
A BILL FOR AN ACT

RELATING TO CHILD HEALTH.

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

PART I

1
2 SECTION 1. The legislature finds that Hawaii has served as
3 a pioneer, incubator, and leader in population-based child
4 health promotion, identification, and intervention programs.
5 These initiatives, designed and field tested in Hawaii, serve as
6 the foundation for health care delivery systems across the
7 country for children with special health care needs and their
8 families, as well as those who are at risk. In addition, these
9 initiatives have garnered international attention and
10 implementation. Leaders from around the world have sought out
11 Hawaii's pioneers for guidance. The primary reason for Hawaii's
12 status as a pioneer stems from the vision, leadership, and
13 collaborative spirit of our kupuna, Dr. Setsu Furuno, Dr. Calvin
14 Sia, Josie Woll, Ivalee Sinclair, Loretta "Deliana" Fuddy, and
15 Ruth Ota, who exemplified on a daily basis family-centered care
16 and upheld the principles of family-centered care in their quest
17 to identify and serve Hawaii's most vulnerable children in a



1 culturally appropriate, comprehensive, and community-based
2 manner.

3 The purpose of this Act is to honor the legacy of Hawaii's
4 health pioneers by appropriating funds to restore services
5 previously cut due to the global and national economic crisis
6 that started in 2008, and to provide funding to enhance existing
7 services by availing new technologies and service delivery
8 models.

9 **PART II**

10 SECTION 2. The department of health provides early
11 intervention services to infants and toddlers who have
12 developmental delays or are biologically at risk for delay.
13 Early access to services combined with parent training have
14 proven to reduce and eliminate delay and better prepare those
15 families of children with complex needs who may require lifelong
16 care and supports. Although the early intervention program has
17 had steady, life changing outcomes for many children and
18 families for decades, it has not been immune to the impact of
19 the fiscal crisis that has occurred within the last decade.
20 This economic strain has resulted in the loss of staff, changes
21 in program eligibility, and lack of financing of critical
22 program infrastructure. Historically, at least since 1999, the



1 program's budget need has exceeded its funding, resulting in the
2 department seeking internally to cover shortfalls or delaying
3 payments to providers. For a program that is so valuable and
4 key to the deployment of child health services, appropriate
5 funding needs to be ensured all the way from the budgeting to
6 the financing aspects.

7 The early intervention section data system is antiquated,
8 does not have the capability to interface electronically with
9 the medical home or other referral sources, and does not have
10 the support capabilities to generate federal, state, and ad hoc
11 reports without human intervention and data manipulation. Early
12 intervention is one of the core programs within the pediatric
13 medical neighborhood and must do its part to ensure that the
14 population health gains envisioned by the Patient Protection and
15 Affordable Care Act are fully realized.

16 SECTION 3. There is appropriated out of the general
17 revenues of the State of Hawaii the sum of \$1,230,000 or so much
18 thereof as may be necessary for fiscal year 2014-2015 to cover
19 the anticipated shortfall for the second half of the early
20 intervention program's biennial budget for direct early
21 intervention services.



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

3 SECTION 4. There is appropriated out of the general
4 revenues of the State of Hawaii the sum of \$ or so
5 much thereof as may be necessary for fiscal year 2014-2015 to
6 develop the specifications and pricing, as well as an
7 implementation plan, for a web-based early intervention data
8 system.

9 The sum appropriated shall be expended by the department of
10 health for the purposes of this part.

11 **PART III**

12 SECTION 5. The compounded changes in eligibility for early
13 intervention services started in 2009, and most recently in 2013
14 has increased the number of children in the gap group. Children
15 in the gap group are children who have identified concerns
16 related to development, but may not have a demonstrated level of
17 impairment significant enough to warrant mandated disability
18 services through the Individuals with Disabilities Improvement
19 Education Act of 2004. The children who fall into this gap
20 group face a limited and increasingly shrinking number of early
21 intervention resources in the community. The elimination of
22 junior kindergarten and the implementation of a delayed start



1 for kindergarten have also significantly extended the length of
2 time in which these toddlers may access free and appropriate
3 educational services that foster health growth and development.
4 The Patient Protection and Affordable Care Act mandates
5 preventive screening and well child visits annually for children
6 ages two and older at no cost to families. However, as it
7 relates to toddlers and young children, a significant amount of
8 development occurs within a twelve month period, and any delays
9 not addressed during the early childhood window have
10 exponential, negative repercussions in the future.

11 Children in the gap group are easily identifiable as they
12 are children who were referred for evaluation and denied
13 eligibility through early intervention or special education. In
14 addition, as these children age and the discrepancy between
15 their development and that of their typical peers becomes more
16 and more apparent, resources in the community such as preschool
17 and child care programs are challenged with providing
18 specialized services to best meet the needs of these children.
19 It is estimated that over two thousand of Hawaii's children fall
20 into this gap group. Funding was previously made available to
21 provide technical assistance, consultation, training, and
22 screening services to these community resources to support



1 children with developmental and behavioral concerns and to
2 maintain their ability to access services in the least
3 restrictive and natural environment. The funding for these
4 resources also fell victim to the funding crisis of the last
5 decade. Re-establishing these services, with family-to-family
6 liaison support, coordination with the medical home, and
7 addressing social-emotional and behavioral challenges in child
8 care settings will contribute to decreasing the need for more
9 intensive costly services later in life. This safety net
10 concept for a developmental follow along program has most
11 recently been field tested through limited federal funding as
12 part of Hi'ilei Hawai'i.

