

HB672 HD2 SD1

Measure Title: RELATING TO SCHOOL-BASED HEALTH SERVICES.

Report Title: Hawaii Keiki: Healthy and Ready to Learn Program; Department of Education; Department of Health; Department of Human Services; Special Fund; Appropriation (\$)

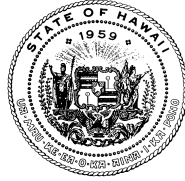
Description: Formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education. Establishes a dedicated special fund and positions within the Departments of Education, Health, and Human Services to support the program. Makes appropriations. Effective 7/1/2090. (SD1)

Companion: SB510

Package: Women's Legislative Caucus

Current Referral: EDU, CPH/WAM

Introducer(s): BELATTI, DECOITE, EVANS, FUKUMOTO, ICHIYAMA, LOPRESTI, LOWEN, LUKE, MATSUMOTO, MCKELVEY, MIZUNO, MORIKAWA, NAKAMURA, NISHIMOTO, OSHIRO, SAN BUENAVENTURA, THIELEN, TODD



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on HB 672, HD2, SD1
Relating to School-based Health Care**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

SENATOR JILL TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: March 30, 2017

Room Number: 211

1 **Fiscal Implications:** This bill appropriates \$4,000,000 from general funds for fiscal year 2017 –
2 2018 and the same sum for fiscal year 2018 – 2019 to be deposited into the Hawaii Keiki:
3 healthy and ready to learn special fund. We respectfully defer to the Governor's Executive
4 Budget for the Department of Health's appropriations and personnel priorities.

5 **Department Testimony:** The DOH appreciates the intent of HB 672, HD2, SD1 and offers
6 comments.

7 The purpose of this bill is to formally establish the Hawaii Keiki program within the Department
8 of Education, establish a dedicated special fund and positions within the Departments of Health,
9 Human Services and Education to support the program, and make additional appropriations.

10 Healthy students are better learners and investing in healthy, successful students help build
11 strong communities. The Department of Health has a long history of collaboration with the
12 Department of Education to foster healthy students and schools – including public health nursing
13 services and support for School Health Aides; behavioral health services; substance abuse
14 treatment services; health education; wellness promotion; creating healthy school environments;
15 oral health, Stop Flu at School immunizations and many other areas that support student health.

- 1 DOH Public Health Nursing coordinates with DOE and Hawaii Keiki toward an integrated
- 2 health care delivery team to support students and schools. We look forward to our continued
- 3 collaboration so that we best serve the needs of all our students.

- 4 Thank you for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/30/2017

Time: 09:30 AM

Location: 211

Committee: Senate Commerce, Consumer
Protection, and Health
Senate Ways and Means

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 0672, HD2, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES.

Purpose of Bill: Formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education. Establishes a dedicated special fund and positions within the Departments of Education, Health, and Human Services to support the program. Makes appropriations. Effective 7/1/2090. (SD1)

Department's Position:

Chair Tokuda, Vice Chair Dela Cruz, Chair Baker, Vice Chair Nishihara, and members of the Senate Committee on Ways and Means and Senate Committee on Commerce, Consumer Protection, and Health:

The Department of Education (DOE) thanks you for this opportunity to provide testimony in strong support of HB672 HD2 SD1, which would formally establish the Hawaii Keiki: Healthy and Ready to Learn Program (Program) and provide funding to sustain it.

The 2015 Legislature recognized that students must come to school healthy and ready to learn. Through Act 139, SLH 2015, the Legislature appropriated funds to provide school-based health services through a Department of Education (DOE) partnership with the UH Mānoa (UHM) School of Nursing and Dental Hygiene (SONDH). The Program began by placing one APRN in 7 Complex Areas in schools in disadvantaged communities on Oahu, Kauai, and the Island of Hawai'i. The Program has since partnered with public and private agencies to provide evidence-based school health services to ensure screening for common conditions, up-to-date immunizations, and appointments with primary care providers to manage chronic conditions that impact readiness to learn. The Program also partners with both state agencies and the health care delivery sector to forge innovative partnerships to improve the health and achievement of students, schools, and communities.

By aligning the resources of two state assets, students and schools are benefitting as we build a sustainable program. Outcomes from Act 139 efforts include:

- Leading community organizations matched state funding, including the Hawai'i Community, Harold K.L. Castle, and HMSA Foundations, Kaiser Permanente Hawai'i, and the Queen's Medical Center;
- Linking the DOE student information system with the electronic health management software to report real time information to Complex Area Superintendents and principals on health services;
- Expansion and coordination of school wellness programs;
- Provided sports physicals as needed;
- Implemented evidence-based vision screenings and obtained glasses for those in need with Project Vision;
- Improved attendance rates and decreased early dismissal rates;
- Nationally Certified School Nurses in Hawai'i schools;
- UHM nursing able to see national funding to support specific activities; and
- UHM nursing students learning in schools, increasing involvement with the high school health academies and role modeling for students.

The DOE will commit to interprofessional and interdepartmental collaboration to ensure that the spread and scale of this program is grounded in the community and reflective of community needs. We additionally seek to establish Hawai'i Keiki as the mechanism through which to facilitate early eye screenings for school-aged children through evidenced-based eye assessment software. Screening and follow up referrals may be conducted by Hawai'i Keiki nurses and through community partnerships.

Together with our public and private partners, we have identified data sharing and funding for sustainability as priority action areas. Oral health and the lack of capacity for cross-sector policy development also emerged as areas identified for action. Therefore, we are asking for your support to:

- Implement the Hawai'i Keiki Program statewide in all 15 Complex Areas, with a pilot in 2 Charter Schools;
- Implement the electronic health room management software in all schools to provide data to guide planning and resource allocation;
- Secure a lifetime license for eye assessment software for all schools in the DOE system; and
- Fund and establish school services coordinator positions in the Department of Health and Department of Human Services MedQUEST Division to work in collaboration with DOE and UHM SONDH.

Hawai'i Keiki is a safety net partnership to increase access to healthcare for a vulnerable population - pre-kindergarten to high school keiki - by providing school health nursing in the public schools. The goal is to build a fiscally sustainable school health program using public funding, cost recovery, and community engagement because we know that academic success leads to economic achievement - the major determinant of a healthy population.

The Hawai'i Keiki program is, at its heart, an initiative that encompasses multiple partners and stakeholders. To this end, the DOE has met with both the Hawaii Primary Care Association and the American Academy of Pediatrics to further conceptualize and define the various partnerships going forward and look forward to continued collaboration on refining the language in this measure as it moves forward. The DOE is also grateful for the work the Legislature has done thus far to help shape this measure into a vehicle that will be effective for efficiently providing these critical services for students in a cost-effective manner.

We truly appreciate your continuing support of the education and health of our keiki. Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



WESLEY K. MACHIDA
DIRECTOR

LAUREL A. JOHNSTON
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY

TESTIMONY BY WESLEY K. MACHIDA
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION
AND HEALTH AND WAYS AND MEANS
ON
HOUSE BILL NO. 672, H.D. 2, S.D. 1

March 30, 2017
9:30 a.m.
Room 211

RELATING TO SCHOOL-BASED HEALTH SERVICES

House Bill No. 672, H.D. 2, S.D. 1, amends Chapter 302A, HRS, and establishes the Hawaii Keiki: Healthy and Ready to Learn program within the Department of Education (DOE) to provide school-based wellness and health services from pre-kindergarten through 12th grade. The program is to be implemented by DOE in collaboration with the Department of Health (DOH); the Department of Human Services (DHS); other health-care educators, including the University of Hawaii at Manoa School of Nursing and Dental Hygiene; providers; and other health-care stakeholders. In addition, the measure establishes the Hawaii Keiki: Healthy and Ready to Learn Special Fund and exempts the special fund from central services expenses under Section 36-27, HRS. The measure authorizes the deposits of appropriations made by the Legislature, federal or State grants, private grants, federal reimbursements, and other moneys designated for the fund into the special fund. Moneys in the special fund are to be expended to implement the objectives of the Hawaii Keiki: Healthy and Ready to Learn program and to support program activities.

The measure makes unspecified general fund appropriations for 1.00 full-time equivalent (FTE) within DOH, for 1.00 FTE within DHS, for 1.00 FTE within DOE, and deposits into the special fund with the special fund appropriations by DOE for FY 18 and FY 19. In addition, the measure authorizes a one-time appropriation out of the special fund for FY 18 to be expended by DOE for a vision screening and eye assessment tool.

The Department of Budget and Finance (B&F), as a matter of general policy, does not support the creation of any special fund which does not meet the requirements of Section 37-52.3 of the HRS. Special funds should: 1) serve a need that cannot be implemented under the general fund appropriation process; 2) reflect a clear nexus between the benefits sought and charges made upon the users or beneficiaries of the program; 3) provide an appropriate means of financing for the program or activity; and 4) demonstrate the capacity to be financially self-sustaining. In regards to House Bill No. 672, H.D. 2, S.D. 1, it is uncertain whether there is a clear link between the program and sources of revenue and if the special fund will be self-sustaining.

Additionally, B&F does not generally support the selective exemption of special funds from their fair contribution to the central services and administrative expenses. These contributions are intended to support the costs of central services provided by a number of agencies financed through general funds.

Thank you for your consideration of our comments.



STATE OF HAWAII
Executive Office on Early Learning
1390 Miller Street, Room 303
HONOLULU, HAWAII 96813

March 24, 2017

TO: Senator Rosalyn H. Baker, Chair
Senator Clarence Nishihara, Vice Chair
Senate Committee on Consumer Protection and Health

Senator Jill Tokuda, Chair
Senator Donovan Dela Cruz, Vice Chair
Senate Committee on Ways and Means

FROM: Lauren Moriguchi, Director
Executive Office on Early Learning

SUBJECT: HB 672, HD2, SD1 – Relating to School-Based Health Services

Hearing Date: March 30, 2017

Time: 9:30 a.m.

Location: Conference Room 211

Purpose of Bill: Formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education. Establishes a dedicated special fund and positions within the Departments of Health and Human Services to support the program. Makes appropriations.

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: The Executive Office on Early Learning (EOEL) **supports** HB 672, HD 2, SD 1.

HB 672, HD 2, SD 1 would formally establish the Hawaii Keiki: Healthy and Ready to Learn Program and provide funding to expand sustain it. In order to be successful in the comprehensive areas of growth, learning and development, all students from Pre-K through grade 12 must come to school healthy and ready to learn.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR



CATHERINE PAYNE
CHAIRPERSON

STATE OF HAWAII
STATE PUBLIC CHARTER SCHOOL COMMISSION
(‘AHA KULA HO‘ĀMANA)

<http://CharterCommission.Hawaii.Gov>
1111 Bishop Street, Suite 516, Honolulu, Hawaii 96813
Tel: (808) 586-3775 Fax: (808) 586-3776

FOR: HB672, HD2, SD1 Relating to School-Based Health Services
DATE: Thursday, March 30, 2017
TIME: 9:30 AM
COMMITTEE(S): Senate Committee on Commerce, Consumer Protection, and Health
Senate Committee on Ways and Means
ROOM: Conference Room 211
FROM: Sione Thompson, Executive Director
State Public Charter School Commission

Chairs Baker and Tokuda, Vice Chairs Nishihara and Dela Cruz, and members of the Committees:

The State Public Charter School Commission (“Commission”) appreciates the opportunity to submit this **testimony in strong support of HB672, HD2, SD1** which formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education.

The Commission believes that improving access to quality school-based health services to all public school students is extremely important, and we appreciate that it now includes pre-kindergarten students. We are grateful that this bill allows for the expansion of the program to include two public charter schools serving disadvantaged children. The academic success of students can be affected if they are in poor health, or have limited access to health care services, or are chronically absent. We strongly believe that this program, with its partnerships with the University of Hawaii at Manoa School of Nursing and Dental Hygiene and in collaboration with other health-care and education stakeholders, will contribute to greater student achievement as they work together to coordinate wraparound services that address non-school factors that can impede student academic growth.

Thank you for the opportunity to provide this testimony.



March 29th, 2017

Testimony of Elizabeth Valentin, MPH, Executive Director of Project Vision Hawaii

Honorable Chair Senator Tokuda, Honorable Vice Chair Senator Dela Cruz
Honorable Members of the Senate Committee on Ways and Means

Honorable Chair Senator Baker, Honorable Vice Chair Senator Nishihara
Honorable Members of the Senate Committee on Commerce, Consumer Protection and Health

Project Vision Hawaii submits testimony in strong support of HB672 with amendments.

