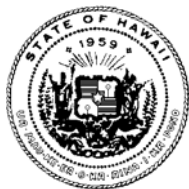


DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

April 1, 2019

TO: The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 250 HD2 SD1– RELATING TO SCHOOL-BASED HEALTH SERVICES**

Hearing: Wednesday, April 3, 2019, 10:20 a.m.
Conference Room 211, State Capitol

DEPARTMENT’S POSITION: The Department of Human Services (DHS) appreciates the intent of the measure and offers comments.

PURPOSE: The purpose of this bill is to formally establish the Hawaii Keiki: healthy and ready to learn program, to provide funding to expand and sustain the program, and to appropriate funds to establish school health service coordinators in the Department of Health (DOH) and DHS to increase coordination and facilitate departmental and interdepartmental activities related to comprehensive school-based health services.

DHS provides coverage for over 40 percent of all children in Hawaii through the Med-QUEST Division (MQD). DHS works with school-based health programs at both the Department of Education (DOE) and the Department of Health (DOH), including the Hawaii Keiki program. These collaborative efforts have demonstrated positive results.

DHS has enrolled the University of Hawaii School of Nursing providers who have provided services under the Hawaii Keiki program as Medicaid providers, which allows them to bill Med-QUEST health plans for services. The Hawaii Keiki framework helps to lay a foundation for billing of Med-QUEST for some school-based health services. We also encourage the

collaboration among the various entities providing school-based health services to ensure improved health and well-being for the children in the most effective and efficient manner.

DHS appreciates the intent of Section 7 to appropriate funds for a school-based health services coordinator for the agency. The position would help ensure that inter-agency activities are integrated and complementary, and not duplicative.

However, DHS respectfully requests that any appropriation not supplant appropriation requests identified in the Executive budget.

We respectfully defer to the testimony of DOE and DOH as the measure pertains to those agencies.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR



JOHN S.S. KIM
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: HB 250 HD2 SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES
DATE: April 3, 2019
TIME: 2:30 P.M.
COMMITTEE: Committee on Ways and Means
ROOM: Conference Room 309
FROM: Sione Thompson, Executive Director
State Public Charter School Commission

Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Committee:

The State Public Charter School Commission (“Commission”) appreciates the opportunity to submit this testimony in **SUPPORT of HB250 HD2 SD1**. The Commission is grateful for the support of the committee in establishing health screenings for keiki, pre-kindergarten to high school.

This bill would allow for increased access to health services, particularly in rural areas where health providers are scarce. Health screenings allow for early detection and potential remediation allowing Hawai‘i’s keiki to be ready to learn to their fullest potential.

We defer to DOE regarding other merits of this bill.

Thank you for the opportunity to provide this testimony.



**Testimony to the Senate Committee on Ways and Means
Wednesday, April 3, 2019; 10:20 a.m.
State Capitol, Conference Room 211**

RE: SUPPORTING INTENT OF HOUSE BILL NO. 0250, SENATE DRAFT 1, RELATING TO SCHOOL-BASED HEALTH SERVICES.

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is 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 **SUPPORTS THE INTENT** of House Bill No. 0250, Senate Draft 1, RELATING TO SCHOOL-BASED HEALTH SERVICES.

The bill, as received by your Committee, would:

- (1) Statutorily establish the Hawaii Keiki Healthy and Ready to Learn Program (Program) within the Department of Education (DOE) in collaboration with the Departments of Health (DOH) and Human Services, the University of Hawaii at Manoa School of Nursing and Dental Hygiene, community providers, and other health care and education stakeholders for the provision of school-based wellness and health services;
- (2) Require the DOE to partner with the Public Health Nursing Branch of the Department of Health pursuant to a memorandum of understanding (MOU) between the DOE, DOH, the Program, and each federally qualified health center (FQHC) and rural health clinic geographically situated within each participating complex of schools;
- (3) Preclude the Program from providing services at any school where a school-based clinic established pursuant to an MOU or contract between an FQHC or rural health clinic exists or may exist in the future;
- (4) Clarify that precluded services include any service that duplicates any service that is either provided or offered at a school-based clinic;

