



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

Date: 02/14/2019

Time: 02:30 PM

Location: 309

Committee: House Lower & Higher
Education
House Health

Department: Education

Person Testifying: Dr. Christina M. Kishimoto, Superintendent of Education

Title of Bill: HB 0250 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.

Department's Position:

The Department of Education (DOE) supports HB 250, provided that its passage does not replace or adversely impact priorities as indicated in our BOE approved budget.

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 DOE, 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.

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.

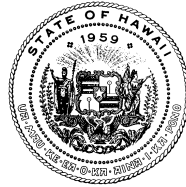
The DOE supports funding to expand the Hawaii Keiki program to increase the number of nurses assigned to Complex Areas, allow the Hawaii State Public Charter School Commission to launch Hawaii Keiki in two public charter schools serving disadvantaged youth, provide access to preventive oral health services, 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 DOE also supports funding to establish school health coordinator positions in the Department of Health and the MedQUEST division of the Department of Human Services.

The DOE also supports the expansion of other on-campus health care providers to approve the administration of medication to School Health Assistants (SHAs), **and submits to this Committee the following recommended language for its consideration on Page 11, lines 19-20 and Page 12, lines 1-2 to:**

The administration of the medication is with the approval of the Department of Health; and or other on-campus, school based, health care provider pursuant to a written agreement with the DOE.

In the DOE'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 DOE 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 DOE 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.



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB 250
RELATED TO SCHOOL-BASED HEALTH SERVICES**

REPRESENTATIVE JUSTIN WOODSON, CHAIR
HOUSE COMMITTEE ON LOWER & HIGHER EDUCATION

REPRESENTATIVE JOHN MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: 02/14/19

Room Number: 309

Fiscal Implications: This bill appropriates an unspecified amount of general funds to various components in this measure. We respectfully defer to the priorities in the Governor's Executive Biennium Budget request.

Department Testimony: The Department of Health (DOH) supports the intent of HB 250 and offers comments to Section 4 and Section 5, and amendments to Section 4.

Healthy students are better learners and investing in healthy, successful students help build strong communities. The DOH supports Board of Education Policy 103-4 on School Health Services.

This policy allows for a menu of coordinated and comprehensive school health services based on the needs of the student, school, complex and the community in which they live and learn. It supports partnerships with various government agencies and community organizations to meet those needs. This policy supports the Whole School, Whole Community, and Whole Child model. The DOH provides an array of health services to DOE students. One of those programs, Public Health Nursing Branch, coordinates with the Department of Education (DOE), the Hawai'i Keiki: Healthy and ready to learn program (HK), various Federally Qualified Health Centers, and various community organizations that provide school-based health services.

1 The department SUPPORTS the addition of licensed advanced practice registered nurses
2 (APRNs) to those practitioners that can prescribe medication to school children.

3 The department SUPPORTS the funding of a school health services coordinator within the DOH
4 to facilitate the delivery of coordinated and comprehensive school health services so long that it
5 does not negatively impact the Governor's Executive Biennium Budget requests.

6 The department COMMENTS on the administration of medication by school health assistants
7 and offers ammendments. All medication requests to be administered by School Health
8 Assistants (SHAs) in the school setting are currently reviewed and approved by DOH Public
9 Health Nurses (PHNs) in accordance with Chapter 302A-853, HRS. This allows a qualified
10 health professional to determine if the medication request is appropriate for the school setting.
11 Not all medication requests are approved, such as those that require an assessment by the SHAs
12 that they cannot make because they are considered unlicensed assistive personnel. These include
13 "prn" ("as needed") medication and clinical trial medication requiring an authorized health care
14 provider's involvement.

15 Some schools have a registered nurse or advanced practice registered nurse on campus through
16 written agreements with the DOE. These include school-based health centers from the HK
17 Program and from the Federally Qualified Health, Centers such as the Waianae Coast
18 Comprehensive Health Center and the Ko'olauloa Health Center. These school-based health
19 centers should also be able to prescribe and administer medication to students without further
20 review. In addition, school-based, licensed health clinicians through a written agreement with
21 DOE, could approve medication requests provided by clinicians outside the school system that
22 would be administered by SHAs.