Project Vision Hawaii (PVH) is a locally grown 501(c)3 nonprofit organization with a mission to work in partnership with the people of Hawaii to promote access to better healthcare. In 2011 Project Vision Hawaii started the Better Vision for the Keiki program. Project Vision Hawaii has since provided eye screenings to over 20,000 kids and glasses to over 1,000 kids Statewide. This program continues to thrive and grow and will continue to do so until every child in Hawaii received an annual eye screening and the glasses they need to learn.

Over the past 2 years Project Vision Hawaii has worked closely along side Hawaii Keiki to provide vision screenings to 7,300 children in 12 schools and has followed up with 775 low-income children Statewide. We have worked diligently together to identify then implement best practice methodology and technology for vision screenings. In this collaboration we have successfully identified the Eye-Spy 2020 screening tool which provides on-site vision acuity screenings and may be licensed under a one-time agreement for all the DOE schools in the state.

Nationwide, 1.5 million children lack the glasses they need to see the board, read a book, study math or participate in class. Over 12,000 children live in low-income communities in Hawaii, where a good education may be their only pathway out of poverty. While 80% of learning in early grades is visual, studies indicate 95% of incoming first graders who need glasses do not have them. The problem is access; for a variety of reasons, kids in low-income areas don't often make it to the optometrist. Students with uncorrected vision problems often avoid reading, suffer headaches, and have trouble focusing on class discussions. These symptoms make affected children less likely to reach the important educational milestone of reading proficiency by the end of third grade, which makes them more likely to fall behind and drop out of school. The problem is particularly prevalent in low-income areas of the Big Island. According to key stakeholders interviewed for the 2013 Healthcare Association of Hawaii's Hawaii County Community Health Needs Assessment: "Children do not have screenings



for even basic dental and vision, and these are so often barriers to doing well in school.” (Page 24)

The Hawai'i Keiki Program commits to interprofessional and interdepartmental collaboration to ensure the spread and scale of this program is grounded in the community and reflective of the community needs. Project Vision Hawai'i, with Hawai'i Keiki seeks to establish Hawai'i Keiki as the mechanism to facilitate early eye screenings for school aged children through evidenced based eye assessment software. Screening and follow up referrals may be conducted by Hawai'i Keiki nurses or through community partnerships, such as our organization. See attached proposed amendment language.

Hawai'i Keiki is a safety net partnership to increase access to healthcare for a vulnerable population pre-kindergarten to high school keiki by providing school health nursing and primary care services, when needed, in the public schools. Integrating vision screening into the program is a perfect fit and enhances the potential short and long term impact for school children of Hawai'i.

The legislature is to be applauded for your willingness to invest in the partnership of the DOE and UH Mānoa Nursing with the DHS, DOH, and other partners to improve student success through improved health screening, monitoring, and management of chronic conditions that impact learning.

Thank you for the opportunity to testify in strong support of HB 672. Thank you for this opportunity to submit testimony.

Elizabeth "Annie" Valentin, MPH

A handwritten signature in black ink, appearing to read "Annie Hiller", written over a horizontal line.

(Annie Hiller)
Executive Director
PROJECT VISION HAWAII
PO Box 23212
Honolulu, HI 96823
(808)-282-2265
www.projectvisionhawaii.org

ATTACHMENT WITH SUGGESTED AMENDMENTS TO HB 672

Amendment:

Page 3, Section 1, line 10:

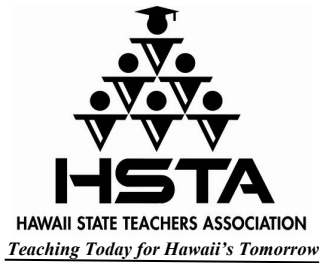
(1)Comprehensive screening for physical and behavioral health conditions; including but not limited to physical exams, behavioral health assessments, vision screenings, and oral health screenings;

Page 4, Section 1, Line 5

interdepartmental school health coordination, is \$4,000,000 annually and \$500,000 one time allocation for evidence based vision screening tool

Page 12, Section #:

There is appropriated out of the general revenues of the State of Hawaii the sum of \$500,000 or so much thereof as may be necessary for fiscal year 2017-2018 to be deposited into the Hawaii keiki: healthy and ready to learn special fund for a one time allocation for an evidence based vision screening tool, an evidence based eye assessment tool appropriate for K-12 grade level children.



1200 Ala Kapuna Street ♦ Honolulu, Hawaii 96819
Tel: (808) 833-2711 ♦ Fax: (808) 839-7106 ♦ Web: www.hsta.org

Corey Rosenlee
President

Justin Hughey
Vice President

Amy Perruso
Secretary-Treasurer

Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE COMMITTEES ON
COMMERCE, CONSUMER PROTECTION AND HEALTH and
WAYS AND MEANS

RE: HB 672, HD 2, SD 1 - RELATING TO SCHOOL-BASED HEALTH
SERVICES

THURSDAY, MARCH 30, 2017

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Baker, Chair Tokuda, and Members of the Committees:

The Hawaii State Teachers Association **supports HB 672, HD 2, SD 1**, relating to school-based health services.

Student success demands a nourished body and mind. Too often, our children come to school hungry or without access to quality medical care, leaving them lurching through the school day, rather than learning instructional content.

Today, over 50 percent of Hawai'i public school students receive free or reduced-price meals, meaning their families' income levels are too low to cover the full cost of their children's basic needs. Additionally, 187 of our state's public schools count as Title I schools, namely schools in which at least 40 percent of enrolled students come from low-income families.

Research shows that socioeconomic status is the indicator that correlates most strongly with academic achievement. The more affluent a child's family and community, in general, the greater the likelihood that the child will succeed academically. Families of low SES students, on the other hand, lack the resources to meet fundamental child needs. They frequently cannot afford doctoral visits or medicine to keep a child well. Sometimes, they can't afford to pay for meals.

The Hawai'i Keiki program provides nursing services that prevent communicable illness and improve treatable health conditions, which are especially important for

economically disadvantaged youth. For the sake of our students' wellness, the Hawaii State Teachers Association asks your committee to **support** this bill.



March 30, 2017 at 9:30 AM
Conference Room 211

Senate Committee on Commerce, Consumer Protection, and Health
Senate Committee on Ways and Means

To: Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

Chair Jill N. Tokuda
Vice Chair Donovan M. Dela Cruz

From: Paige Heckathorn
Senior Manager, Legislative Affairs
Healthcare Association of Hawaii

Re: Testimony in Support
HB 672 HD 2 SD 1, Relating to School-Based Health Services

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 160 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

The Healthcare Association of Hawaii would like to thank the committee for the opportunity to **support** HB 672 HD 2 SD 1, which would provide funding to continue and expand the efforts and successes of the Hawaii Keiki Healthy and Ready to Learn program, a partnership that is currently supported by the University of Hawaii and various community providers. A number of our members have participated in the program, which has helped to increase access to health care services and strengthen the health care workforce within public schools.

Since 2014, this program has served tens of thousands of children in over a hundred schools across the state. In the 2016-2017 school year, there were 65,000 children treated at 106 schools. The services provided include health education, CPR training and vision and hearing screenings. Another important part of the program is the provision of health consultations within schools, which helps to reduce absenteeism within the schools.

We humbly request your support for this important program because it brings together a number of providers, including some of our members, in providing preventive and necessary medical care within the school. Thank you for your time and consideration of this matter.



**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
March 30, 2017 9:30 AM
by
Laura Reichhardt, NP-C, APRN, Director
Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

HB 672, HD2, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, members of the Senate Committee on Commerce, Consumer Protection, and Health, and members of the Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2, SD1 Relating to School-Based Health Services.

The Hawai'i State Center for Nursing (HSCN) supports the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program.

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short-term and long-term health outcomes.² Further, the HSCN is dedicated to ensuring Hawai'i is the best place for nurses to work and believe that excellence in nursing practice leads to quality care for the people of Hawai'i.

The Hawai'i Keiki program seeks to support the efforts to close access to care gaps for school-aged children by creating a qualified health resource for them in each Department of Education complex area. The program engages nursing, departments of education, health and human services and community partners in statewide and community-based wellness efforts. It improves coordination of care at the school, complex, and state level. Hawai'i Keiki utilizes evidence-based practice approaches in its school health services and it supports community-based partnerships with excellent standards in evidence-based care.

Thank you for the opportunity to testify in strong support of HB 672, HD2, SD1.

¹ <https://governor.hawaii.gov/wp-content/uploads/2015/06/Hawaii-State-Health-System-Innovation-Plan-Appendices-June-2016.pdf>

² <https://health.hawaii.gov/opppd/files/2013/04/Hawaii-Department-of-Health-Strategic-Plan-2015-2018-081616.pdf>

March 30, 2017/9:30 a.m.
Conference Room 211

Senate Committee On Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair

Senate Committee on Ways and Means

To: Senator Jill Tokuda, Chair
Senator Donovan Dela Cruz, Vice Chair

From: Michael Robinson
Vice President – Government Relations & Community Affairs

Re: HB 672, HD2, SD1 – Testimony in Support

My name is Michael Robinson, and I am the Vice President of Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox – specialize in innovative programs in women's health, pediatric care, cardiovascular services, cancer care, bone and joint services and more. Hawai'i Pacific Health is recognized nationally for its excellence in patient care and the use of electronic health records to improve quality and patient safety.

I am writing in strong support of HB 672 which provides funding to formally establish, expand, and sustain the Hawai'i Keiki: Healthy & Ready to learn Program. The Hawai'i Keiki program incorporates an array of health care services into Hawai'i public schools in order to address chronic absenteeism, poor health, and delayed or limited access to health care and preventative services have been found to hinder students' success in the classroom.

Hawai'i Pacific Health has been an active partner and participant of the Hawai'i Keiki program since its inception as we believe this program is in alignment with our desire of ensuring that individuals are able to access care in the most convenient and appropriate settings. In addition to serving this goal, the Hawai'i Keiki program will – most importantly - reduce school absenteeism, as well as provide opportunities for APRNs to practice in community health settings and reduce costs within the health care delivery system by minimizing inappropriate emergency department admissions. The bill will also serve to identify and appropriately link children who need placement within a medical home.

We are also encouraged with the recent signing of a Memorandum of Understanding (MOU) to clarify the individual and collective responsibilities of the Department of Education, Department of Health, and Hawai'i Keiki for the provision of school health services.

Thank you for the opportunity to provide testimony on this measure.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 27, 2017 9:00 PM
To: CPH Testimony
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for HB672 on Mar 30, 2017 09:30AM*

HB672

Submitted on: 3/27/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 27, 2017 11:24 AM
To: CPH Testimony
Cc: laurie.field@ppvnh.org
Subject: *Submitted testimony for HB672 on Mar 30, 2017 09:30AM*

HB672

Submitted on: 3/27/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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841 Bishop St., Suite 301
Honolulu, Hawaii 96813



Telephone: 808 926-1530
Contact@HEECoalition.org

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair

Committee on Ways and Means
Senator Jill Tokuda, Chair
Senator Donovan Dela Cruz, Vice Chair

March 30, 2017

Dear Chairs Baker and Tokuda, Vice Chairs Nishihara and Dela Cruz, and Committee Members:

This testimony is submitted in support for HB672 HD2 SD1, formally establishing Hawaii Keiki program within the Department of Education (DOE).

The Hui for Excellence in Education (HE'E) is a diverse coalition of over 40 parent and community organizations dedicated to improving student achievement by increasing family and community engagement and partnerships in our schools. Our member list is attached.

One of HE'E's priorities is to create family empowerment by collaborating to meet the basic needs of every child and Hawaii Keiki: Healthy and Ready to Learn is aligned with this priority. It is also an exemplar partnership between the DOE and UH Manoa School of Nursing and Dental Hygiene.

In the January 15, 2016 guidance by the U.S. Department of Human Services and Department of Education, it states, "We know that healthy students are better learners who are more likely to thrive in school and in life.¹ In communities across the country, educators, health care providers, and families are working each day to help children grow into healthy and well-educated adults. They cannot do this alone. This work depends on strong and sustainable partnerships and commitments between health and education agencies at the local, state, and federal levels."²

The pilot through Act 139 in 2015 has demonstrated that the program is creating efficiencies and is effective. The program is well organized and administered. It has created a system of data collection and developed relationships with stakeholders and the community. Emphasis on wellness and prevention has led to greater awareness about health. More importantly, outcomes are visible with improved attendance, which is a leading indicator for academic achievement.