- (5) Create a special fund and authorizes the Program to seek private funding sources and federal reimbursement for school-based health services, and provides that moneys in the special fund be expended in accordance with the MOU to support Program activities;
- (6) Exempt proceeds deposited into the special fund from defraying central service expenses and departmental administrative expenses;
- (7) Allow advance practice registered nurses and program administrators to dispense medication to Program participants pursuant to a written agreement with the DOE;
- (8) Appropriate unspecified amounts of general funds for fiscal biennium 2019-2021, for:
 - (A) The Departments of Health and Human Services, respectively, to establish one full-time equivalent school health service coordinator position, each; and
 - (B) The Department of Education to conduct evidence-based vision screening and eye assessment for children in kindergarten through grade twelve;
- (9) Appropriate an unspecified amount of general funds for fiscal year 2019-2020, and the same amount for fiscal year 2020-2021, for the DOE to implement, expand, and sustain the Program; and
- (10) Take effect on July 1, 2050.

While we greatly appreciate the amendments made by the House Joint Committee on Lower and Higher Education, and Health (which were also agreed upon by the House Committee on Finance and the Senate Committee on Education), that would ensure that efforts to implement a statewide Keiki Program be done in collaboration with FQHCs, the HPCA continues to have concerns 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 if the amendments contained in the House Draft 2 are eliminated at any time. We emphasize that 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.

Both Koolauloa Health Center and Waianae Coast Comprehensive Health Center have worked with the 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

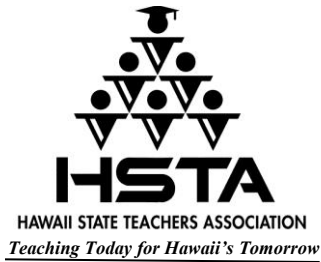
concerned that the establishment of the Program without the language provided in the House Draft 2 version may conflict with these efforts and unfortunately reduce the level of services that is currently being provided at certain schools, or might be provided to more schools in the future.

So long as the language found on page 5, line 16 through page 6, line 10 of the Senate Draft 1 version of House Bill No. 0250, remain intact in any future amendment to this bill, the HPCA shall support this measure.

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.”

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



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

Corey Rosenlee
President
Osa Tui, Jr.
Vice President
Logan Okita
Secretary-Treasurer
Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE COMMITTEE ON
WAYS AND MEANS

RE: HB 250, HD2, SD1- RELATING TO SCHOOL-BASED HEALTH SERVICES

WEDNESDAY, APRIL 3, 2019

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

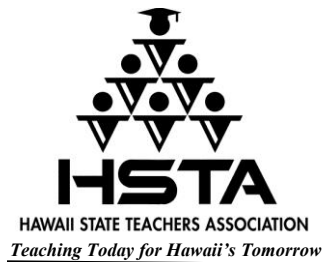
Chair Dela Cruz, and Members of the Committee:

The Hawaii State Teachers Association **supports HB 250, HD2, SD1**, relating to school-based health services.

The Hawaii Keiki: Healthy Ready to Learn Program is designed to improve access to and increase the quality of school-based health services available to Hawaii's public school students by coordinating and expanding the existing efforts of community partners and resources. This partnership program with the University of Hawaii at Manoa School of Nursing and Dental Hygiene supports the department of education in achieving student, school, and system success by providing school health nursing and primary care services to public schools in five complex areas.

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.

In 2015, the legislature appropriated general funds to improve access to and increase the quality of health services available to Hawaii's public school students. This appropriation led to the expansion of the Hawaii Keiki program, with five advanced practice registered nurses and five registered nurses serving seven complex areas across three islands. During this time, the Hawaii Keiki program also established five school-based health centers. The program was further expanded since then. The goal is to expand the Hawaii Keiki program to all fifteen department of education complex areas statewide; expand the program to allow the state public charter school commission to launch the program in two public charter schools serving disadvantaged keiki; provide access to preventive oral health services and establish a pilot oral health screening and preventative services program on a neighbor island; enhance data collection, sharing, analysis, and reporting; and engage in interdepartmental school health coordination.



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Corey Rosenlee
President
Osa Tui, Jr.
Vice President
Logan Okita
Secretary-Treasurer
Wilbert Holck
Executive Director

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 doctor visits or medicine to keep a child well. Sometimes, they can't afford to pay for meals.