13 SECTION 6. There is appropriated out of the general
14 revenues of the State of Hawaii the sum of \$ or so
15 much thereof as may be necessary for fiscal year 2014-2015 for
16 operating expenses and staffing necessary to provide mental
17 health and behavioral consultation and technical assistance to
18 preschools and child care providers, and maintain and evaluate
19 the developmental follow along program, Hi'ilei Hawai'i, which
20 identifies, tracks, screens, and monitors children in the gap
21 group for developmental delays.



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

3 SECTION 7. There is appropriated out of the general
4 revenues of the State of Hawaii the sum of \$ or so
5 much thereof as may be necessary for fiscal year 2014-2015 for
6 family-to-family liaison services and medical home integration
7 within Hi'ilei Hawai'i.

8 The sum appropriated shall be expended by the department of
9 health for the purposes of this part.

10 **PART IV**

11 SECTION 8. As critical as it is to screen children for
12 developmental delays and autism, it is just as paramount to
13 provide multiple points of screening for vision, hearing, and
14 childhood obesity. The Centers for Disease Control and
15 Prevention reports that 12.5 per cent of American children and
16 adolescents ages six to nineteen years old have suffered
17 permanent damage to their hearing from excessive exposure to
18 noise. The Vision Council of America estimates that a quarter
19 of school-age children suffer from vision problems that could
20 have been addressed or eliminated if appropriate screening and
21 follow-up had been in place. Locally, program data from the
22 former department of health school based hearing and vision



1 screening program showed that 5.8 per cent of the children did
2 not pass the hearing screen, of those children seventy-nine per
3 cent had confirmed deficits upon follow-up evaluation, and 2.5
4 per cent of the children did not pass a major component of the
5 examination. This data was the last data set from the
6 department of health program prior to its discontinuation in
7 1996 due to budget reductions. Local research also indicates
8 that almost one-third of the children ages four to six years old
9 entering Hawaii public schools are either overweight or at risk
10 for becoming overweight.

11 Vision and hearing screening are historically part of the
12 cornerstone to the pediatric well child exam, and screening of
13 children for obesity, physical activity, and nutritional
14 counseling have also been incorporated into the periodicity
15 schedule. However, as children age beyond the toddler years,
16 participation in these exams decrease. Children and families
17 who live in remote areas may not have readily available
18 providers. In addition, it is not unusual to find that the
19 length of time required to travel to obtain screening and
20 preventive services in and of itself is prohibitive.

21 Contemporary factors such as the use of video gaming,
22 portable audio and electronic devices, as well as the growing



1 obesity epidemic, call for an increase in access to screening
2 for all children.

3 The department of health was mandated by section 321-101,
4 Hawaii Revised Statutes, to conduct a systematic hearing and
5 vision program for school children. This mandate has been
6 unfunded and unimplemented since 1996.

7 SECTION 9. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$ or so
9 much thereof as may be necessary for fiscal year 2014-2015 to
10 provide school-based vision, hearing, and obesity screening.

11 The sum appropriated shall be expended by the department of
12 health for the purposes of this part.

13 **PART V**

14 SECTION 10. In 1997, the legislature established the
15 authority for the department of health to conduct
16 multidisciplinary and multiagency reviews of child deaths in
17 order to reduce the incidence of preventable child deaths by
18 identifying systemic problems and making recommendations for
19 policy and systemic changes to prevent future child deaths.
20 Since its inception, Hawaii has quite actively convened a state
21 child death review council of over twenty partner agencies and
22 six population-based local teams.



1 SECTION 11. There is appropriated out of the general
 2 revenues of the State of Hawaii the sum of \$ or so
 3 much thereof as may be necessary for fiscal year 2014-2015 for
 4 operating expenses, including travel, child death review
 5 meeting costs, and costs to re-establish a child death review
 6 coordinator position.

7 The sum appropriated shall be expended by the department of
 8 health for the purposes of this part.

PART VI

10 SECTION 12. This Act shall take effect on July 1, 2014.

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INTRODUCED BY:

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~~_____~~
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~~_____~~
Agnes A. Belotti

JAN 14 2014



H.B. NO. 1681

Report Title:

Child Health; Early Intervention; Appropriation

Description:

Creates an appropriation for early intervention services and a web-based early intervention data system. Creates an appropriation for services for children with developmental concerns who do not qualify for services through the Individuals with Disabilities Improvement Education Act including family liaison services and medical home integration with Hi'ilei Hawai'i. Creates an appropriation for school-based vision, hearing, and obesity screening. Creates an appropriation for expenses needed to fund multiagency reviews of child deaths and re-establish a child death review coordinator position.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