We strongly encourage the legislature to continue its support of Hawaii Keiki.

Sincerely,

Cheri Nakamura
HE'E Coalition Director

¹ Ickovics, J., A. Carroll-Scott, S. Peters, M. Schwartz, K. Gilstad-Hayden, and C. McCaslin. (2014). "Health and Academic Achievement: Cumulative Effects of Health Assets on Standardized Test Scores Among Urban Youth in the United States." *Journal of School Health*, 84 (1): 40-48

² <http://www2.ed.gov/policy/elsec/guid/secletter/160115.html>

HE'E Members and Participants

Academy 21
After-School All-Stars Hawaii
Alliance for Place Based Learning
*Castle Complex Community Council
*Castle-Kahuku Principal and CAS
Coalition for Children with Special Needs
*Faith Action for Community Equity
Fresh Leadership LLC
Girl Scouts Hawaii
Harold K.L. Castle Foundation
*Hawai'i Afterschool Alliance
*Hawai'i Appleseed Center for Law and Economic Justice
*Hawai'i Association of School Psychologists
Hawai'i Athletic League of Scholars
*Hawai'i Charter School Network
*Hawai'i Children's Action Network
Hawai'i Nutrition and Physical Activity Coalition
* Hawai'i State PTSA
Hawai'i State Student Council
Hawai'i State Teachers Association
Hawai'i P-20
Hawai'i 3Rs
Head Start Collaboration Office
It's All About Kids
*INPEACE
Joint Venture Education Forum
Junior Achievement of Hawaii
Kamehameha Schools
Kanu Hawai'i
*Kaua'i Ho'okele Council
Keiki to Career Kaua'i
Kupu A'e
*Leaders for the Next Generation

Learning First

McREL's Pacific Center for Changing the Odds
*Native Hawaiian Education Council
Our Public School
*Pacific Resources for Education and Learning
*Parents and Children Together
*Parents for Public Schools Hawai'i
Punahou School PUEO Program
*Teach for America
The Learning Coalition
US PACOM
University of Hawai'i College of Education
YMCA of Honolulu

Voting Members () Voting member organizations vote on action items while individual and non-voting participants may collaborate on all efforts within the coalition.*



An Independent Licensee of the Blue Cross and Blue Shield Association

March 30, 2017

The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Senate Committee on Consumer Protection and Health

The Honorable Jill Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Senate Committee on Ways and Means

Re: HB 672, HD2, SD1– Relating to School-Based Health Service

Dear Chair Baker, Chair Tokuda, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 672, HD2, SD1 establishing the Hawai'i Keiki: healthy and ready to learn program within the Department of Education.

HMSA has provided support to the Hawai'i Keiki pilot program over the past two years to help operationalize the first six programs around the state. Working together with the University of Hawai'i School of Nursing and the Department of Education has resulted in a program that we believe positively contributes to an increase in healthcare access for some of the most high-need children in our public school system.

Services provided by the Hawai'i Keiki program include, but are not limited to chronic disease management, preventative care, care coordination, vaccinations, and in certain cases, annual physical exams. In short, the program provides another access point in which to identify and address the health needs of this population. We also see this program as an important way to link primary care physicians with children and adolescents who may be in need of more critical services. Finally, we see this program as a piece of a broader commitment that HMSA has to the well-being of our state as reflected in our Mahie 2020 plan.

We are encouraged by the work of the Hawai'i Keiki program thus far and look forward to supporting this effort going forward to improve the health and well-being of the youngest in our communities.

Thank you for allowing us to provide these comments in support of HB 672, HD2, SD1.

Sincerely,

Mark K. Oto
Director, Government Relations

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
March 30, 2017 9:30 AM
by
Laura Westphal, RN, MBA, CPHQ**

AONE Hawaii

HB 672, HD2, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, members of the Senate Committee on Commerce, Consumer Protection, and Health, and members of the Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2, SD1 Relating to School-Based Health Services.

American Organization of Nurse Executive Hawaii (AONE Hawaii) supports the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program.

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short-term and long-term health outcomes.² Further, **AONE Hawaii** is dedicated to ensuring Hawai'i is the best place for nurses to work and believe that excellence in nursing practice leads to quality care for the people of Hawai'i.

The Hawai'i Keiki program seeks to support the efforts to close access to care gaps for school-aged children by creating a qualified health resource for them in each Department of Education complex area. The program engages nursing, departments of education, health and human services and community partners in statewide and community-based wellness efforts. It improves coordination of care at the school, complex, and state level. Hawai'i Keiki utilizes evidence-based practice approaches in its school health services and it supports community-based partnerships with excellent standards in evidence-based care.

Thank you for the opportunity to testify in strong support of HB 672, HD2, SD1.

¹ <https://governor.hawaii.gov/wp-content/uploads/2015/06/Hawaii-State-Health-System-Innovation-Plan-Appendices-June-2016.pdf>

² <https://health.hawaii.gov/opppd/files/2013/04/Hawaii-Department-of-Health-Strategic-Plan-2015-2018-081616.pdf>

General Testimony

Aloha Chairs and Vice Chairs of the Committee on Commerce, Consumer Protection and Health and the Committee on Ways and Means. My name is Elicia Lujan and I work in Waipahu area and live in Kailua. I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. This bill seeks to establish and expand school health services across the state.

I have been an RN for over 20 years and currently work as a Nurse Practitioner at Waipahu High school. I have seen firsthand the importance of early prevention and screening for illnesses in children. The Hawaii Keiki program provides school based services by both registered nurses and advanced practice nurses. It incorporates access to medical services in several schools throughout Hawaii. These services allow for early treatment of injuries, acute and chronic illnesses, immunization screening and health promotion to ensure our children stay well and in school.

The program also provides collaboration with the child's primary care provider which is critical in providing continuity of care. My job as a nurse practitioner at Waipahu school has allowed me to grow wonderful working relationships with physicians in the community. The parents of our students have also been very appreciative of the ability to have close follow up for their children. The access to school based medical care and collaboration is critical for the success of our school aged children. I hope to expand on my role as a nurse practitioner in the community and am excited to continue to foster these relationships in the community to ensure that our children stay well and are successful in school.

Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 25, 2017 10:58 PM
To: CPH Testimony
Cc: kimcoco@kimcoco.com
Subject: Submitted testimony for HB672 on Mar 30, 2017 09:30AM

HB672

Submitted on: 3/25/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Coco Iwamoto	Individual	Support	No

Comments: Please accept this testimony in STRONG SUPPORT OF HB672.

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To: CPH Testimony
Cc: launahele@yahoo.com
Subject: *Submitted testimony for HB672 on Mar 30, 2017 09:30AM*

HB672

Submitted on: 3/25/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Benton	Individual	Support	No

Comments:

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HB672

Submitted on: 3/25/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Suetsugu	Individual	Support	No

Comments: Aloha Chair and Vice Chair on the Committee on Commerce, Consumer Protection and Health and the Committee on Ways and Means. My name is Wendy Suetsugu and I live in the east Honolulu area. I am submitting this testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. I am a nurse and healthcare administrator that has personally witnessed the positive effects the Hawaii Keiki nurses have had on keiki in the DOE schools. I have knowledge of these nurses having a positive impact on the health care of the keiki - providing supportive care of acute and emergent conditions at the school, coordinating health care screenings and collaborative programs with outside organizations that have a common goal, to the decreasing trends in the number of children being sent home. As a parent with a young child that will be entering the DOE system in the fall, I am certain that the addition of a Hawaii Keiki nurse at any school would be a positive addition to the school environment. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 24, 2017 3:32 PM
To: CPH Testimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for HB672 on Mar 30, 2017 09:30AM

HB672

Submitted on: 3/24/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Please support, mahalo!

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HB672

Submitted on: 3/24/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kaulana Dameg	Individual	Support	No

Comments:

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To: CPH Testimony
Cc: eckrothkr@gmail.com
Subject: *Submitted testimony for HB672 on Mar 30, 2017 09:30AM*

HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Eckroth	Individual	Support	No

Comments:

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March 28, 2017

Aloha Chair and Vice Chair of the Committee on Education,

My name is Christine Prentice, and I live and work in the Waianae community as a Hawaii Keiki Registered Nurse (RN). I am submitting testimony today in strong support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. I have seen great benefits to the students in our community, including bridging the gap between students, schools, parents and primary healthcare providers. On our campus alone, I have helped with a wide range of student health needs, from preventative pediatrician referrals, to emergency care and referrals to EMS/ED.

I have the privilege of working with awesome, supportive teachers and administrators who have referred students for difficulty visualizing instructions and work assignments in their classrooms. These students were able to get individualized vision screening and referrals to an optometrist through partnership with Project Vision.

In working with the school's support staff and Public Health Nurse, we identify students who are at high risk (absenteeism and chronic health conditions), and strive to reach out to parents and families in a joint venture to support the whole child in learning and healing. This partnership has been key in educating parents and children of the importance of academic success through attendance, while reassuring parents that the child's health is also of great concern. Younger children typically do not verbally report symptoms, thus it is beneficial to have an RN who is able to proactively screen these identified students.

For example, I also work directly with parents who have referred their children with chronic asthma and symptomatic exacerbations. Working with their pediatricians, I am able to assist in asthma management during the school day. Parents call and inform the RN of any recent illness, asthma flares, signs or symptoms noticed at home, and whether inhalers or nebulizers have already been given prior to the student arriving at school. I then seek out these students approximately 4-6 hours after the medication dose was given at home, do a nursing assessment and evaluate for any symptoms that may return while in class, and provide any early interventions, as appropriate and ordered by a pediatrician.

In another example, the Public Health Nurse (PHN) and I work together to ensure parents and students have an understanding of the outstanding support services available, both from the school and community. The PHN and I did a joint home visit with a parent of a student who has been chronically absent, and since this visit, the parent is constantly in contact with the school to provide necessary medical documentation, more confident that the school can assist her child when ill, and the student's absenteeism has decreased.

Thank you for hearing this bill and I urge you to vote in favor of the school nurse program, Hawaii Keiki program, to start benefiting our keiki now, for a better future.

Healthy Keiki. Successful Students. Stronger Communities.

Mahalo,

Christine Prentice, RN-BC
clafountain@gmail.com
808-465-5648

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
March 30, 2017 9:30 AM
by
Susan Lee BSN, RN, WCC**

HB 672, HD2, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, members of the Senate Committee on Commerce, Consumer Protection, and Health, and members of the Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2, SD1 Relating to School-Based Health Services.

Susan Lee supports the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program.

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short-term and long-term health outcomes.² Further, **Susan Lee** is dedicated to ensuring Hawai'i is the best place for nurses to work and believe that excellence in nursing practice leads to quality care for the people of Hawai'i.

The Hawai'i Keiki program seeks to support the efforts to close access to care gaps for school-aged children by creating a qualified health resource for them in each Department of Education complex area. The program engages nursing, departments of education, health and human services and community partners in statewide and community-based wellness efforts. It improves coordination of care at the school, complex, and state level. Hawai'i Keiki utilizes evidence-based practice approaches in its school health services and it supports community-based partnerships with excellent standards in evidence-based care.

Thank you for the opportunity to testify in strong support of HB 672, HD2, SD1.

¹ <https://governor.hawaii.gov/wp-content/uploads/2015/06/Hawaii-State-Health-System-Innovation-Plan-Appendices-June-2016.pdf>

² <https://health.hawaii.gov/opppd/files/2013/04/Hawaii-Department-of-Health-Strategic-Plan-2015-2018-081616.pdf>

From: mailinglist@capitol.hawaii.gov
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Subject: Submitted testimony for HB672 on Mar 30, 2017 09:30AM

HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Yokouchi	Individual	Support	No

Comments: In strong support.