Student success demands a healthy body and mind. If our students come to school hungry or without access to quality medical care, they are left struggling through the school day, rather than being able to focus on their learning.

The Hawaii Keiki program provides nursing services that prevent communicable illness and improve treatable health conditions, which are especially important for economically disadvantaged youth, so they can not only be healthy, but they are able to focus on their learning. For the sake of our students' wellness, the Hawaii State Teachers Association asks your committee to **support** this bill.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Hawaii Chapter

AAP - Hawaii Chapter

P.O. Box 25817
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April 2, 2019

To: Senate Committee on Ways and Means, Senator Donovan M. Dela Cruz, Chair, Senator Gilbert S.C. Keith-Agaran, Vice Chair

From: American Academy of Pediatrics, Hawaii Chapter

Re: **COMMENTS** on HB 250, HD2, SD1 Relating to School-Based Health Services

Hearing: Wednesday, March 13, 2019, 2:45 pm, Conference Room 229, State Capitol

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran, and Members of the Committee:

The American Academy of Pediatrics, Hawaii Chapter, is an organization of over 300 pediatric providers. Our mission is to attain optimal physical, mental and social health and well-being for infants, children, adolescents and young adults. We offer the following **COMMENTS** on HB 250, HD2, SD1 Relating to School-Based Health Services.

We support the goal of improved health for students through school-based health services. However we are concerned that this program will have an unknown impact on the health outcomes of students.

Coordination with the patient centered medical home (i.e., primary care providers, federally qualified health centers), emergency rooms, and urgent care centers will be critical to avoid duplication of care and fragmentation. To date our organization has had occasional opportunity to collaborate with Hawaii Keiki to ensure that this occurs. We would welcome ongoing efforts from this program to ensure the continuity and coordinated care for children in school-based clinics and community primary care settings.

We would also suggest that program evaluation will be critical to ensuring that our children are receiving high quality and coordinated care. A "menu" of services may be adaptable to different community needs but understanding and building the evidence for this eclectic approach will be important to make sure our taxpayer funds are being effectively spent.

A truly interdisciplinary, integrated school health system is possible, but close involvement of the grass roots health care community must be considered. Thank you for the opportunity to provide testimony.



April 2nd, 2019

Testimony of HB250

Honorable Chair Senator Dela Cruz, Honorable Vice Chair Senator Keith-Agaran, Members of the Senate Committee on Ways and Means.

Project Vision Hawai'i submits testimony in strong support of HB250 and recommends an amendment.

The amendment pertains to reference to vision screening "tool" in Section 7. Project Vision Hawai'i humbly recommends that the language be changed from "tool" to "program," in Section 7. Funding for a "program" could include cost of necessary "tools" or equipment as well as support current community capacity. This would be the most cost effective, diplomatic, and sustainable solution. Investment in community coordination is key to the success of a cost effective vision screening program. This change allows the flexibility for this to occur. Please find attached recommended change.

Project Vision provides mobile health screening units in Hawai'i targeting communities with access to care issues such as lack of insurance, geographic challenges, cultural barriers and limited or no income.

Project Vision Hawai'i is a locally grown nonprofit with a mission to work in partnership with the people of Hawai'i to increase access to healthcare. Our success in serving vulnerable populations comes largely because of two unique strategies: (1) we bring services to access-challenged communities via mobile screening units; and (2) services are always 100% free of charge to participants.

Project Vision provides mobile health screening units in Hawai'i targeting communities with access to care issues such as lack of insurance, geographic challenges, cultural barriers and limited or no income.

Project Vision Hawai'i's is supportive of school based health programs, particularly in vision. School based health clinics are vital to the success of our children in school and in life by addressing the whole child. Project Vision Hawai'i supports school based health clinics with further wrap around services in niche areas such as vision, dental and behavioral health.



Screening and follow up referrals may be conducted by in school clinic nurses or through community partnerships. This legislation provides the further support that is needed to enhance services around access to vision care, dental care and behavioral health services. Project Vision Hawai'i supports this bill to increase interdepartmental communication and tracking, and in turn, strives to ensure that no keiki's health is left unaddressed.

