

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



GARY L. GILL
ACTING DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply please refer to
File:

SENATE COMMITTEE ON EDUCATION
SENATE COMMITTEE ON HEALTH
SB2235, RELATING TO EDUCATION

Testimony of Gary L. Gill
Acting Director of Health

January 31, 2014

1 **Department's Position:** The Department of Health (DOH) respectfully submits comments on Senate
2 Bill 2235.

3 **Fiscal Implications:** None for Department of Health.

4 **Purpose and Justification:** The purpose of Senate Bill 2235 is to connect adolescents back to their
5 healthcare provider by expanding the school physical examination requirement. Currently, physical
6 examinations are only conducted upon entry into the school system in kindergarten. SB2235 expands
7 the physical examination requirement to also include entry into sixth grade and ninth grade. This bill
8 follows the lead of other states and Hawaii private schools who have multiple physical examination
9 requirements throughout a child's educational journey.

10 The proposed increases in the physical exam requirements is congruent with the policy priority
11 set forth by the Obesity Prevention Task Force. The Task Force, co-chaired by our late Director Loretta
12 Fuddy developed and recommended legislation pursuant to Act 269 (SB2778 CD1), Session Laws of
13 Hawaii 2012. The policy to expand physical examination requirements for public school students was

1 proposed to help reinforce the adoption of a culture of wellness and preventive health care. Due to the
2 Affordable Care Act, annual well child examinations are a required covered benefit in all health plans.
3 From ages of 11 to 15 years, adolescents experience significant changes physically, emotionally and
4 socially. Adolescent physical examinations and well-child visits will help reconnect youth to their
5 healthcare providers and their medical home in order to provide continuity of care and coordination of
6 services.

7 Physical examinations and well child visits also engages parents in their child's health. This
8 provides physicians and healthcare providers the opportunity to address developmentally relevant
9 physical and mental health issues with parents and their children. Regular visits allow the healthcare
10 provider to assess and address health problems early. For children and adolescents who are obese, the
11 adolescent physical examination visit provides an opportunity for the healthcare provider to assess
12 possible complications such as prediabetes or high blood pressure, identify the appropriate resources for
13 the child and the child's family and to develop a plan to support family-based lifestyle changes.

14 Thank you for the opportunity to provide comments.

LATE TESTIMONY

Testimony from a Community General Pediatrician & Medical Director of a Pediatric Weight Management Program – 30 January 2014

I am in support of adding a required wellness visit for 11-12 year olds in Hawai'i.

Wellness visits would be at the primary care physician's office to maximize value for the patient and the family in this appointment. Wellness, or preventive medicine, visits are far more comprehensive than a "sports physical" and would offer the preteen and his or her family the opportunity for not only a physical exam and immunizations, but crucial anticipatory guidance on safety and health issues. Risk assessment of a preteen is essential.

A wellness visit would also reconnect the patient and family to their medical home and set the expectation for the preteen that they may seek medical attention as individuals as they approach adulthood. Doctor's visits are so often mistaken for only necessary when someone is ill. Preventing illness by screening for chronic diseases is far better than treating illness once it happens. Screening for risk-taking behaviors such as drug, alcohol and tobacco use, sexual activity in the privacy of the medical home offers pre-teens and teenagers the opportunity to make safer decisions and to know where to seek help if they should need it.

Rather than be a roadblock to education, this wellness visit requirement would actually improve school attendance and school performance. School absenteeism is often the result of untreated or suboptimal managed medical conditions such as asthma, depression, ADHD, learning disabilities. This wellness visit would provide the opportunity for families to raise concerns about health, safety, behavior and school performance. This wellness visit would provide the opportunity for physicians to properly address and manage these issues and encourage regular follow-up for maintenance.

As the medical director of a multidisciplinary weight management my focus is on managing the comorbidities of childhood obesity. I work with families daily whose children and preteens are overweight or obese, have prediabetes, high cholesterol, high blood pressure, sleep apnea, and/or other potentially reversible health problems. Screening for body mass index (BMI) and unhealthy lifestyle habits to identify and manage these patients and families early is the key to solving the obesity epidemic in our state and this nation. A wellness visit gives us the opportunity to screen for obesity, intervene with comorbidities, and educate families on healthy lifestyles.

As a general pediatrician in the community, approximately 50% of my patient population is on Medicaid and the majority of my patients attend public school in the Dept of Education. A wellness visit in the 11-12 year old range would improve our ability to reach our patients at this crucial time in their growth and development.

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Community Pediatrician
Special focus and interest in pediatric obesity