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Cc: benjamin.kilinski@gmail.com
Subject: Submitted testimony for HB672 on Mar 30, 2017 09:30AM
Date: Tuesday, March 28, 2017 8:55:54 AM
Attachments: [Wang Cost Benefit School Health JAMA Peds 2014.pdf](#)

HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Benjamin Kilinski	Individual	Support	No

Comments: Aloha Chairs and Vice Chairs of the Committee on Commerce, Consumer Protection and Health and the Committee on Ways and Means. My name is Benjamin Kilinski and I am a Pediatric Nurse Practitioner residing in Senate District 11. I am submitting testimony today in strong support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. Many states across the country provide special funding to support school-based health care services as well as professional school nursing for the mutual benefit of health and education goals. Unfortunately the budgeting of school nurses through school-level funds often puts positions at risk whenever cuts are needed. I urge the committee to consider continuation and expansion of this wonderful program through special funds which ensures the services for our keiki. I have worked for most of my professional career as a health care provider within public school settings both in Hawai'i and elsewhere. School-based health care is a powerful tool against disparities in access and quality of care for our keiki. Beyond providing preventive health care the Hawai'i Keiki program also ensures a health professional to guide our schools in building partnerships with community resources and organizations. The program has demonstrated added value by augmenting existing services and facilitating growth of these community partnerships. Please also consider the added economic impact of school nurses as this contributes to efficiencies in both education and health care systems and can reduce lost income from parents' time away from work. I have provided with my testimony a report on a CDC funded economic impact study of school nursing (Journal of the American Medical Association) for the committee's review. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo.

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Original Investigation

Cost-Benefit Study of School Nursing Services

Li Yan Wang, MBA, MA; Mary Vernon-Smilely, MD, MPH; Mary Ann Gapinski, MSN, RN, NCSN; Marie Desisto, RN, MSN; Erin Maughan, PhD, MS, RN, APHN-BC; Anne Sheetz, MPH, RN, NEA-BC

IMPORTANCE In recent years, across the United States, many school districts have cut on-site delivery of health services by eliminating or reducing services provided by qualified school nurses. Providing cost-benefit information will help policy makers and decision makers better understand the value of school nursing services.

OBJECTIVE To conduct a case study of the Massachusetts Essential School Health Services (ESHS) program to demonstrate the cost-benefit of school health services delivered by full-time registered nurses.

DESIGN, SETTING, AND PARTICIPANTS Standard cost-benefit analysis methods were used to estimate the costs and benefits of the ESHS program compared with a scenario involving no school nursing service. Data from the ESHS program report and other published studies were used. A total of 477 163 students in 933 Massachusetts ESHS schools in 78 school districts received school health services during the 2009-2010 school year.

INTERVENTIONS School health services provided by full-time registered nurses.

MAIN OUTCOMES AND MEASURES Costs of nurse staffing and medical supplies incurred by 78 ESHS districts during the 2009-2010 school year were measured as program costs. Program benefits were measured as savings in medical procedure costs, teachers' productivity loss costs associated with addressing student health issues, and parents' productivity loss costs associated with student early dismissal and medication administration. Net benefits and benefit-cost ratio were calculated. All costs and benefits were in 2009 US dollars.

RESULTS During the 2009-2010 school year, at a cost of \$79.0 million, the ESHS program prevented an estimated \$20.0 million in medical care costs, \$28.1 million in parents' productivity loss, and \$129.1 million in teachers' productivity loss. As a result, the program generated a net benefit of \$98.2 million to society. For every dollar invested in the program, society would gain \$2.20. Eighty-nine percent of simulation trials resulted in a net benefit.

CONCLUSIONS AND RELEVANCE The results of this study demonstrated that school nursing services provided in the Massachusetts ESHS schools were a cost-beneficial investment of public money, warranting careful consideration by policy makers and decision makers when resource allocation decisions are made about school nursing positions.

JAMA Pediatr. 2014;168(7):642-648. doi:10.1001/jamapediatrics.2013.5441
Published online May 19, 2014.

← Editorial page 604

+ Supplemental content at
jamapediatrics.com

Author Affiliations: Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia (Wang, Vernon-Smilely); Office of School Health Services, Division of Primary Care and Health Access, Massachusetts Department of Public Health, Boston (Gapinski, Sheetz); Waltham Public Schools, Newton, Massachusetts (Desisto); National Association of School Nurses, Silver Spring, Maryland (Maughan).

Corresponding Author: Li Yan Wang, MBA, MA, Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Rd, Mail Stop E-75, Atlanta, GA 30329 (lgw0@cdc.gov).

During the past few decades, several major changes in our society have greatly increased the demand for school nursing services, including a rise in the number of students with chronic health conditions and mental health problems,¹⁻⁵ an increase in the number of students with special care needs, and improved medical technology. As a result, school nursing services have expanded greatly from their original focus of reducing communicable disease-related absenteeism to providing episodic care, managing chronic health conditions, caring for students with disabilities, promoting health behaviors, enrolling children in health insurance and connecting them with health care providers, tracking communicable diseases, and handling medical emergencies.⁶ These services may be provided more promptly if a school nurse is in the school. The National Association of School Nurses⁷ states that every school-aged child deserves a registered nurse, and every school should have a full-time school nurse all day, every day; however, many schools across the United States do not meet this recommendation. Only 45% of the nation's public schools have a full-time on-site nurse; 30% have one who works part-time, often dividing his or her hours between several school buildings; and 25% have no nurse.⁸

School nursing services are typically funded with education dollars. When budget cuts occur, school nurses are often the first to be let go because few states mandate a nurse to be in every school. In recent years, across the country, many districts have cut school nursing services by eliminating nurses, reducing their hours, or replacing them with untrained employees.^{9,10} These cutbacks could have a negative effect on the health of millions of US children, including those who have chronic diseases, have a low socioeconomic status, and depend on medical devices and daily medications.

A growing body of research has examined the effect of school nursing services on students and teachers. On-site school nursing services were effective in improving student health¹¹ and student attendance,^{12,13} reducing early dismissals¹⁴⁻¹⁶ and reducing teacher time spent on dealing with student illness or injury.^{17,18} However, to our knowledge, no study has assessed the economic impact of school nursing services. The objective of this study was to conduct a case study of the Massachusetts Essential School Health Services (ESHS) program to demonstrate the cost-benefit of school health services delivered by full-time baccalaureate-prepared registered nurses.

Methods

Analytical Framework

A societal perspective and standard cost-benefit analysis methods¹⁹ were used to assess the costs and benefits of school nursing services delivered by full-time registered nurses in the ESHS schools compared with a scenario involving no school nursing services. The "no school nursing services" scenario is hypothetical, in which we projected medical procedure costs, teachers' productivity loss costs associated with addressing student health issues, and parents' productivity loss costs associated with student early dismissals and medication administrations when no professional nursing services were provided

at schools, given that student needs for health services remain unchanged. We also estimated teachers' productivity loss costs associated with addressing student health issues and parents' productivity loss costs related to student early dismissals in the ESHS scenario. The differences in those costs between the 2 scenarios were costs averted or savings resulting from school nursing services and were measured as program benefits. Costs of school nursing services incurred during the 2009-2010 school year were measured as program costs, which included school nurse salary, fringe benefits, and costs of medical supplies. Net benefits and the benefit-cost ratio of school nursing services in the ESHS schools were calculated. All costs and benefits were in 2009 US dollars.

The major data source of this study was the 2009-2010 ESHS program report, which provides a detailed summary of school health services that took place in 78 districts during the school year.²⁰ Between September 1, 2009, and June 30, 2012, a total of 1157 full-time registered nurses in 933 schools reported 4 946 757 student health encounters and 99 903 school staff health encounters. School nurses performed 1 016 140 medical procedures and administered 1 191 060 doses of medication. After assessment and/or treatment by a school nurse, 6.2% of students were dismissed from school early due to illness or injury. In addition to the ESHS data, some published estimates from the existing literature also were used in this study. Institutional review board approval was not required for this study.

Medical Procedure Costs

As shown in **Table 1**, school nurses performed 22 types of medical procedures during the school year. Many of those procedures are customarily provided in a traditional medical care setting (eg, clinic or hospital). These procedures or treatments refer to activities provided for a preexisting condition, which usually requires a physician order. They are an indicator of skilled nursing care and not activities that are part of a nursing assessment to determine nursing interventions.²¹ These reported procedures demonstrated the professional services needs that the students had during school hours, and the needs for most of these procedures would not change regardless of whether a school nurse was present. In the scenario involving no school nursing services, we assumed that these procedures would have been performed by physicians or nurses in a medical setting, resulting in medical care costs. Although some procedures or treatments might be addressed by parents outside of school hours when no school nurse is available (eg, nebulizer treatment), most cannot be provided by a nonprofessional during school hours. To estimate medical care costs associated with those procedures, we first identified *Current Procedural Terminology* or *Healthcare Common Procedure Coding* codes for those procedures (see code descriptions in the eTable in the Supplement). We then used these codes to obtain medical cost estimates of both Medicaid and non-Medicaid insurance for those procedures (see details in Table 1). On the basis of student insurance information provided in the ESHS report, we calculated the weighted mean costs of Medicaid and non-Medicaid insurance. We used the weighted mean costs for the base-case analysis and the range of the mean costs $\pm 20\%$ for the sensitivity analysis.

Table 1. Medical Procedure Costs if Performed by Physicians or Nurses in a Medical Setting

Procedure	CPT or HCPC Code	No. of Procedures Performed Monthly		\$			Annual Procedure Costs	
		Students	Staff	Medicaid Fee or Midpoint of Fee Range ^a	Non-Medicaid Fee or Midpoint of Fee Range ^b	Weighted Mean of Medicaid and Non-Medicaid	Students	Staff
Administer immunizations	90471	5141	1288	16.52	29.50	24.84	1 277 064	379 960
Auscultate lungs ^c	T1002/S9123	14 216	261	9.09	15.85	13.42	1 908 240	41 369
Blood glucose testing	82962	31 013	81	2.96	20.00	13.88	4 305 820	16 200
Blood pressure monitoring	99211	2805	1735	10.05	49.50	35.34	991 223	858 825
Carbohydrate insulin calculation ^c	T1002/S9123	11 655	4	9.09	15.85	13.42	1 564 472	634
Catheter care ^c	T1002/S9123	2307	3	9.09	15.85	13.42	309 673	476
Central line care ^c	T1002/S9123	89	1	9.09	15.85	13.42	11 947	159
Check ketones	81000	1408	2	4.01	24.00	16.83	236 901	480
Device adjustment	99002	1571	9	0.00	39.00	25.00	392 734	3510
Insulin pump care ^c	T1002/S9123	11 047	185	9.09	15.85	13.42	1 482 859	29 323
IV infusion care ^c	T1002/S9123	4474	3	9.09	15.85	13.42	600 553	476
Nebulizer treatment	94640	35	3	11.78	60.00	42.69	14 941	1800
Ostomy care	43760	1079	6	164.54	369.50	295.92	3 192 957	22 170
Oxygen administration ^c	T1002/S9123	408	2	9.09	15.85	13.42	54 767	317
Oxygen saturation check	94760	190	3	1.94	40.00	26.34	50 039	1200
Peak flow monitoring ^c	T1002/S9123	3993	100	9.09	15.85	13.42	535 988	15 850
Physical therapy	97110	1279	26	11.82	57.50	41.10	525 671	14 950
Suctioning ^c	T1002/S9123	786	5	9.09	15.85	13.42	105 506	793
Tracheostomy care ^c	T1002/S9123	182	0	9.09	15.85	13.42	24 430	0
Tube care or use ^c	T1002/S9123	88	1	9.09	15.85	13.42	11 812	159
Weight measurement ^c	T1002/S9123	3484	1	9.09	15.85	13.42	467 664	159
Wound care	97597	458	187	33.62	104.00	78.73	360 605	194 480

Abbreviations: CPT, Current Procedural Terminology; HCPC, Healthcare Common Procedure Coding; IV, intravenous.

^a Data were from the Massachusetts Medicaid Fee Schedule.

^b Data were from Physicians' Fee and Coding Guide 2009 and the HCPC system.

^c Procedures are not directly transferable to CPT codes or fees unavailable; costs are based on registered nurse services up to 15 minutes.