School based health clinics are critical to increase access to healthcare for a vulnerable population from pre-kindergarten to high school keiki by providing school health and primary care services in the public schools. More support in these wrap around services is needed. Integrating vision, dental and behavioral health screening into these programs is a perfect fit and enhances the potential short and long term impact for school aged children of Hawai'i.

The legislature is to be applauded for your willingness to invest in important niche services in school based health and in the partnership of the DOE, 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 submit testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "Annie Hiller", with a large, stylized initial "A" and a long horizontal stroke extending to the right.

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

Executive Director
PROJECT VISION HAWAI'I
PO Box 23212
Honolulu, HI 96823
(808)-282-2265
www.projectvisionhawaii.org



Recommended Amended Language:

SECTION 7. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 for an evidence-based vision screening and eye assessment program appropriate for children in kindergarten through grade twelve as part of the Hawaii keiki: healthy and ready to learn program.

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

LATE

DAVID Y. IGE
GOVERNOR



DR. CHRISTINA M. KISHIMOTO
SUPERINTENDENT

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

Date: 04/03/2019
Time: 10:20 AM
Location: 211
Committee: Senate Ways and Means

Department: Education
Person Testifying: Dr. Christina M. Kishimoto, Superintendent of Education
Title of Bill: HB 0250, HD2, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES.
Purpose of Bill: Formally establishes the Hawaii Keiki: Healthy and Ready to Learn program and special fund within the Department of Education. Appropriates funds for positions and a vision screening and eye assessment tool, and to implement, expand, and sustain the program. Effective 7/1/2050. (SD1)

Department's Position:

The Department of Education (Department) supports HB 0250, HD2, SD1, provided that its passage does not replace or adversely impact priorities as indicated in our BOE approved budget.

The Department supports funding to expand the Hawaii Keiki program to increase the number of nurses assigned to Complex Areas, allow the Hawaii State Public Charter School Commission to launch Hawaii Keiki in two public charter schools serving disadvantaged youth, provide access to preventive oral health services, establish a pilot oral health screening and preventative services program on a neighbor island, enhance data collection, sharing, analysis, and reporting, engage in interdepartmental school health coordination, and implement an evidence-based vision screening tool. The Department also supports funding to establish school health coordinator positions in the Department of Health and the MedQUEST division of the Department of Human Services.

Department recommends to strike Section 2 from Page 6, line 11 through Page 7, Line 16, and the entire contents of Sections 3 and 4 from this measure. The Department requests that in lieu of developing a special fund, the funding mechanism be maintained as established in 2017 in the Department base budget.

The Department recommends to revise Section 5, page 15, line 4, part (2) to read:

2) The medication has been prescribed by a licensed physician[,], as defined in section 334-1, a licensed advanced practice registered nurse as defined in section 457, or by a practitioner with

prescriptive authority;

In Sections 9 and 10, the Department recommends to revise page 16, line 19 through page 17, line 6, and page 17, lines 7-14 to state as follows:

SECTION 9. There is appropriated out of the general revenues of the State of Hawaii the sum of \$752,066 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to implement, expand, and sustain the Hawaii Keiki: healthy and ready to learn program. The sums appropriated shall be expended by the department of education for the purposes of this Act.

SECTION 10. There is appropriated out of the general revenues of the State of Hawaii the sum of 256,000 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to license electronic school health records. The sums appropriated shall be expended by the department of education for the purposes of this Act.

The Department also recommends revising the effective date in Section 13, page 17, line 21 to 2019 to state as follows:

SECTION 13. This Act shall take effect on July 1, 2019.

Research shows a link between the health outcomes of young people and their academic success. The Hawaii Keiki: Healthy and Ready to Learn (HK) program's goal is to keep our youth healthy and ready to learn by improving access to and quality of school-based health services. At the Complex Area level, HK strives to reduce health-related chronic absenteeism and minimize interruptions to instructional time, as well as enhance wellness in the school and community environments. HK provides services to students that support the BOE/DOE Strategic Plan's vision, *Hawaii's students are educated, healthy, and joyful learners who contribute positively to our community and global society*. Their efforts are also essential in enhancing the development of the Whole Child, which is Objective 2: *WHOLE CHILD. All students are safe, healthy, and supported in school, so that they can engage fully in high-quality educational opportunities*.

