification  
20 procedures for children entering preschool and  
21 elementary school; and



- 1 (3) Unify screening-related activities in the state by  
2 January 1, 2009.
- 3 (b) The members of the advisory committee shall include:
- 4 (1) The director of health or the director's designee;  
5 (2) The director of human services or the director's  
6 designee;  
7 (3) The superintendent of education or the  
8 superintendent's designee;  
9 (4) The director of the University of Hawaii, John A.  
10 Burns school of medicine, or the director's designee  
11 from the department of pediatrics;  
12 (5) The executive director of the American Academy of  
13 Pediatrics, Hawaii chapter or the executive director's  
14 designee;  
15 (6) The president of the Hawaii Academy of Family  
16 Physicians or the president's designee;  
17 (7) The executive director of the Hawaii Primary Care  
18 Association or the executive director's designee;  
19 (8) A representative from Family Voices of Hawaii, a  
20 children's health advocacy organization;  
21 (9) A representative from the Hilopaa Project;



1 (10) A representative from the Healthy Child Care Hawaii  
2 Project;

3 (11) The executive administrator of the Hawaii state  
4 council on developmental disabilities or the executive  
5 administrator's designee;

6 (12) The chairperson of the Hawaii early intervention  
7 coordinating advisory committee or the chairperson's  
8 designee; and

9 (13) Consumers, as represented by the parents of children  
10 to be served by the early childhood screening program.

11 (c) The advisory committee may request assistance from the  
12 department of health and other state agencies as necessary to  
13 provide staff support.

14 (d) The director of health shall act as the head of the  
15 advisory committee. The members of the advisory committee shall  
16 serve without compensation but shall be reimbursed for necessary  
17 expenses, including travel expenses, incurred in the performance  
18 of their duties.

19 (e) The advisory committee shall:

20 (1) Provide recommendations for unifying screening-related  
21 activities in the state by January 1, 2009, which may  
22 include any enabling legislation;



- 1           (2) Recommend selection of standardized developmental
- 2           screening tools for children from birth through age
- 3           eight, including but not limited to:
- 4           (A) Cognitive development;
- 5           (B) Language development;
- 6           (C) Motor development;
- 7           (D) Adaptive skills;
- 8           (E) Behavioral or social-emotional development;
- 9           (F) Hearing; and
- 10          (G) Vision;
- 11          (3) Formalize referral protocols;
- 12          (4) Develop guidelines for reporting the completion of a
- 13          child's screening requirement for children entering
- 14          preschool or elementary school;
- 15          (5) Address issues related to physician participation; and
- 16          (6) Evaluate compliance and appropriateness of referrals.
- 17          (f) The advisory committee shall submit to the legislature
- 18          an annual report no later than twenty days prior to the start of
- 19          each regular session, beginning with the regular session of
- 20          2009, on the status of the early childhood screening program and
- 21          any recommended legislation necessary to improve the program.







1           The sum appropriated shall be expended by the department of  
2 health for the purposes of part II of this Act.

3           SECTION 6. This Act shall take effect on July 1, 2008.



**Report Title:**

Early Childhood; Vision and Hearing Testing

**Description:**

Provides a means for childhood screening required for entry into school, from birth to eight years of age, and establishes the early Childhood Screening Program Advisory Committee. (HB2022 HD1)