Parents' Productivity Loss Costs Associated With Student Early Dismissal

Several published studies have compared the number or percentage of students sent home by school nurses vs unlicensed personnel. Wyman¹⁵ assessed the number of students in a Midwest urban public school district who were dismissed from school early for illness or injury with or without contact with a school nurse. Data were collected for 3½ weeks from 6 schools with 3132 students in kindergarten through grade 12. The comparison was between the days with and without an on-site school nurse. The study found that 58 students were dismissed with and 167 without a school nurse contact. Pennington and Delaney¹⁴ conducted a similar study in Kentucky, collecting data for 5 months from 2100 students in kindergarten through grade 12. They compared early dismissals between the hours with and without an on-site school nurse and found that of the students sent home, 5% had been seen by a school nurse vs 18% seen by unlicensed school staff. The results of these 2 studies indicate that the dismissal rate without a nurse can be 3 times higher than that with a school nurse. According to the ESHS report, 6.2% of students visiting the nurse office with an illness or injury were dismissed early from school compared with 11.0% of students who were dismissed

or stayed in a health or counselor office in 50 non-ESHS schools. The non-ESHS schools had at least 1 part-time school nurse in every school, with a slightly higher student-to-nurse ratio than did the ESHS schools (466:1 vs 412:1). Therefore, the true dismissal rate in the ESHS schools when no school nurse was available should be at least higher than the 11.0% experienced in the non-ESHS schools when a part-time nurse was available. If we apply the 3 times difference from the 2 studies mentioned earlier, the dismissal rate without a school nurse contact may well be 18.6% (3 times the dismissal rate of 6.2%). To be conservative, we used the midpoint of 11.0% and 18.6% for our base-case analysis and a range of 11.0% to 18.6% for the sensitivity analysis.

To estimate productivity costs of parents, we used a published estimate of annual mean earnings of \$36 206¹⁹ to calculate the value of a lost hour of work. The value of a lost hour of work for all adults is \$18. The ESHS program did not collect data on the number of school hours students missed per early dismissal. The study by Wyman¹⁵ showed that 42.3% of the early dismissals due to illness or injury occurred in the first half of the day and 57.7% were in the second half. For simplicity, we used a mean of 3 hours (half a school day) for our base-case analysis, with a range of 2 to 4 hours for the sensitivity

Table 2. Parameters Used in Estimating Costs of School Nursing Services and Costs of Lost Productivities^a

Parameter	Value	Source
No. of districts	78	ESHS report, 2009-2010
No. of schools	933	ESHS report, 2009-2010
No. of students	477 163	ESHS report, 2009-2010
No. of nurses	1157	ESHS report, 2009-2010
No. of teachers	34 283	2009-2010 Massachusetts Teacher Salaries Report
Teacher, \$		
Annual salary	70 196	2009-2010 Massachusetts Teacher Salaries Report
Salary and fringe benefits	91 255	Authors' calculation
Hourly salary and fringe benefits	63	Authors' calculation
Nurse, \$		
Annual salary	53 438	ESHS nurse director survey
Salary and fringe benefits	69 469	Authors' calculation
Value, \$		
A day lost per parent	145	Bureau of Labor Statistics ¹⁹
An hour lost per parent	18	Authors' calculation
No. of hours missed per dismissal (range)	3 (2-4)	Authors' assumption
No. of student encounters due to illness or injury	4 289 589	ESHS report, 2009-2010
Students dismissed from school due to illness or injury when a nurse is present, %	6.2	ESHS report, 2009-2010
Students dismissed from school due to illness or injury when a nurse is not present (range), %	14.8 (11.0-18.6)	Assumption (midpoint between 11.0% of non-ESHS schools and 18.6% of published studies)
Parents' time spent on traveling and administering medications at school (range), min	30.0 (15.0-60.0)	Authors' assumption
Teachers' time spent per day on dealing with illness or injury when a nurse is present, min	6.2	Baisch et al ¹⁸
Teachers' time spent per day on dealing with illness or injury when nurse is not present, min	26.2	Baisch et al ¹⁸
Time saved per teacher per day (range), min	20.0 (0.0-40.0)	Baisch et al ¹⁸ and author assumption
No. of medication doses administered	1 191 060	ESHS report, 2009-2010
Medication doses that would have been administered by parents at school if nurse was not present (range), %	0.74 (0.60-1.00)	Authors' assumption based on ESHS report, 2009-2010
Medical equipment and supply costs per student, \$	4.53	ESHS nurse director survey

Abbreviation: ESHS, Essential School Health Services.

^a Values are presented as means unless otherwise indicated.

analysis. The costs of parents' productivity loss were calculated as the product of the number of health encounters, early dismissal rate, the number of school hours missed per early dismissal, and the value of a lost hour (Table 2).

Parents' Productivity Loss Costs Associated With Medication Administration

According to the ESHS report, school nurses in the 78 ESHS districts administered a mean of 119 106 doses of medication to students per month, including 59.9% scheduled prescription medications, 14.5% as-needed prescription medications, and 25.6% nonprescription medications written by school physicians.²⁰ The fact that those medications were administered during school hours proved that students had to take those medications during school hours regardless of whether a nurse was present. The Massachusetts regulation requires a school nurse to be on duty in the school system while prescription medications are administered by delegated unlicensed school personnel. Thus, it is reasonable to assume that parents have to go to school to administer medications if there is no school nurse in the school system. However, to generate

conservative benefit estimates, in the base-case analysis, we assumed that parents only need to come to school to administer prescription medications, thereby using 74.4% of the total number of doses (both scheduled and as-needed prescription medications) for our base-case analysis, with a range of 59.9% (scheduled prescription medications) to 100% (all medications administered during school hours) of the total number of doses for the sensitivity analysis. For the base-case analysis, we assumed that parents have to spend a mean of 30 minutes for each medication administration at schools, which includes travel time and time spent at school. For the sensitivity analysis, a range of 15 to 60 minutes was used. The annual costs of parents' productivity loss associated with medication administration was calculated as the product of the annual number of doses of medication administered, the number of hours parents incur for medication administration at school, and the value of a lost hour (Table 2).

Teachers' Productivity Loss Costs

Although the ESHS program did not collect information on the time teachers spent on health issues, 2 recent studies provide

Table 3. Base-Case Analysis Results^a

Characteristic	Nurse		Difference
	With	Without	
School nursing services costs, \$			
School nurse salary and fringe benefits	76 902 415	0	76 902 415
Medical equipment and supply costs	2 145 293	0	2 145 293
Parents' productivity loss costs, \$			
Due to early dismissals	14 437 432	34 520 467	20 083 035
Due to giving medications at school	0	8 030 722	8 030 722
Teachers' productivity loss costs due to dealing with students' illness or injury, \$	40 319 125	169 417 864	129 098 738
Procedure costs if performed by physicians and nurses in a medical setting, \$	0	20 009 129	20 009 129
Total costs of school health services, \$			79 047 709
Total benefits, \$			177 221 624
Net benefits, \$			98 173 915
Benefit-cost ratio			2.24

^a All costs were estimated in 2009 US dollars. The difference between the sum of the first two sets of numbers in the last column and the total cost is due to rounding.

valuable information on this topic. Baisch et al¹⁸ published the results of a cross-sectional study on the amount of time school staff spent on student health issues before and after a nurse was assigned to their school. Data were collected from 634 school staff members (565 teachers) of 11 schools (elementary, middle, and high schools) in a large urban school district in a major Midwestern city. Teachers reported a mean decrease of 20 minutes per day (26 minutes before and 6 minutes after having a school nurse). Hill and Hollis¹⁷ conducted a cross-sectional study to assess the association between hours of having a school nurse present and hours the teacher spent on managing health issues. Data were collected from a 2-year survey of elementary school teachers in 1 county of western North Carolina, where nearly 50% of students are eligible for free or reduced meals. In year 1, school nurses spent 2 hours per day and teachers spent 80 minutes per day managing health issues. In year 2, school nurses spent 3.6 hours per day and teachers spent 46 minutes dealing with health issues.

Because our study focused on the difference between having a full-time registered nurse providing health services and having no school nursing services, we used the number of minute estimates from the study by Baisch et al¹⁸ in this analysis. For the sensitivity analysis, we varied the difference of 20 minutes from 0 to 40 minutes. The costs of teachers' productivity loss were calculated as the product of the total number of teachers, the annual number of hours the teachers spent addressing health issues, and the mean hourly pay and fringe benefits per teacher (Table 2).

Sensitivity Analysis

In our base-case analysis, there is uncertainty caused by the assumptions used and parameter estimates derived in the previously published studies. To test how those assumptions and parameter estimates affected the main results, we conducted a multivariate sensitivity analysis on all major parameters as stated earlier. Monte Carlo simulation of 10 000 trials was performed using @RISK (Palisade Corp). Parameter values for each simulation trial were selected randomly from a plausible range

identified assuming a uniform distribution of values for teachers' time spent on health issues and a triangular distribution of values for all other parameters.

Results

Table 3 summarizes the base-case results. During the 2009-2010 school year, at a program cost of \$79.0 million, the ESHS program in 78 districts prevented an estimated \$20.0 million in medical care costs, \$28.1 million in parents' productivity costs, and \$129.1 million in teachers' productivity costs. As a result, the program generated a net benefit of \$98.2 million to society. For every dollar invested in the program, society would gain \$2.20.

Table 4 shows the sensitivity analysis results. In 95% of the 10 000 simulation trials of the multivariate sensitivity analysis, total costs averted by the ESHS ranged from \$56.3 to \$302.1 million. The benefit-cost ratio ranged from 0.7 to 3.8. Eighty-nine percent of the simulation trials resulted in a net benefit.

Discussion

The current study fills a void in the current literature by conducting a case study of an ESHS program to examine the cost-benefit of school nursing services delivered by full-time registered nurses. On the basis of the assumptions made and the data used in this study, school nursing services provided in the 933 ESHS schools generated an estimated net benefit of \$98.2 million to society during the 2009-2010 school year. For every dollar invested in the program, society would gain \$2.20. Eighty-nine percent of the 10 000 simulation trials resulted in a net benefit. The results of this study demonstrated that school nursing services provided in the ESHS schools were a cost-beneficial investment of public money, warranting careful consideration by policy makers and decision makers when resource allocation decisions are made about school nursing positions.

Table 4. Multivariate Sensitivity Analysis Results^a

Costs and Benefits	Results of 95% of Simulation Trials
School nursing services costs, \$	
School nurse salary and fringe benefits	76 902 415
Medical equipment and supply costs	2 145 293
Reduced parents' productivity loss, \$	
Due to reduced early dismissals	12 081 820 to 29 647 080
Due to reduced medication administration by parents at school	5 190 689 to 15 984 340
Reduced teachers' productivity loss in addressing student health issues, \$	6 438 192 to 251 742 200
Savings in medical procedure costs, \$	19 068 550 to 20 945 790
Total costs of school health services, \$	79 047 709
Total benefits, \$	56 269 360 to 302 059 400
Net benefits, \$	22 778 350 to 223 011 700
Benefit-cost ratio	0.7 to 3.8

^a The difference between the sum of the first two sets of numbers in the last column and the total cost is due to rounding.

The findings of this study suggest that from a societal perspective (not the perspective of the school system or payers), the benefits of school nursing services may well exceed the costs of those services. School nursing services can be a benefit to schools, families, the health care system, and the community at large through increased student attendance, improved teacher and worker productivity, and reduced health care costs. To achieve all those benefits, schools must have a full-time registered nurse. In schools where education budgets are constrained and school nursing services are low priority in education budgets, education agencies can work with partners in the health care system to explore other funding sources for school nursing services. Health care system partners might value their contributions to such partnerships as a part of their community benefit investment.²²

Because every school in the ESHS program had a full-time registered nurse, this study focused on analyzing school nursing services provided by full-time registered nurses, not part-time nurses. Data reflective of school nursing services provided by part-time nurses would be needed to perform such an analysis. Other services provided by the ESHS nurses were not accounted for in this analysis, such as connecting students to health care and insurance providers, identifying undiagnosed conditions, and providing health education and health promotion.²⁰ Including these benefits or services in our analysis could result in higher benefits than we estimated.

This study has several limitations. First, the benefits of the ESHS program were projected, not directly measured. Second, the cost-benefit estimates generated for the Massachusetts program may not be generalizable to other states because of the differences in teacher salaries and other costs. Third, because we derived the estimate of teacher time spent on addressing health issues from a large urban school sys-

tem, our base-case result might be an overstatement for a rural school system. Fourth, we made some assumptions when no data were available for certain input parameters, such as the mean number of hours parents spent in administering medications at school when no school nurse was present. Fifth, we were not able to quantify the volume and associated costs for any procedures or treatments that might have been addressed by parents outside of school hours when no school nurse was present. Because of these limitations, we have been cautious in our approach and have carefully conducted a multivariate sensitivity analysis by varying those major parameter estimates over a plausible wide range.