23 OFFERRED AMENDMENT: We recommend the following amendments to Section 4 (3): The
24 administration of the medication is with the approval of the Department of Health~~[; and]~~ or other
25 on campus, school-based, health care provider pursuant to a written agreement with the
26 Department of Education.

- 1 Thank you for the opportunity to testify.

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

February 13, 2019

TO: The Honorable Representative Justin H. Woodson, Chair
House Committee on Lower & Higher Education

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

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

Hearing: Thursday, February 14, 2019 2:30 p.m.
Conference Room 309

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

AN EQUAL OPPORTUNITY AGENCY

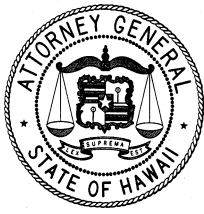
bill Med-QUEST health plans for services. The Hawaii Keiki framework helps to lay a foundation for billing of Med-QUEST for some school-based health services. We also encourage the collaboration among the various entities providing school-based health services to ensure improved health and well-being for the children in the most effective and efficient manner.

DHS appreciates the intent of Section 6 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.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2019**

ON THE FOLLOWING MEASURE:

H.B. NO. 250, RELATING TO SCHOOL-BASED HEALTH SERVICES.

BEFORE THE:

HOUSE COMMITTEES ON LOWER AND HIGHER EDUCATION AND ON HEALTH

DATE: Thursday, February 14, 2019 **TIME:** 2:30 p.m.

LOCATION: State Capitol, Room 309

TESTIFIER(S): Clare E. Connors, Attorney General, or
Melissa J. Kolonie, Deputy Attorney General, or
Randall S. Nishiyama, Deputy Attorney General

Chairs Woodson and Mizuno and Members of the Committees:

The Department of the Attorney General provides the following comments.

The purposes of this bill are to establish the Hawaii Keiki: Healthy and Ready to Learn program and special fund within the Department of Education, and appropriate funds for positions and a vision screening and eye assessment tool, and to implement, expand, and sustain the program.

We recommend deleting the wording referring to a memorandum of understanding on page 7, lines 1-4, because it is not clear what the memorandum of understanding will say, and replacing that wording with the following: "Moneys in the special fund shall be used to support the operations of the Hawaii keiki: healthy and ready to learn program."

Thank you for the opportunity to provide comments.

DAVID Y. IGE
GOVERNOR



RODERICK K. BECKER
DIRECTOR

ROBERT YU
DEPUTY DIRECTOR

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

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
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ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY RODERICK K. BECKER
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEES ON LOWER AND HIGHER EDUCATION
AND HEALTH
ON
HOUSE BILL NO. 250

February 14, 2019
2:30 p.m.
Room 309

RELATING TO SCHOOL-BASED HEALTH SERVICES

House Bill (H.B.) No. 250 proposes to establish the Hawaii Keiki: Health and Ready to Learn Special Fund within the Department of Education (DOE) where appropriations by the Legislature, federal or State grant funds, grant funds from private and nonprofit organizations, federal reimbursements, any interest that accrues upon the balance in the fund, and any other moneys designated for the fund shall be deposited into the fund and shall be expended according to a Memorandum of Understanding between the DOE and the Hawaii Keiki: Healthy and Ready to Learn Program to support program activities.

As a matter of general policy, the department does not support the creation of any special or revolving fund which does not meet the requirements of Sections 37-52.3 and 37-52.4, HRS, respectively. Special and revolving funds should: 1) serve a need as demonstrated by the purpose, scope of work and an explanation why the program cannot be implemented successfully under the general fund appropriation process; 2) reflect a clear nexus between the benefits sought and charges made upon the users

or beneficiaries or a clear link between the program and the sources of revenue;

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 H.B. No. 250, it is difficult to determine whether the proposed special fund would be self-sustaining.

Thank you for your consideration of our comments.