HK continues to function in strong partnership with the Department, as well as the Departments of Health and Human Services, other partnering organizations, and families to improve attendance, academic achievement, and overall wellness. This partnership is illustrated through the coordination of wraparound services, treatment and care that address non-school factors that impede student success. Toward this end, HK is effectuating Board Policy 103-4, School Health Services, in working with other state agencies and community partners to:

- Define a menu of coordinated school health services that facilitates efficacy in the continuum of supports provided to all students;
- Support the use of culturally responsive, evidence-based school health services and practices; and
- Facilitate ongoing dialogue to enhance coordinated school health services.

In addition, the Department notes that the electronic school health record system (Health Office Anywhere) has greatly improved data-accessibility for health-related school issues and the Department's capacity to engage in campus, complex, and departmental efforts to address students' health issues. This electronic system is now implemented on all school campuses,

including those without a Hawai'i Keiki nurse on campus. Per the Health Office Anywhere (HOA) system data, during the first semester of the 2018-19 school year, there were approximately 21,400 student visits to school health rooms statewide. Of those visits, 45% were due to illness, 33% due to injury, and 22% due to health guidance. Approximately 60% of all office visits were completed within 15 minutes. Of those total visits, 87% of the students were returned to class, and 13% were dismissed from school. In the Department's quest to develop the Whole Child, the continued existence, growth and expansion of the HK program are vital in helping our students be at optimal health so they can actively engage in their learning, academic pursuits, and personal goals. The Department is grateful for the work the Legislature has done thus far to shape this measure into a catalyst that will effectively and efficiently provide these critical health services to students statewide. The Department sincerely appreciates the Legislature's continued support of the education and health of our students.

Thank you for the opportunity to provide testimony.

The Hawaii State Department of Education seeks to advance the goals of the Strategic Plan which is focused on student success, staff success, and successful systems of support. This is achieved through targeted work around three impact strategies: school design, student voice, and teacher collaboration. Detailed information is available at www.hawaiipublicschools.org.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

LATE

Testimony Presented Before the
Senate Committee on Ways and Means
Wednesday, April 03, 2019 at 10:20 a.m.

by

Mary G. Boland, DrPH, RN, Dean and Professor
School of Nursing and Dental Hygiene
University of Hawai'i at Mānoa

and

Michael Bruno, PhD
Interim Vice Chancellor for Academic Affairs and Vice Chancellor for Research
University of Hawai'i at Mānoa

HB 250 HD2 SD1 – RELATING TO SCHOOL-BASED HEALTH SERVICES

Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Senate Committee on Ways and Means:

Thank you for this opportunity to provide testimony in **strong support of HB 250 HD2 SD1 with recommended amendments as it relates to Hawai'i Keiki.**

This bill aims to establish and expand the Hawai'i Keiki program to improve student and school success by addressing health concerns that impact student success. This measure also aims to amend the education statute relating to school-based medication administration to improve access to prescribed medications for children enrolled in and attending public schools.

National evidence shows the presence of school-based licensed health care professionals, including APRNs and registered nurses (RNs), decreases absenteeism and time away from class of children with acute and chronic conditions, increases parents' and caregivers' time at work, and principals' and teachers' instructional time (Wong, 2014).

The 2015 Legislature, in its wisdom, recognized that students must come to school healthy and ready to learn. Through Act 139, you provided fiscal support for school-based health services through a Department of Education (DOE) partnership with the University of Hawai'i at Mānoa School of Nursing and Dental Hygiene (UHM SONDH) that enabled Hawai'i Keiki (UHM SONDH) to provide at least one school-based APRN to each of the 15 Complex Areas and 3 RNs to selected high need schools on four islands. These licensed professionals are highly skilled and can approve such medication administration.