Conclusions

To our knowledge, this is the first economic study of school nursing services, providing results that will allow policy makers and decision makers in all sectors to better understand the value of school nursing services. The analytical approach developed in this study can be used by any state or district to assess the cost-benefit of its school nursing programs. School nurses can regularly record their service activities, such as the number of encounters, medications administered, medical procedures, and other types of services provided. The success of data reporting in Massachusetts suggests that school nurses can do this with a minimal burden or negative effect on the delivery of services. They can also work with other school staff members to regularly collect data on school absence, early dismissals, and 911 calls related to illness or injury. As these data are collected, future research could incorporate these variables to strengthen the cost-benefit estimates of school nursing services.

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and take responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Wang, Vernon-Smilely, Sheetz.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: Wang, Vernon-Smilely, Gapinski, Maughan.

Critical revision of the manuscript for important intellectual content: Wang, Vernon-Smilely, Desisto, Maughan, Sheetz.

Statistical analysis: Wang, Vernon-Smilely.

Administrative, technical, or material support: Wang, Gapinski, Desisto, Maughan.

Study supervision: Wang, Sheetz.

Conflict of Interest Disclosures: None reported.

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official positions of the Centers for Disease Control and Prevention or the Massachusetts Department of Public Health.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 28, 2017 8:55 AM
To: CPH Testimony
Cc: kfdavis@hawaii.edu
Subject: Submitted testimony for HB672 on Mar 30, 2017 09:30AM

HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Finn Davis	Individual	Support	No

Comments: Aloha Chairs and Vice Chairs of the Committee on Commerce, Consumer Protection and Health and the Committee on Ways and Means. My name is Katherine Finn Davis and I work/live in Honolulu. I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. As Quality Director for the program, I can attest to the difference Hawaii Keiki has already made in the lives of our Keiki. We will continue to improve the health and wellness and monitor our data to ensure quality outcomes for all keiki. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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TESTIMONY ON SB 510 SD1 RELATING TO SCHOOLBASED HEALTH SERVICES
URGING THE COMMITTEE TO MAKE AVAILABLE FUNDS TO EXPAND AND
SUSTAIN THE HAWAII KEIKI: HEALTHY AND READY TO LEARN PROGRAM

March 30, 2017

9:30 am

Conference Rm. 211

Aloha Chair Tokuda, Vice-Chair Dela Cruz, and members of the Senate Committee on Ways and Means, **my name is Aaron Makana Schweitzer. I am a student at the University of Hawaii Manoa and am here today to support HB 672.**

Members, I write to you as the child of single parent who attended public school from kindergarten until graduation from Kalaheo High school. I was fortunate enough to have medical coverage in school due which was critical in helping me to get screened for near-sightedness (myopia) when I started experiencing blurred vision. I consider myself to have received vision screening and the medical services that I did before more permanent damage was done. Unfortunately, I know not every child has been so lucky and it is for this reason that we need to allocate funds for programs like Hawaii Keiki; to help improve the standards of care for children afflicted with destitution and who otherwise would not receive the care they deserve.

I would also speak to you as counselor that has worked with children and families facing poverty. I have seen the struggle that families face with increasing costs of medical care, especially when it comes to services such as vision and dental which many parents are unable to afford regularly. Screening in these areas will help in drastically reducing future costs, as dental and vision health issues can have a compounding effect when left undiagnosed. Without such services, children will be unable to be productive in school when faced with discomfort or pain lack of proper medical assistance can cause.

In addition, behavioral and mental health screening have the potential to drastically and positively impact the physical health, wellbeing and confidence of children by nurturing their strengths and addressing challenging behaviors, before they exacerbate to a point of driving children to resent school. Children that face multiple barriers such as poor nutrition, lack of medical care and assistance with behavioral and mental health challenges are at a greater risk to develop an aversion to school. This can cause an increase in truancy and absenteeism, causing the children to miss the crucial developmental milestones that provide for success in later academics.

I support HB 672 SD1, because it would provide the fiscal consideration necessary for the State to continue and expand a key program in supporting happier, healthier and better prepared students. This support will be instrumental in helping Hawaii Keiki to become the hub that is needed to lead community partners in a coordinated effort to provide an appropriate, yet missing, level of care for all the children of Hawai'i.

Mahalo for allowing me to share this testimony with the Committee.

Sincerely,

Aaron Makana Schweitzer, MA

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 28, 2017 11:30 AM
To: CPH Testimony
Cc: melissaowensfnp@gmail.com
Subject: Submitted testimony for HB672 on Mar 30, 2017 09:30AM

HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Owens	Individual	Support	No

Comments: Aloha Chairs and Vice Chairs of the Committee on Commerce, Consumer Protection and Health and the Committee on Ways and Means. My name is Melissa Owens and I work in the Kalihi area. I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. As an advanced practice nurse currently working in the school system, I have had many opportunities to see the tremendous medical needs in the Kalihi community. It is a common occurrence to encounter severe skin infections that have failed to heal or respiratory infections that have went untreated for weeks. By working in the school, I am easily accessible to the students which removes a major barrier from seeking care in that parents do not have to miss work. In addition to providing direct care to students, I work with community partners like public health nurses. Together we provide training to school health aides, administer flu vaccinations in school, and offer medical guidance on educational plans for students. We meet regularly to identify educational needs within our complex area and to track the care being provided in the schools. Building close relationships with public health nurses has allowed me to have a greater impact on my students and the health of this community. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Melissa Owens, APRN

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HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Doo	Individual	Support	No

Comments: Aloha Chairs and Vice Chairs of the Committee on Commerce, Consumer Protection and Health and the Committee on Ways and Means. My name is Danielle Doo and I work on the island of Kauai as a School Nurse. I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. While the benefits of having school nurses service our schools are numerous, I'd like to share more about my experience with the evolving partnership with our local Pediatricians. As a School Nurse, I have received extremely positive feedback from the Pediatricians on island and have partnered on a variety of cases thus far. Many cases that benefit from this collaboration include Asthma action plans and management, as well as the management of both Type 1 and Type 2 Diabetes in the school setting. Communication with physicians regarding communicable diseases such as MRSA, Scabies and impetigo in the school setting has also been of benefit. As the School Nurse, I have been invited to sit in for Doctor's appointments and collaboratively worked with physicians on the development of medical plans in the school setting. The school nurse position has shown to be an important link between the physician, parent and the school. The physicians on Kauai have been supportive of the program and encourage the expansion of health services offered in schools. Where I have seen the most support, is in the area of Asthma treatment plans and administration of quick relief and maintenance medications in the school. Through working with Pediatricians on specific medical cases, the partnerships have since grown to include partnering on several community and school based keiki health promotion projects. Examples thus far, include: - Keiki Diabetes Prevention fair with Hawaii Pacific Health (January 2017) - Pediatrician guest speakers at DOE Health Education professional development courses for teachers (2015, 2016) - Health Lessons by pediatricians in after school programs (Fall 2016) - Physician invitations to school health fairs. Another potential partnership in the works is a pediatrician led obesity prevention program based out of a local elementary school on the weekends. I anticipate with the continuation and expansion of Hawaii Keiki, the partnerships between School Nursing and Physicians will continue to grow in a variety of ways to further service our keiki. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HB672

Submitted on: 3/28/2017

Testimony for CPH/WAM on Mar 30, 2017 09:30AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Desiree Uyeda	Individual	Support	No

Comments: Aloha Chair and Vice Chair of the Committee on Commerce, Consumer Protection and Health AND Committee on Ways and Means. My name is Desiree Uyeda and I live in Aiea. I am submitting testimony today in support of the Hawai'i Keiki Bill, HB672 HD2 SD1. This bill seeks to establish and expand school health services across the state. Public school students who live in my district currently do not have a registered nurse to oversee their health care while they are in school. Students spend so much of their time at school so it is critical that they have the health resources available to them, so they can thrive and focus on learning. I do not have children, but my nephew is a kindergartner at Pearlridge Elementary. My wish is that he will have access to registered nurse who is professionally trained. Thank you for hearing this bill and I urge you to vote in favor of Hawaii Keiki.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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DATE: March 30, 2017

TO: The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Jill N. Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Senate Committee on Ways and Means

FROM: Robert H. Pantell, MD, FAAP
Medical Director
The Kapi'olani Child Protection Center
A Program of Kapi'olani Medical Center for Women and Children

RE: Testimony in Support H.B. 672 H.D. 2 S.D. 1
Relating to School-Based Health Services

Good afternoon Chairs Baker and Tokuda, Vice Chairs Nishihara and Dela Cruz, and members of the Senate Committees on Commerce, Consumer Protection, and Health and on Ways and Means:

The Kapiolani Child Protection Center (KCPC) supports H.B. 672 H.D. 2 S.D. 1, which formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education. The program's initiatives include improvements in children's direct access to high quality health services by making APRNs (advanced practice registered nurses) and RNs available to public schools across the state and establishing school based health centers.

School nurses play a pivotal role in caring for children and improving their health. Currently 68% of school age children have all available parents in the workforce. This means that if a child becomes ill at school there is no parent immediately available at home to bring the child from school to their primary care physician. If a parent leaves work, it could mean an hour long drive and lost wages. Moreover, despite Hawai'i's leadership in insuring children, some parents fail to keep their children continuously insured, while others maintain their children's insurance but do not take their children to providers for needed medical care.

The nurses in this University of Hawai'i School of Nursing initiative identify children in need of services; provide on-site urgent care; develop and implement programs to improve students' health; and ensure children return for follow up care with their primary care pediatricians in their medical home. School nurses are both the medical front line and health care provider of last resort for many children who are otherwise receiving suboptimal care.

There is also a growing body of professional and academic research supporting the effectiveness of school nurses in addressing chronic childhood conditions, ranging from asthma to obesity, and identifying and responding to students' acute or life-threatening health events. Consequently, the shared recommendation of the American Academy of Pediatrics, the National Association of School Nurses, and the United States Center for Disease Control is that state education and health officials ensure an availability of at least 1 school nurse for every 750 students.

In addition, school nurses, along with classroom teachers, regularly refer neglected and maltreated children to receive appropriate medical and social evaluations. The involvement of school nurses in evaluating suspected neglect and maltreatment, as medical professionals, improves the accuracy and detail of these reports by allowing schools to better detect, corroborate and confirm evidence of physical and psychological harm. Moreover, school nurses are able to provide timely medical treatment and other support to victims of neglect and maltreatment, even as a report is being made.

School nurses are an important and necessary part of the system required to optimize children's health in Hawai'i. Primary care services are provided by pediatricians in a child's medical home, and, for a school age child, a partnership between school nurses and the child's medical home pediatrician ensures the greatest and most timely access to quality health care, as will increased pediatric involvement in the program in the future. This coordinated delivery of services is consistent with the model of collaboration between DOE, DOH, and DHS promoted by this bill to ensure the overall well-being of school age children, both in and away from school.

By placing UH-trained nurses into local schools and enabling the establishment of additional school based health centers, your support of H.B. 672 H.D. 2 S.D. 1 demonstrates that the State of Hawai'i is committed to the health and wellbeing of its children, and takes a meaningful step towards ensuring that appropriate and necessary health care is immediately available whenever it is needed in a school setting.



**Testimony to the Joint Senate Committee on Commerce, Consumer Protection and
Health and Ways and Means
Thursday, March 30, 2017; 9:30 a.m.
State Capitol, Conference Room 211**

**RE: COMMENTS ON HOUSE BILL NO. 0672, SENATE DRAFT 1, RELATING TO SCHOOL-
BASED HEALTH SERVICES.**

Chair Baker, Chair Tokuda, and Members of the Joint Committee:

My name is Robert Hirokawa and I am the Chief Executive Officer of the Hawaii Primary Care Association (HPCA), a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA appreciates this opportunity to **COMMENT** on House Bill No. 0672, Senate Draft 1, RELATING TO SCHOOL-BASED HEALTH SERVICES.

The bill, as received by your Committee, would:

- (1) Statutorily establish the Hawaii Keiki Program (Program) within the Department of Education to provide school-based wellness and health services from pre-kindergarten through twelfth grade;
- (2) Create a special fund comprised of, among other things, legislative appropriations, private grants, and federal reimbursements to implement the Program;
- (3) Exempt proceeds deposited into the special fund from defraying central service expenses;
- (4) Allow advance practice registered nurses and program administrators to dispense medication to Program participants;
- (5) Appropriate general funds for:
 - (A) The Departments of Health, Human Services, and Education respectively, to establish one full-time equivalent school health service coordinator position, each;
 - (B) The Department of Education to implement the Program; and
 - (C) The Department of Education to conduct evidence-based vision screening and eye assessment for children in kindergarten through grade twelve; and
- (6) Take effect on July 1, 2090.