**Testimony Presented Before the
House Committee on Lower & Higher Education
and
House Committee on Health
February 14, 2019 2:30 p.m.
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

**WRITTEN TESTIMONY IN STRONG SUPPORT
HB 250 RELATING TO SCHOOL-BASED HEALTH SERVICES**

Chair Woodson, Chair Mizuno, Vice Chair Hashem, Vice Chair Perruso, Vice Chair Kobayashi, members of the committees, thank you for this opportunity to provide testimony in strong support of this bill, HB 250 as it relates to advanced practice registered nurses (APRNs). The Center wishes to provide testimony as it relates to Section 4 (2) of this measure.

This bill, in part, 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. The current statute requires Department of Health (DOH) to approve provider prescribed and parent supplied medication before medication can be taken in school.

In its great wisdom, the Hawai'i State Legislature recognized by Act 169, SLH 2009, that APRNs may serve as primary care providers, and by Act 110, SLH 2011, that all Hawai'i hospitals should allow APRNs to practice the full scope of practice allowed under the Hawai'i Nurse Practice Act and granted APRN full prescriptive authority. Since this time, Hawai'i State Center for Nursing has worked with the State Legislature, government and community stakeholders to identify remaining barriers to APRN practice, with the end goal of ensuring timely, high quality care for the people of Hawai'i, with particular emphasis in addressing healthcare access inequities in vulnerable populations including women, children, low-income, and geographically remote. Today, there has been significant growth in the readily available APRN workforce, with over 100% growth since 2005 and APRNs working in all regions that people live in Hawai'i.

This measure proposes to include APRNs to the list of professions whose prescribed medications may be administered at schools, so long as the prescription is approved by the parent /caregiver and identified as necessary for the health of the child and for the child to attend school. This proposed statute change will enable the available APRN workforce who provide care to school aged children to work with parents and caregivers to support the child's short- and long-term health and reduce health-related barriers to learning.

Therefore, the Hawai'i State Center for Nursing supports the language as it relates to APRN practice. The Center defers to the Department of Education on the other parts of this measure. We appreciate your continuing support for keiki, access to healthcare, and nursing. Thank you for the opportunity to testify.



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

TESTIMONY BEFORE THE HOUSE COMMITTEE ON
LOWER & HIGHER EDUCATION AND THE COMMITTEE ON HEALTH

RE: HB 250 - RELATING TO SCHOOL-BASED HEALTH SERVICES

THURSDAY, FEBRUARY 14, 2019

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

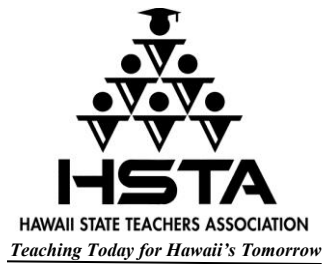
Chair Woodson, Chair Mizuno, and Members of the Committees:

The Hawaii State Teachers Association **supports HB 250**, 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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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 doctoral 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 Hawai'i 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.



**Testimony to the House Joint Committee on Lower and Higher Education and Health
Thursday, February 14, 2019; 2:30 p.m.
State Capitol, Conference Room 309**

RE: COMMENTS ON HOUSE BILL NO. 0250, RELATING TO SCHOOL-BASED HEALTH SERVICES.

Chair Woodson, Chair Mizuno, 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 **COMMENTS** on House Bill No. 0250, 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, and the Program;
- (3) 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;
- (4) Exempt proceeds deposited into the special fund from defraying central service expenses;
- (5) Allow advance practice registered nurses and program administrators to dispense medication to Program participants;

- (6) 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;
- (7) Appropriate \$2,899,348 in general funds for fiscal year 2019-2020, and \$2,899,348 for fiscal year 2020-2021, for the DOE to implement, expand, and sustain the Program; and
- (8) Take effect on July 1, 2019.

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 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 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.

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 an MOU 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.**

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.



February 13th, 2019

Testimony of HB250

Honorable Chair Representative Woodson, Honorable Vice Chair Perruso, Members of the House Committee on Lower and Higher Education

Honorable Chair Representative Mizuno, Honorable Vice Chair Representative Kobayashi , Members of the House Committee on Health

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.