We are pleased to report the program has nurses on O‘ahu, Maui, Kaua‘i, and Hawai‘i Island. In the three-month period from October through December 2018 the program documented, with the school health aides (SHAs), that 5,300 students made 14,090 visits to the health rooms. Eighty-seven percent (87%) of students were able to return to class with an average time in the health room of 15 minutes for care for illness, injury or health guidance. Hawai‘i Keiki provided 85 consultations to DOE staff and parents regarding keiki with new or existing health conditions. Nurses engaged with DOE administrators, staff, and district-level Parent-Community Networking Centers (PCNC) to support wellness goals and with Parent-Teacher Associations (PTA) to develop emergency response protocols and facilitate requisition of Automated External Defibrillators (AED) for schools. Other highlights include partnering with DOH for Stop Flu at School, Project Vision for vision screening, and leading a school-based UH health sciences team of child psychiatry, clinical pharmacy, and dental hygienists at one middle school. Finally, the project is supporting the successful statewide implementation of an electronic record that documents health status and services provided in the health room.

The Legislature funded the program line item in the DOE budget in the first year of the 2017-2019 fiscal biennium to develop these school-based nurse practitioner (APRN) delivered services in Complex Areas statewide, increase access to nursing and health related career development to DOE students and schools, and facilitate maximizing partnerships with public and private organizations addressing health needs in schools.

In the second year of the 2017-19 Fiscal Biennium (FY19), the Legislature reaffirmed commitment to the health and well-being of school aged children with Hawai‘i Keiki in the base budget at an allocation of \$2,147,282. That said, through this measure we request an appropriation increase of \$752,066 beyond the base budget of \$2,147,282 as requested by DOE in a memo to the Board of Education dated October 18, 2018. The base budget and requested increase will make the program budget whole, maintain the Advanced Practice Registered Nurse (APRN) in all 15 Complex Areas as well as the administrative/technical support structure, as currently operationalized. Hawai‘i Keiki notes that the funding mechanism through the DOE budget is functional and preferred over the development of a special fund, at this time.

In addition, Hawai‘i Keiki recognizes that the electronic school health records implemented at all DOE schools, including those on campuses with Hawai‘i Keiki school based health clinics, have enhanced the state’s capacity to track, monitor, and address health issues experienced by students enrolled in DOE schools. Therefore, Hawai‘i Keiki also recognizes the need to fund \$256,000 as requested by DOE to continue funding license fees for the electronic school health records for each school.

Second, HRS Section 302A-853 relating to DOE requires that for physician ordered and parent approved medication to be given or self-administered during the school day, the prescription must be approved by the DOH. The intent of this bill is to maintain DOH

approval authority while increasing approval authority to the organizations partnering with the DOE to improve health.

This change allows not only DOH but also school-based health centers and Hawai'i Keiki to approve medication administration in school by adding Advanced Practice Registered Nurses to the list of professions who may prescribe medication at school; and expanding the medication administration approval authority beyond the DOH to include DOE recognized school based health providers.

This proposed legislation will allow school-based health care entities with formal agreements with the DOE to approve timely and efficient administration of prescribed medications so children can attend school.

Because the funding mechanism is within the DOE base budget, Hawai'i Keiki respectfully requests that Section 2 part B, Section 3, and Section 4 be struck from this measure. Section 9 and 10 be amended to reflect the dollars requested as mentioned earlier. Section 13 revised to establish a 2019 effective date.

Therefore, the UHM SONDH respectfully requests that HB 250 HD2 SD1 pass with the proposed amendments. We appreciate your continuing support for keiki, nursing, and school-based health care services.

Thank you for the opportunity to testify. Details of the proposed amendments follow this testimony.

Section 2: Remove Page 6 line 11 to Page 7 Line 16

Sections 3 and 4: Remove from this measure.

Section 5: Amend page 15, line 4, part (2) to read:

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

Section 9: Recommend to revise Page 16 line 19-page 17 line 6 to state as follows.

SECTION 9. There is appropriated out of the general revenues of the State of Hawaii the sum of \$752,066 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to implement, expand, and sustain the Hawaii keiki: healthy and ready to learn program.

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

Section 10: Recommend to revise Page 17 line 7-14 to state.

SECTION 10. There is appropriated out of the general revenues of the State of Hawaii the sum of 256,000 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to license electronic school health records.

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

Section 13: Recommend to revise Page 17, line 21 as follows.

SECTION 13. This Act shall take effect on July 1, 2019.