While we welcome the intent of this measure, the HPCA is concerned that this measure may unintentionally and inadvertently conflict with efforts to establish school-based health clinics at certain public schools situated near existing Community Health Center facilities. These school-based clinics provide broader and more intensive primary care services than that which would be provided solely by an advance practice registered nurse assigned to a complex of schools as proposed under the Keiki Program.

In your efforts to provide baseline primary health care services to all school-aged youths, we respectfully urge you not to take any steps that may duplicate existing services, diminish the level of services that are currently provided, or preclude the establishment of more intensive and comprehensive services at public schools.

Both Koolauloa Health Center and Waianae Coast Comprehensive Health Center have worked with the Department of Education (DOE) to establish school-based clinics at public schools situated near their facilities. Other Community Health Centers have examined their models and are currently considering entering into agreements with the Department of Education to create similar programs at nearby schools. We are concerned that the establishment of the Keiki Program may conflict with these efforts which might unfortunately reduce the level of services that is currently being provided at certain schools, or might be provided to more schools in the future.

As mentioned earlier, HPCA is merely commenting on this measure and will continue to monitor this measure as it goes through the legislative process. We are partners with the entire community and want to work with all parties for what is best for our citizens.

To ensure that the Keiki Program not conflict with the efforts of Community Health Centers, we respectfully offer an amendment for your consideration. Specifically we ask that should the Keiki Program be statutorily established:

- (1) The DOE be required to partner with the Public Health Nursing Branch of the Department of Health (DOH) pursuant to a memorandum of understanding between the DOE, DOH, the Program, and each federally qualified health center and rural health clinic geographically situated within each participating complex of schools; and
- (2) The Program be precluded from providing services at any school where a school-based clinic established pursuant to a memorandum of understanding or contract between a federally qualified health center or rural health clinic and the Department of Education exists or may exist in the future. Further, the amendment would clarify that precluded services would include any service that duplicates any service that is either provided or offered at a school-based clinic.

Testimony on House Bill No. 0672, Senate Draft 1
March 30, 2017; 9:30 a.m.
Page 3

Lastly, we respectfully request that the following language be added to the committee report, should the Committee desire to report this measure out:

“It is the intent of your Committee that the Program established pursuant to this Act not be construed in any way to preclude or limit the receipt of federal funds to establish any school-based clinic pursuant to a grant or other financial arrangement with a federally qualified health center or rural health clinic.”

For your review, a proposed Senate Draft 2 is attached.

In advance, thank you for your consideration of our request.

Attachment

A BILL FOR AN ACT

RELATING TO SCHOOL-BASED HEALTH SERVICES

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

1 SECTION 1. The legislature finds that the Hawaii keiki:
2 healthy and ready to learn program is designed to improve access
3 to, and the quality of, school-based health services available
4 to Hawaii's public school students by coordinating and expanding
5 the existing efforts of community partners and resources. This
6 partnership program with the University of Hawaii at Manoa
7 school of nursing and dental hygiene supports the department of
8 education in achieving student, school, and system success by
9 providing school health nursing and primary care services to
10 public schools in five complex areas.

11 In 2015, the legislature appropriated general funds to
12 improve access to, and increase the quality of, health services
13 available to Hawaii's public school students. This
14 appropriation led to the expansion of the Hawaii keiki program,
15 with five advanced practice registered nurses and five
16 registered nurses serving seven complex areas across three
17 islands. During this time, the Hawaii keiki program also
18 established five school-based health centers.

1 The legislature further finds that the department of
2 education is working with other state agencies, partnering
3 organizations, and families to improve attendance, behavior, and
4 course marks by partnering to coordinate wraparound services
5 that address non-school factors that impede student success.
6 Further, through the Hawaii keiki program collaboration, the
7 departments of health and human services have identified the
8 extent of services provided within each department targeted to
9 public school children and the need to coordinate internal
10 departmental activity and cross departmental efforts to develop
11 sustainable school-based health services.

12 The legislature additionally finds that chronic
13 absenteeism, poor health, and delayed or limited access to
14 health care and preventive services continue to hinder academic
15 success and meeting the needs of the whole child. The
16 legislature acknowledges that the Hawaii keiki program is an
17 effective means by which to continue collaboration between
18 health, human services, and education policymakers and providers
19 to achieve sustainable, comprehensive school-based health
20 services in the State to improve the academic and health
21 outcomes of Hawaii's public school students. Working with each
22 complex area superintendent and school principals, the Hawaii

1 keiki program builds and enhances school-based health services
2 that reflect the specific needs of the individual complex area
3 according to student demographics, staffing, available support
4 services, and access to health care within the community,
5 including:

- 6 (1) Comprehensive screening for physical and behavioral
7 health conditions;
- 8 (2) Providing referrals to primary and behavioral health
9 care and patient-centered medical home services;
- 10 (3) Preventing and controlling communicable diseases and
11 other health problems;
- 12 (4) Providing emergency care for illness or injury; and
- 13 (5) Collaborating with community partners, including
14 federally qualified health centers, the Hawaii chapter
15 of the American Academy of Pediatrics, Hui for
16 Excellence in Education Coalition, and other key
17 stakeholders to develop and implement a comprehensive
18 plan to implement school-based health.

19 The legislature also finds that the expected cost to
20 continue and expand the Hawaii keiki program to include students
21 from pre-kindergarten through high school in the fifteen
22 department of education complex areas statewide; expand the

1 program to allow the Hawaii state public charter school
2 commission to launch the program in two public charter schools
3 serving disadvantaged keiki; provide access to preventive oral
4 health services and establish a pilot oral health screening and
5 preventative services program on a neighbor island; enhance data
6 collection, sharing, analysis, and reporting; and engage in
7 interdepartmental school health coordination, is \$4,000,000
8 annually, in addition to a one-time allocation of \$500,000 for
9 an evidence based vision screening tool. These funds will
10 additionally establish school health services coordinator roles
11 in the department of health and the MedQUEST division of the
12 department of human services.

13 The purpose of this Act is to formally establish the Hawaii
14 keiki program, provide funding to expand and sustain the
15 program, and appropriate funds to establish school health
16 service coordinators in the departments of health and human
17 services to increase coordination and facilitate departmental
18 and interdepartmental activities related to comprehensive
19 school-based health services.

20 SECTION 2. Chapter 302A, Hawaii Revised Statutes, is
21 amended by adding two new sections to be appropriately
22 designated and to read as follows:

1 "§302A-A Hawaii keiki: healthy and ready to learn
2 program. (a) There is established within the department the
3 Hawaii keiki: healthy and ready to learn program to provide
4 school-based health services from pre-kindergarten through
5 twelfth grade. The department shall implement the program in
6 collaboration with:

7 (1) The department of health;
8 (2) The department of human services;
9 (3) Other health care educators, including the University
10 of Hawaii at Manoa school of nursing and dental
11 hygiene;
12 (4) Community providers, including each federally
13 qualified health center and rural health clinic
14 geographically situated within each participating
15 complex of schools; provided that "federally qualified
16 health center" and "rural health clinic" means the
17 terms as they are used pursuant to chapter 346; and
18 (5) Other health care and education stakeholders to
19 increase access to and reimbursement for school-based
20 wellness and health services.

21 The department shall also partner with the public health
22 nursing branch of the department of health pursuant to a

1 memorandum of understanding between the department, department
2 of health, the Hawaii keiki: healthy and ready to learn
3 program, and each federally qualified health center and rural
4 health clinic geographically situated within each participating
5 complex of schools.

6 (b) No services shall be provided by the program at any
7 school where a school-based clinic is situated that is
8 established pursuant to a memorandum of understanding or
9 contract between the department and a federally qualified health
10 center or rural health clinic. Prohibited services include any
11 service that duplicates any primary care health service that is
12 offered or provided to students at the school-based clinic.

13 (c) The program shall be funded through appropriations to
14 the special fund established under section 302A-B. The
15 department or the program may also seek:

16 (1) Private funding sources, including federal grants and
17 private, nonprofit, and not-for-profit organizations
18 to support the continuation and expansion of school-
19 based health services in the department; and
20 (2) Federal reimbursement for school-based health
21 services.

1 §302A-B Hawaii keiki: healthy and ready to learn special

2 fund. (a) There is established within the state treasury the

3 Hawaii keiki: healthy and ready to learn special fund into

4 which shall be deposited:

5 (1) Appropriations made by the legislature to the fund;

6 (2) Federal or state grant funds;

7 (3) Grant funds from private, nonprofit, and not-for-

8 profit organizations;

9 (4) Federal reimbursements;

10 (5) Any interest that accrues upon the balance in the

11 fund; and

12 (6) Any other moneys designated for the fund.

13 (b) Moneys in the special fund shall be expended according

14 to a memorandum of understanding between the department and the

15 Hawaii keiki: healthy and ready to learn program to support

16 program activities.

17 (c) The special fund shall not be subject to the

18 requirements of section 36-27."

19 SECTION 3. Section 36-27, Hawaii Revised Statutes, is

20 amended by amending subsection (a) to read as follows:

21 "(a) Except as provided in this section, and

22 notwithstanding any other law to the contrary, from time to

1 time, the director of finance, for the purpose of defraying the
2 prorated estimate of central service expenses of government in
3 relation to all special funds, except the:

- 4 (1) Special out-of-school time instructional program fund
5 under section 302A-1310;
- 6 (2) School cafeteria special funds of the department of
7 education;
- 8 (3) Special funds of the University of Hawaii;
- 9 (4) State educational facilities improvement special fund;
- 10 (5) Convention center enterprise special fund under section
11 201B-8;
- 12 (6) Special funds established by section 206E-6;
- 13 (7) Aloha Tower fund created by section 206J-17;
- 14 (8) Funds of the employees' retirement system created by
15 section 88-109;
- 16 (9) Hawaii hurricane relief fund established under chapter
17 431P;
- 18 (10) Hawaii health systems corporation special funds and the
19 subaccounts of its regional system boards;
- 20 (11) Tourism special fund established under section 201B-11;

- 1 (12) Universal service fund established under section
2 269-42;
- 3 (13) Emergency and budget reserve fund under section 328L-3;
- 4 (14) Public schools special fees and charges fund under
5 section 302A-1130;
- 6 (15) Sport fish special fund under section 187A-9.5;
- 7 [+](16)[+]Neurotrauma special fund under section 321H-4;
- 8 [+](17)[+]Glass advance disposal fee established by section
9 342G-82;
- 10 [+](18)[+]Center for nursing special fund under section
11 304A-2163;
- 12 [+](19)[+]Passenger facility charge special fund established by
13 section 261-5.5;
- 14 [+](20)[+]Solicitation of funds for charitable purposes special
15 fund established by section 467B-15;
- 16 [+](21)[+]Land conservation fund established by section 173A-5;
- 17 [+](22)[+]Court interpreting services revolving fund under
18 section 607-1.5;
- 19 [+](23)[+]Trauma system special fund under section 321-22.5;
- 20 [+](24)[+]Hawaii cancer research special fund;
- 21 [+](25)[+]Community health centers special fund;

- 1 [+] (26) [+]Emergency medical services special fund;
- 2 [+] (27) [+]Rental motor vehicle customer facility charge special
3 fund established under section 261-5.6;
- 4 [+] (28) [+]Shared services technology special fund under section
5 27-43;
- 6 [+] (29) [+]Automated victim information and notification system
7 special fund established under section 353-136;
- 8 [+] (30) [+]Deposit beverage container deposit special fund under
9 section 342G-104;
- 10 [+] (31) [+]Hospital sustainability program special fund under
11 [+]section 346G-4; [+]
- 12 [+] (32) [+]Nursing facility sustainability program special fund
13 under [+]section 346F-4; [+]
- 14 [+] (33) [+]Hawaii 3R's school improvement fund under section
15 302A-1502.4;
- 16 [+] (34) [+]After-school plus program revolving fund under section
17 302A-1149.5; [~~and~~
- 18 [+] (35) [+]Civil monetary penalty special fund under section
19 321-30.2~~[+]~~; and
- 20 (36) Hawaii keiki: healthy and ready to learn special fund
21 under section 302A-B,

1 shall deduct five per cent of all receipts of all other special
2 funds, which deduction shall be transferred to the general fund
3 of the State and become general realizations of the State. All
4 officers of the State and other persons having power to allocate
5 or disburse any special funds shall cooperate with the director
6 in effecting these transfers. To determine the proper revenue
7 base upon which the central service assessment is to be
8 calculated, the director shall adopt rules pursuant to chapter
9 91 for the purpose of suspending or limiting the application of
10 the central service assessment of any fund. No later than
11 twenty days prior to the convening of each regular session of
12 the legislature, the director shall report all central service
13 assessments made during the preceding fiscal year."