In 2018, Project Vision Hawai'i accomplished the following:

- Vision-screened 18,889 keiki in 83 public schools, which was a 95% increase over 2017
- Provided vision and health screenings to 2,139 adults and 3,679 keiki at 89 events
- Worked to reduce preventable falls by screening 1,423 seniors on six islands
- Provided 1,349 hot showers through mobile hygiene for people experiencing homelessness

Project Vision Hawai'i submits testimony supporting the intent of HB250 and defers to Hawaii Keiki as to whether this bill suits the needs of this program.

One of Project Vision Hawaii's primary focus is on school based health programs, particularly 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 the intent to increase interdepartmental communication and tracking, and in turn, strives to ensure that no keiki's health is left unaddressed.

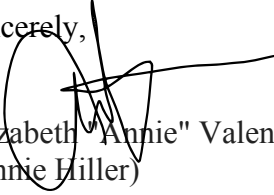
School based health clinics are critical to increase access to healthcare for a vulnerable population from pre-kindergarten to high school keiki by providing school health and primary care services in the public schools. More support in these wrap around services is needed. Integrating vision, dental 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 be 'Elizabeth' with a large loop and a horizontal stroke extending to the right.

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

Executive Director
PROJECT VISION HAWAI'I
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(808)-282-2265
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HB-250

Submitted on: 2/12/2019 9:13:28 PM

Testimony for LHE on 2/14/2019 2:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerraine Hignite	Individual	Support	No

Comments:

I am a registered dental hygienist (University of Hawaii at Manoa - BS in Dental Hygiene 2005) in the State of Hawaii who is currently working in two private dental offices for the past 13 years. I wanted to make a difference in the community, so I returned to UH Manoa School of Nursing and Dental Hygiene program to pursue a certificate in Expanded Function of a Dental Hygienist (EFDH) in a Pediatric setting in August 2018 to present. We have been a part of Dole Middle School - School Community Health based Inter collaboration team. The team has an APRN overseeing Nurse Practitioner students, Pharmacy students, Psychology students and now EFDH Dental Hygiene students. The different disciplines work together to address the health of the students using the various expertise as a team. Access to care should be our top priority.

I humbly ask for your support of HB250. Thank you for your time.

HB-250

Submitted on: 2/13/2019 10:21:50 AM

Testimony for LHE on 2/14/2019 2:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Scharnhorst	Individual	Support	No

Comments:

Testimony Presented Before the**House Committee on Lower & Higher Education****and****House Committee on Health****February 14, 2019 2:30 p.m.****by****Anne Scharnhorst, MN, RN****WRITTEN TESTIMONY IN STRONG SUPPORT****HB 250 RELATING TO SCHOOL-BASED HEALTH SERVICES**

Chair Woodson, Chair Mizuno, Vice Chair Hashem, Vice Chair Perruso, Vice Chair Kobayashi, members of the committees, thank you for this opportunity to provide testimony in strong support of this bill, HB 250 as it relates to advanced practice registered nurses (APRNs). **Anne Scharnhorst** wishes to provide testimony as it relates to Section 4 (2) of this measure.

This bill, in part, 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. The current statute requires Department of Health (DOH) to approve provider prescribed and parent supplied medication before medication can be taken in school.

In its great wisdom, the Hawai'i State Legislature recognized by Act 169, SLH 2009, that APRNs may serve as primary care providers, and by Act 110, SLH 2011, that all Hawai'i hospitals should allow APRNs to practice the full scope of practice allowed under the Hawai'i Nurse Practice Act and granted APRN full prescriptive authority. Since this time, Hawai'i State Center for Nursing has worked with the State Legislature, government and community stakeholders to identify remaining barriers to APRN practice, with the end goal of ensuring timely, high quality care for the people of Hawai'i, with particular emphasis in addressing healthcare access inequities in vulnerable populations including women, children, low-income, and geographically remote. Today, there has been significant growth in the readily available APRN workforce, with over 100% growth since 2005 and APRNs working in all regions that people live in Hawai'i.

This measure proposes to include APRNs to the list of professions whose prescribed medications may be administered at schools, so long as the prescription is approved by the parent /caregiver and identified as necessary for the health of the child and for the child to attend school. This proposed statute change will enable the available APRN workforce who provide care to school aged children to work with parents and caregivers to support the child's short- and long-term health and reduce health-related barriers to learning.