14 SECTION 4. Section 302A-853, Hawaii Revised Statutes, is
15 amended to read as follows:

16 "**§302A-853 Administration of medication.** School health
17 aides may assist students by administering oral and topical
18 medication, and in emergency situations, other premeasured
19 medication; provided that:

20 (1) If the student receiving the medication is a minor, a
21 parent or guardian requests and authorizes the
22 administration of medication;

1 (2) The medication has been prescribed by a licensed
2 physician[7] as defined in section 334-1, a licensed
3 advanced practice registered nurse as defined in
4 section 457-2.7, or by a practitioner with
5 prescriptive authority;

6 (3) The administration of the medication is with the
7 approval of the department of health[7] or the Hawaii
8 keiki: healthy and ready to learn program under
9 section 302A-A; and

10 (4) The administration of the medication is necessary for
11 the health of the student and for the student's
12 attendance at school."

13 SECTION 5. There is appropriated out of the general
14 revenues of the State of Hawaii the sum of \$ or so much
15 thereof as may be necessary for fiscal year 2017-2018 and the
16 same sum or so much thereof as may be necessary for fiscal year
17 2018-2019 for one full-time equivalent (1.0 FTE) school health
18 services coordinator within the department of health.

19 The sums appropriated shall be expended by the department
20 of health for the purposes of this Act.

21 SECTION 6. There is appropriated out of the general
22 revenues of the State of Hawaii the sum of \$ or so much

1 thereof as may be necessary for fiscal year 2017-2018 and the
2 same sum or so much thereof as may be necessary for fiscal year
3 2018-2019 for one full-time equivalent (1.0 FTE) school health
4 services coordinator within the department of human services.

5 The sums appropriated shall be expended by the department
6 of human services for the purposes of this Act.

7 SECTION 7. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$ or so much
9 thereof as may be necessary for fiscal year 2017-2018 and the
10 same sum or so much thereof as may be necessary for fiscal year
11 2018-2019 for one full-time equivalent (1.0 FTE) school health
12 services coordinator within the department of education.

13 The sums appropriated shall be expended by the department
14 of education for the purposes of this Act.

15 SECTION 8. There is appropriated out of the general
16 revenues of the State of Hawaii the sum of \$ or so much
17 thereof as may be necessary for fiscal year 2017-2018 and the
18 same sum or so much thereof as may be necessary for fiscal year
19 2018-2019 to be deposited into the Hawaii keiki: healthy and
20 ready to learn special fund.

21 SECTION 9. There is appropriated out of the Hawaii keiki:
22 healthy and ready to learn special fund the sum of \$ or

1 so much thereof as may be necessary for fiscal year 2017-2018
2 and the same sum or so much thereof as may be necessary for
3 fiscal year 2018-2019 to implement, expand, and sustain the
4 Hawaii keiki: healthy and ready to learn program.

5 The sums appropriated shall be expended by the department
6 of education for the purposes of this Act.

7 SECTION 10. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$ or so much
9 thereof as may be necessary for fiscal year 2017-2018 for a one-
10 time allocation for an evidence-based vision screening and eye
11 assessment tool appropriate for children in pre-kindergarten
12 through grade twelve.

13 The sum appropriated shall be expended by the department of
14 education for the purposes of this Act.

15 SECTION 11. In codifying the new sections added by section
16 2 of this Act, the revisor of statutes shall substitute
17 appropriate section numbers for the letters used in designating
18 the new sections in this Act.

19 SECTION 12. Statutory material to be repealed is bracketed
20 and stricken. New statutory material is underscored.

21 SECTION 12. This Act shall take effect on July 1, 2090.

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Report Title:

Hawaii Keiki: Healthy and Ready to Learn Program; Department of Education; Department of Health; Department of Human Services; Special Fund; Appropriation

Description:

Formally establishes the Hawaii keiki: healthy and ready to learn program (program) within the department of education. Requires DOE to partner with the public health nursing branch of the department of health pursuant to a memorandum of understanding between the department, department of health, the Hawaii keiki: healthy and ready to learn program, and each federally qualified health center and rural health clinic geographically situated within each participating complex of schools. Prohibits the program from providing services that duplicates any primary care health services that are offered or provided to students at a school-based clinic established pursuant to a memorandum of agreement or contract between the department and a federally qualified health center. Establishes a dedicated special fund and positions within the Departments of Education, Health, and Human Services to support the program. Makes appropriations. Effective 7/1/2090. [New Material underlined.] (SD2 DRAFT)

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



Hawaii Chapter

March 29, 2017

AAP - Hawaii Chapter

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Thank you for this opportunity to testify on *HB672 HB2* which will formally establish the Hawaii Keiki Program within the Department of Education. It establishes a special fund and appropriates \$4,000,000 to expand and sustain the program, which will be administered by the University of Hawaii at Manoa School of Nursing.

The Hawaii Chapter of the American Academy of Pediatrics (AAP) is a voluntary organization of over 200 pediatricians in Hawaii. Our mission is to attain optimal physical, mental and social health and well being for infants, children, adolescents and young adults in Hawaii.

We support the intent of this bill – to provide students with school-based health services. We definitely support the need to improve school based health services for children in Hawaii.

We, however, oppose the bill as it is currently written.

The AAP recognizes the important role school nurses play in promoting the optimal biopsychosocial health and well-being of school-aged children in the school setting. As such, AAP has established policies and position-papers about such programming. The AAP emphasizes the importance of the pediatric medical home and the importance of coordination and communication with other community providers.

The AAP, Hawaii Chapter, also recognizes:

- 1) The **complexity of delivery of health services at schools**, especially for at-risk communities in Hawaii: As such, we recognize:
 - a. The importance of planning, coordination, and sustainability.
 - b. Communities are unique across our Islands. As such, the delivery of care for the school complexes may differ across the Islands and that plans should be developed in conjunction with the Department of Health, Public Health Nurses, community pediatric providers and other partners.
- 2) The **importance of a feasible plan to meet objectives**: HB672 describes that the program will build and enhance school-based health services including comprehensive screening for physical and behavioral health conditions, provide referrals, prevent and control communicable diseases, provide emergency care for illness and injury, and collaborate with community partners. The Bill proposes to place one nurse practitioner in each school Complex. Many school complexes in Hawaii have over 10,000 students and span great distances (Ex: Kaneohe to Sunset Beach). The American Academy of Pediatrics recommends that one school nurse per 750 (healthy students) to meet the needs of students. The Bill does not address how the health needs of these Complexes will be met. The current plan duplicates many services that are covered and available but leaves many school health services yet unmet.
- 3) The **role of DOH Public Health Nurses (PHN)**: PHNs know their communities very well and build strong, lasting relationships with the families. Schools, and pediatricians, Families continue to trust and rely on Hawaii's PHN for their expertise in coordinating care and optimizing outcomes for children and their families. Hawaii's PHNs have a long history of working in schools. However, with decreased funding over the years, their role has been marginalized.
- 4) The **importance of safety net providers**, especially federally qualified community health centers (CHC), in the delivery of pediatric primary health care and community health, to rural and underserved communities.
- 5) The **need to develop a sustainable school health model**, which may differ by community.

The Hawaii Keiki Program has already received over \$2,000,000. Other than the coordination of screening programs such as vision (a benefit already covered by Health Plans), it is unclear how the program has positively impacted student outcomes. This bill does not outline a sustainability plan in coordination with health plans and primary care providers.

- 6) The **need to break down silos and coordinate care**. HB672 proposes services such as physical examinations and referrals for behavioral health, that are currently delivered by pediatric primary care providers. Rather than duplicating and fragmenting services, school based health services should seek ways to strengthen the pediatric medical home.

Hawaii is behind other states in the delivery of school-based healthcare and the Hawaii AAP supports the development and implementation of a *well-coordinated and sustainable plan* to serve all students in Hawaii's public schools. HB672, as it is now written, does not create a process for such a plan.

We recommend consideration of the following:

- Understanding the effectiveness of the Hawaii Keiki Pilot Program thus far, from the perspective of all community stakeholders. This should be done prior to more money being appropriated for the program.
- Engaging community partners, including PHN, pediatric providers, the Hawaii Primary Care Association and CHCs across the Islands, in the *development and implementation of a comprehensive plan to implement school based health*.
- Enabling the DOH Public Health Nurses to have a leading role in development, coordination, and implementation of school-based care across the Islands.
- The consideration of other nurse training programs, such as UH Hilo, in the planning and implementation of school based health services.
- Developing models of public-private-community partnerships that maximize community strengths and optimize the outcomes and safety of the children.

Thank you for this opportunity to provide this testimony. Please feel free to contact us if you have any questions.

Sincerely,

Mae Kyono, MD

President, American Academy of Pediatrics – Hawaii Chapter

104 Poipu Drive
Honolulu, HI 96825
March 29, 2017

Senator Jill Tokuda, Chair
Senator Donovan Dela Cruz Vice Chair
Senate Committee on Ways and Means

RE: HB 0672 related to School Based Health Services

Dear Senator Tokuda and Senator DelaCruz:

My name is Ruth Ota, RN, MPH, and retired (12/07) Chief of Public Health Nursing Branch, Department of Health. You are commended for your strong and sincere efforts in pushing for measures that benefit all children, women, and families in Hawaii. HB 0672 is a measure that proposes to benefit children in the public schools.

I would like to share my concerns, reservations, and opposition to HB 0672 as a retired professional nurse, as well as a taxpayer as follows:

1. Health challenges experienced by high-risk children require multi-disciplinary approaches and strong collaboration within the schools and communities. Key to this collaboration is the partnership with pediatricians and parents. Unfortunately, this collaboration is not evident in the pilot, Hawaii Keiki program, funded under Act 139. Additionally, for many years the Centers for Disease Control and Prevention (CDC) has recommended a collaborative approach for a Model of School Health Services that includes family engagement, physician engagement and partnership, health education, physical education, nutrition services, health services, counseling, psychological, and social services. There should be a strong emphasis on a coordinated care organization that focuses on collaboration with community partners and health care providers.
2. Long-term positive changes require policy development around core health and medical issues that impact on children in the schools. Public Health Nursing Branch established the medical advisory called the Hawaii American Academy of Pediatrics-PHNB in 1998 to develop and implement policies related to health challenges experienced by school health aides and Public Health Nurses. This advisory included pediatricians and individuals representing DOE, emergency management, pharmacists, military, and parent representative. One APRN at each complex cannot alone make these changes to impact on the system.

3. Hawaii Keiki Program provides emergency care for illness or injury. However, there is no mention of the school health aides, who provide first aid, emergency care, and administer approved medications to students who need medications to remain in school. The original health aide program was established by the legislature back in 1970 and exists today under the administrative oversight of the DOE and collaboration with DOH-Public Health Nursing Branch.
4. Hawaii Keiki Program takes credit for improved attendance rates and decreased early dismissal rates. The principals and vice principals spend a lot of time in engaging parents for improved attendance. Improved attendance rates require teamwork with strong involvement of parents. This is not evident with the current Hawaii Keiki Program.
5. The special needs children and particularly the medically fragile children, who require health care treatments to attend school, should be addressed. What is the role of Hawaii Keiki Program related to this population, who require high cost care and attention?
6. Hawaii Keiki Program in its pilot hired Registered Nurses and Advanced Practice Registered Nurses. What are the roles and functions of the RN vs. the APRN? What differences, if any, have been identified, other than salaries?
7. Has there been any discussion as to what other personnel can be part of the school health services, like Social Workers and Health Educators, to focus on preventative health activities and social issues that impact on the child?
8. Parental involvement is critical in preventive health and overall health care. What has been done to engage parents in the Hawaii Keiki Program? Can one APRN at each complex deal with the many social challenges that children bring to the school setting?

Finally, as a taxpayer, there should be strong evidence with data that Hawaii Keiki Program does work at the systems level. To date, no data have been provided to demonstrate its effectiveness. Before large sums of dollars are invested, more discussions and collaborative planning must take place as to the most effective and comprehensive school health services with strong emphasis on collaborative coordinated planning with all partners.

Thank you for allowing me to submit written testimony.

Ruth K. Ota, RN, MPH
Retired, Chief of Public Health Nursing Branch (12/07)

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