Therefore, **Anne Scharnhorst** supports the language as it relates to APRN practice. **Anne Scharnhorst** defers to the Department of Education on the other parts of this measure. We appreciate your continuing support for keiki, access to healthcare, and nursing. Thank you for the opportunity to testify.

HB-250

Submitted on: 2/13/2019 9:07:52 AM

Testimony for LHE on 2/14/2019 2:30:00 PM

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

Comments:

HB-250

Submitted on: 2/13/2019 10:16:45 AM

Testimony for LHE on 2/14/2019 2:30:00 PM

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

Comments:

HB-250

Submitted on: 2/13/2019 8:33:48 AM

Testimony for LHE on 2/14/2019 2:30:00 PM

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

Comments:

HB-250

Submitted on: 2/13/2019 11:25:50 AM

Testimony for LHE on 2/14/2019 2:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

LATE

Testimony Presented Before the
House Committee on Lower & Higher Education
and

House Committee on Health
Thursday, February 14, 2019 at 2:30 p.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 – RELATING TO SCHOOL-BASED HEALTH SERVICES

Chairs Woodson and Mizuno, Vice Chairs Hashem, Perruso and Kobayashi, and members of the Committees on Lower & Higher Education, and Health:

Thank you for this opportunity to provide testimony in strong support of HB 250, 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 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 (FB19), 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.

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 and to add clarity to the intent of the Medication Administration statute, Hawai'i Keiki respectfully requests that:

- Sections 2 and 3 be struck from this measure.
- In section 4, the description of APRN refer to the statute which describes its prescriptive authority.
- In section 4, that DOH maintains approval authority and language is added to expand authority to school based health providers with a written agreement with the Department of Education.
- Section 8 be amended to reflect the dollars requested as mentioned earlier.
- Section 9 and 10 be struck from this measure.

Therefore, the UHM SONDH respectfully requests that HB 250 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.

Proposed Amendments to HB 250

Recommend to strike entire contents of Section 2.

Recommend to strike entire contents of Section 3.

Recommend to revise section 4, page 11, lines 15-17 and page 11, line 20 to page 12, line 2 as follows:

SECTION 4 [2]. Section 302A-853, Hawaii Revised Statutes, is amended to read as follows:

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

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

(2) The medication has been prescribed by a licensed physician[;] as defined in section 334-1, a licensed advanced practice registered nurse [with prescriptive authority pursuant to 457-8.6], or by a practitioner with prescriptive authority; [and]

(3) The administration of the medication is with the approval of the department of health[; and] or other on campus, school-based, health care provider pursuant to a written agreement with the Department of Education.; and

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

Recommend to revise Section 8 as follows.

SECTION ~~8~~ [3]. 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.

Recommend to strike entire contents of Section 9.

Recommend to strike entire contents of Section 10.

Recommend to revise Section 11 as follows.

SECTION ~~11~~ [4]. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

Recommend to revise Section 12 as follows.

SECTION ~~12~~ [5]. This Act shall take effect on July 1, 2019.

DAVID Y. IGE
GOVERNOR



JOHN S.S. KIM
CHAIRPERSON

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

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LATE

FOR: HB 250 RELATING TO SCHOOL-BASED HEALTH SERVICES
DATE: February 14, 2019
TIME: 2:30 P.M.
COMMITTEE: Committee on Lower & Higher Education
ROOM: Conference Room 309
FROM: Sione Thompson, Executive Director
State Public Charter School Commission

Chair Woodson, Vice Chair Hashem, Vice Chair Perruso, and members of the Committee:

The State Public Charter School Commission ("Commission") appreciates the opportunity to submit this testimony in **STRONG SUPPORT of HB250**. 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.

The Commission is grateful for the support of the committee in establishing health screenings for keiki, pre-kindergarten to high school and for the inclusion of public charter schools as a pilot program as established by this measure.

Thank you for the opportunity to provide this testimony.

LATE

HB-250

Submitted on: 2/13/2019 3:28:52 PM

Testimony for LHE on 2/14/2019 2:30:00 PM

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

Comments: