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STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
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Office of the Director  
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TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

February 3, 2025

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

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 629 – RELATING TO THERAPY SERVICES.**

Hearing: Tuesday, February 4, 2025, 2:00 p.m.  
Conference Room 309 & Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports this bill, provides comments, and defers to the Departments of Education (DOE) and Commerce and Consumer Affairs regarding implementation.

**PURPOSE:** The purpose of this bill is to expand the scopes of practice for occupational therapists (OT), physical therapists (PT), and speech pathologists (SP) employed by or contracted with the Department of Education to diagnose students with a medical condition and treat them, thereby streamlining service delivery.

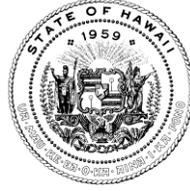
DHS is supportive of DOE seeking to expand the scope for occupational therapists, physical therapists, and speech pathologists employed or contracted with DOE to include diagnosing medical conditions to treat the students. Currently, DHS Med-QUEST Division (MQD) partners with DOE to leverage federal Medicaid matching funds for some health care services for students receiving Individualized Educational Program. Examples of health care services include skilled nursing, occupational and physical therapy, and speech/language therapies. DOE can claim for all of these services today.

However, DOE has difficulties meeting various Medicaid billing and claiming requirements for some of these healthcare services, specifically the requirement that a physician must diagnose a medical condition and refer a patient for treatment. In addition to physicians, the federal Medicaid requirement also includes “other practitioner of the healing arts” who have diagnosis of a medical condition and referral for treatment as part of their scope of practice. In Hawaii currently, OT, PT, and SP therapists do not have diagnosis of a medical condition and referral for treatment in their scopes of practice.

This bill expands the scope of practice to include diagnosing medical conditions for the occupational, physical, and speech/language pathology therapists working for DOE. Thus, with the bill’s proposed changes, the OT, PT, and SP therapists could be an allowable “other practitioner of the healing arts” to diagnose a medical condition and then treat the medical condition.

The DOE health care practitioners would need to meet other Medicaid requirements, such as enrolling as a Medicaid provider with MQD. DHS would also need to make various technical and administrative changes, such as amending administrative rules, potentially amending the Medicaid State Plan, and updating provider and claims Information and technology systems to implement these changes.

Thank you for the opportunity to testify on this measure.



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
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**DEAN I HAZAMA**  
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

**Testimony of the Occupational Therapy Program**

**Before the  
House Committee on Education**

**Tuesday, February 4, 2025  
2:00 p.m.**

**Conference Room 309 and Videoconference**

**On the following measure:  
H.B. 629 RELATING TO THERAPY SERVICES**

Chair Woodson and Members of the Committees:

My name is Candace Ito, and I am the Executive Officer of the Department of Commerce and Consumer Affairs' (Department), Professional and Vocational Licensing Division's, Occupational Therapy Program. The Department opposes Section 2 of this bill.

The purpose of this bill is to expand the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

The Department has concerns that this bill uses an ambiguous phrase, "diagnose medical conditions," on page 9, line 4 and 5; there is no standard for the phrase "diagnose medical conditions." The education and training for licensure of occupational therapists does not appear to include diagnosing medical conditions. Further, the

Testimony of DCCA

H.B. 629

Page 2 of 2

National Board for Certification in Occupational Therapy practice standards are not intended to prescribe services, including treatment plans or procedures. It is important to note that the regulation of professions is to protect the public health, safety and welfare.

Thank you for the opportunity to testify on this bill.

**Testimony of the Board of Physical Therapy**

**Before the  
House Committee on Education**

**Tuesday, February 4, 2025**

**2:00 p.m.**

**Conference Room 309 and Videoconference**

**On the following measure:**

**H.B. 629, RELATING TO THERAPY SERVICES**

Chair Woodson and Members of the Committee:

My name is Rochelle Araki, and I am the Executive Officer for the Department of Commerce and Consumer Affairs Board of Physical Therapy (Board). The Board appreciates the intent of and offers comments on this bill.

The purpose of this bill is to expand the scope of practice for occupational therapists, physical therapists and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

The Board limits its comments to Section 3 of this bill.

The Board understands the importance for direct access to physical therapy services. Hawaii Administrative Rules (HAR) section 16-110-3, currently provides that “[a] licensed physical therapist may perform an evaluation of any person without a referral. A physical therapist may treat a patient with or without a referral unless the physical therapist has reasonable cause to believe that the patient has a symptom or condition that is either beyond the physical therapist's scope of practice, or for which physical therapy is contraindicated, in which case the physical therapist shall refer that patient to an appropriate healthcare provider.”

The Board has serious concerns with the term “diagnose medical conditions” as stated on page 11, lines 15 to 16 and page 12, line 15 because it is too broad. In accordance with the Federation of State Board of Physical Therapy’s (FSBPT) Model Practice Act, the practice of physical therapy includes examination, evaluation and testing for purposes of determining a diagnosis, a prognosis, a plan of treatment intervention, and an assessment of the ongoing effects of treatment.

Thus, a physical therapist may treat a patient with or without a referral from a physician or authorized health care provider and may diagnose conditions that are within their scope of practice.

For these reasons, the Board believes that the proposed amendments in Section 3 are unnecessary and should be deleted.

Thank you for the opportunity to testify on this bill.

## Testimony of the Hawaii Board of Speech Pathology and Audiology

Before the  
House Committee on Education  
Tuesday, February 4, 2025  
2:00 p.m.  
Conference Room 309 and Videoconference

On the following measure:  
**H.B. 629, RELATING TO THERAPY SERVICES**

Chair Woodson and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer for the Board of Speech Pathology and Audiology (Board). The Board supports the intent of this measure and offers comments on Section 4, pertaining to Speech Pathologists.

The purpose of this bill is to expand the scope of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

The Board would like to draw the committee's attention to the amending language starting on page 13, Line 18 through page 14, Line 2, where it states:

(b) A licensed speech pathologist employed by or contracted with the department of education may diagnose medical conditions that can be treated by speech pathology services when providing speech pathology services to students of the department of education in an educational setting.

The Board is concerned about the use of the term "medical conditions" as the scope of practice set forth by the American Speech-Language-Hearing Association (ASHA) clearly indicates that Speech Pathologists can diagnose communication and swallowing disorders but cannot differentially diagnose medical conditions. Hawaii Revised Statutes chapter 468E states:

"The practice of speech pathology" means the application of principles, methods, and procedures of measurement, prediction, evaluation, testing, counseling, consultation, and instruction related to the development and disorders of speech and related language and hearing for the purpose of modifying speech and related language and hearing disorders.

The Board supports the intent of allowing speech pathologists employed by or contracted with the Department of Education to diagnose disorders, but only those within their defined scope of practice.

Thank you for the opportunity to testify.



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
KA 'OIHANA HO'ONA'AUAO  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 02/04/2025

**Time:** 02:00 PM

**Location:** 309 VIA VIDEOCONFERENCE

**Committee:** House Education

**Department:** Education

**Person Testifying:** Keith T. Hayashi, Superintendent of Education

**Bill Title:** HB 0629 RELATING TO THERAPY SERVICES.

**Purpose of Bill:** Expands the scopes of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education to diagnose students with a medical condition in an educational setting and treat the students.

**Department's Position:**

The Hawai'i State Department of Education (Department) supports HB 629, which expands the scope of practice for occupational therapists, physical therapists, and speech-language pathologists to allow those professionals working for or contracted by the Department of Education to diagnose medical conditions that can be treated with their respective services.

The Department recognizes that federal law permits physical therapists, occupational therapists, and speech-language pathologists to diagnose and treat patients without requiring a physician's diagnosis or referral. Additionally, the Centers for Medicare and Medicaid Services (CMS) clarified in its 2023 *Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming* that states can establish separate provider qualifications for school-based services, as long as these qualifications are not unique to Medicaid-covered services (p. 180-181).

Currently, the Department provides occupational therapy to 761 students, physical therapy to 167 students, and speech-language therapy to 2,500 students, who have a Medicaid ID number, meaning they are likely eligible for Medicaid reimbursement. The majority of these services are delivered without a physician's diagnosis or referral, creating a barrier to Medicaid reimbursement. As a result, the Department is unable to claim Medicaid reimbursement for eligible services that it is providing to eligible students.

This bill addresses this barrier by allowing qualified Department staff or contractors to diagnose and

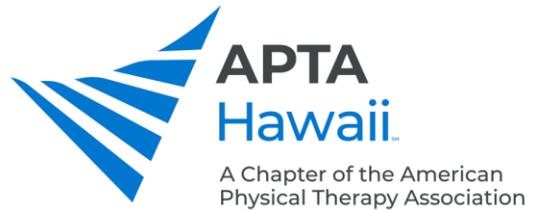
refer students for therapy services in their respective area. By removing the requirement for a physician's diagnosis and referral for the Department in an educational setting, the bill streamlines reimbursement for services for students with an Individualized Education Program.

Several states have already implemented similar changes to the scope of practice for occupational therapists, physical therapists, and speech-language pathologists to allow school-based providers to diagnose and refer for therapy services without requiring a physician's order. For example, New Mexico and Colorado have established Medicaid reimbursement models that align with CMS guidance, by changing the scope of practice for these providers thereby allowing school-based providers to deliver and seek reimbursement for therapy services without additional physician diagnosis and referral. These models demonstrate a successful pathway for maximizing Medicaid reimbursement while reducing administrative burdens and ensuring timely student access to necessary supports.

By aligning with federal guidance and established practices in other states, this bill removes unnecessary barriers to Medicaid reimbursement. The Department remains committed to providing access to essential therapy services and maximizing funding opportunities to better support student success.

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

HB629 RELATING TO THERAPY SERVICES  
House Committee on Education  
Chair Justin H Woodson, Vice-Chair Trish La Cica, and  
members of the committee  
DATE: February 4, 2025, TIME:2:00 p.m.



**Position: OPPOSED**

I am, Dr. Douglas White legislative chair of APTA-Hawai'i, the American Physical Therapy Association-Hawai'i. We represent the profession of physical therapy in Hawai'i. We are healthcare professionals who are members of the spectrum of healthcare for Hawai'i. We manage the health of infants, keiki, adults, and kupuna.

APTA-Hawaii is **OPPOSED** to HB629. Physical therapists in Hawaii are already legally required to diagnose their patients. HB629 would narrow the existing authority, not expand it. Physical therapists are ethically required to diagnose their patients as per the Standards of Practice.

**Chapter 461J:**

[§461J-10.11] Content standards of continuing competence. ... (c) "Patient/client management" includes but is not limited to examination, evaluation, **diagnosis**, and prognosis; plan of care; implementation; education; and discharge.

**HAR Title 16 Chapter 110:**

§16-110-2 Definitions. As used in this chapter:

"Evaluation" means the dynamic process in which the physical therapist makes clinical judgments based on data gathered during the physical therapy examination. Findings from the physical therapy examination are integrated to establish a **diagnostic** classification, prognosis, and plan of care.

"Patient" means an individual who is the recipient of physical therapy examination, evaluation, **diagnosis**, prognosis, and intervention and who has a disease, disorder, condition, impairment, functional limitation, or disability and also includes a person who may engage the services of a physical therapist, who can benefit from the physical therapist's consultation, interventions, professional advice, prevention services, or services promoting health, wellness, and fitness.

**The APTA Standards of Practice<sup>1</sup>:**

III. Patient and Client Management

C. Initial Examination/Evaluation/**Diagnosis**/Prognosis

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<sup>1</sup> <https://www.apta.org/siteassets/pdfs/policies/standards-of-practice-pt.pdf>

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention. Wellness and prevention encounters may occur without the presence of disease, illness, impairments, activity limitations, or participation restrictions.

Physical therapist services include the use of assessments to identify the presence of risk factors, and cognitive and environmental barriers and opportunities that may be targets for health promotion activities.

The physical therapist examination:

- Is documented and dated by the physical therapist who performed it;
- Identifies the physical therapy and as indicated other health needs of the patient or client;
- Performs or orders appropriate **diagnostic** and or physiologic procedures, tests, and measures;
- Produces data that are sufficient to allow evaluation, **diagnosis**, prognosis, and the establishment of a plan of care;
- Refers for additional services to meet the needs of the patient or client; and
- Includes, when appropriate and available, results from **diagnostic** and physiologic testing

Notwithstanding physical therapists requirements to diagnose their patients most insurance payers still require a referral from a MD/DO/NP/PA for payment of physical therapist services.

In summary this bill is narrower than current law and regulations governing physical therapists. This bill, if adopted would not solve the problem of DOE billing for physical therapist services as payers would still require a referral.

Please feel free to contact me if there are any questions. Thank you for the opportunity to present my testimony.

Douglas M. White, DPT  
APTA Hawaii Legislative Chair  
808.796.3221  
[dr.white@mmiltonortho.com](mailto:dr.white@mmiltonortho.com)



February 3, 2025

**TO:** House Education Committee  
**RE:** House Bill 629-Relating to Therapy Services

Aloha Chair and Committee,

I am writing to express my strong support for **HB 629** to increase the capacity of occupational and physical therapists, and speech pathologists within the Department of Education. This initiative is essential to better support children with Fetal Alcohol Spectrum Disorders (FASD), a condition due to its complex nature, as well as social stigmas, that very often goes undiagnosed. Children can highly benefit from services based on functional need from the assessments and diagnosis provided by these professionals.

FASD is a group of conditions that can occur in a person who was exposed to alcohol in utero. These conditions can affect each person in different ways and can range from mild to severe. Children with FASD often face significant challenges in their educational journey, including difficulties with learning, behavior, attention, memory, sensory sensitivities, and social interactions. Unfortunately, because so many children with FASD go undiagnosed, it means they do not receive the necessary support and interventions early on in their lives.

This group of professionals plays a critical role in addressing these challenges. They help children develop the skills they need to succeed in school and other aspects of daily life. By increasing the scope of these professionals within the Department of Education, we can ensure that more children with FASD receive the support they need to thrive and avoid a lifetime of more complex issues because of compounding issues that are never supported.

This proposal is not just about increasing capacity, but about investing in the future of our children. When children with FASD receive the right support, they can achieve their full potential and become successful and contributing members of society.

I urge you to support this important initiative and help make a positive difference in the lives of children with FASD. Mahalo for your consideration.

Sincerely,

Amanda Luning  
Executive Director

**Alan Shinn, MSW**  
PRESIDENT  
*Retired Executive Director*

**Ann S. Yabusaki, PhD, MFT**  
FOUNDER  
*Private Practice*

**Ken Yabusaki, Ph.D.**  
TREASURER  
*Retired Biochemist*

**Stephanie W. Batzer, Esq., LSW**  
SECRETARY  
*Child & Family Attorney  
Child & Family Social Worker*

**Jane Onoye, Ph.D.**  
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Department of Psychiatry, JABSOM  
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**Artina Wong, MSW, LSW**  
DIRECTOR  
*Hawai'i Executive Director  
Acumen Fiscal Agent*

**Ginny Wright**  
DIRECTOR  
*Educator/Family Advocate*

**Amanda Luning, LMHC, IECMH-E®**  
EXECUTIVE DIRECTOR  
*Hawai'i FASD Action Group*

**ATTACHMENTS:**

- 1: Hawai'i FASD Action Group General Brochure
- 2: The Role of Occupational Therapist (OT) in Diagnosis, Intervention and Education about the Impact of Fetal Alcohol Spectrum Disorder (FASD) in Children and Young People

**Hawai'i FASD Action Group**  
P.O. Box 6611 Kaneohe, HI 96744-9178  
Phone: (808) 728-0215/Fax: (808) 865-5322  
fasdhawaii.org

# The Role of the Occupational Therapist (OT) in Diagnosis, Intervention and Education about the Impact of Fetal Alcohol Spectrum Disorder (FASD) on Children and Young People

Diana Barnett<sup>1</sup>, Jessica Hannan<sup>2</sup>

<sup>1</sup> Occupational Therapist, The Children's Hospital, Westmead

<sup>2</sup> National Projects Officer, NOFASD, Australia

## Background and Method

Purpose of Occupational Therapy Assessment within FASD Diagnostic Clinic:

- To assess motor skills and other functional skills in order to inform neurodevelopmental profile, individual strengths and weaknesses and contribute to diagnostic evaluation
- To provide information regarding appropriate intervention strategies/options to address functional daily living issues (within home or school) related to motor and other impairments

Method:

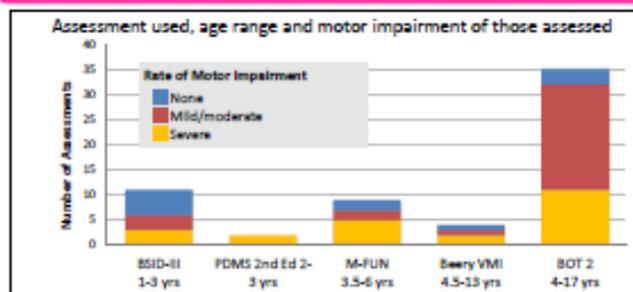
60 children and young people aged between 1-17 years who attended the FASD clinic, with confirmed PAE (prenatal alcohol exposure), between July 2016 - end June 2018 were assessed by an Occupational Therapist.

Standardised Assessments used:

- Bayley Scales of Infant & Toddler Development 3<sup>rd</sup> edition (BSID-III)
- Beery VMI (6<sup>th</sup> Ed)
- Bruininks-Oseretsky Test of Motor Proficiency, 2<sup>nd</sup> Ed (BOT2) Fine Motor Control, Manual Coordination and Balance sections
- Miller Function and Participation Scales (M-FUN)
- Peabody Developmental Motor Scales (PDMS-2)

Motor impairment was then rated as 'severe', 'mild/moderate' or none.

## Results



Mild/moderate and severe motor impairment occurred across all ages

Severe Impairment: defined as 2 or more SD below the mean or < 3<sup>rd</sup> percentile as assessed on a standardised assessment as stated in The Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder (FASD)\*.

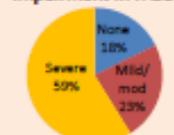
### Rate of Motor Skill Impairment in PAE



33% of children and young people with PAE had a severe motor impairment

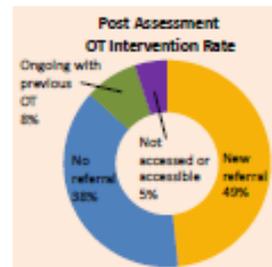
Of those 60 young people whose motor skills were assessed within the FASD clinic, 17 went on to be given a diagnosis of FASD.

### Rate of Motor Skill Impairment in FASD



59% of children and young people with FASD had a severe motor impairment

## Occupational Therapy Role



Occupational Therapy intervention was recommended in more than 50% of those children assessed in FASD clinic

Occupational Therapists develop intervention goals jointly with clients and their families to increase participation in meaningful activities of daily life (such as self-care skills, engagement in education/learning/work environments, or social interaction). These goals are used to evaluate progress and service provision.

Skill	Examples of Intervention Strategy
Graphomotor/ Handwriting	Fine motor and motor planning skill development, handwriting programs, alternative technology
Self-care /daily living/organisation	Task analysis, CO-OP Approach (Cognitive Orientation to daily Occupational Performance), skills training
Play Skills	Learn to Play, play therapy, DIR Floortime <sup>®</sup> , motor skill development
Self Esteem/Social Skills	Strength based approach, social skills group
Sensory processing/behaviour regulation/ arousal/ attention difficulties	Use of visual schedules, sensory activity schedule, cognitive strategies, The Alert Program <sup>®</sup> , Zones of Regulation

## Conclusions

- In those affected by PAE and FASD, motor skill and functional impairments frequently occur across all ages
- A motor skill assessment should be completed for all children and young people attending FASD clinic
- Referral for Occupational Therapy intervention is vital to optimize function and independent engagement across all life roles

### Reference

\*Bower C, Elliott EJ 2016, on behalf of the Steering Group. Report to the Australian Government Department of Health: "Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)".



**HB-629**

Submitted on: 2/2/2025 11:35:47 AM

Testimony for EDN on 2/4/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cat Orlans	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Catherine Orlans, and as a parent to a child with Autism in the DOE, I am writing to express my strong support for the proposed bill to expand the scope of practice for occupational therapists, physical therapists, and speech pathologists employed by or contracted with the Department of Education (DOE) in Hawai'i.

I believe this bill offers a critical opportunity to improve the administration of services for students with disabilities, particularly in ensuring that they receive timely, high-quality therapy services under the Individuals with Disabilities Education Act (IDEA) and Free Appropriate Public Education (FAPE).

One of the most important aspects of this bill is how it streamlines service delivery by allowing licensed therapists to diagnose medical conditions directly, without needing a physician's prescription. This change will significantly reduce delays in providing services, which is essential for students who rely on timely intervention to develop physical, cognitive, and communication skills. The ability to intervene sooner will lead to more effective support for students, helping them participate more fully in their educational environment and promoting their overall development.

Additionally, this bill addresses a major barrier the DOE faces when trying to obtain reimbursement for therapy services. Currently, therapists must obtain a physician's prescription before providing services, which creates unnecessary red tape and delays in reimbursement. By removing this requirement, the DOE can more efficiently bill for services, generating additional funding that will directly benefit students and improve the availability and quality of therapy resources. This will allow the DOE to meet the goals of IDEA, ensuring that students have access to the services they need without unnecessary administrative burdens.

The cost-effectiveness of this bill is also an important consideration. Streamlining the process by eliminating the need for a physician's prescription will reduce administrative overhead and make therapy services more accessible to students, ultimately lowering costs for the DOE while enhancing service delivery. By empowering therapists to provide services independently, the bill also promotes greater autonomy and efficiency, ensuring that students receive consistent, continuous care within the school setting.

While I fully support this bill, I believe there are some important considerations that could strengthen its implementation. First, I recommend that the bill clarify the training and oversight

requirements for therapists. Even though therapists are licensed professionals, diagnosing medical conditions requires specialized knowledge, and additional training or certification may be needed to ensure that diagnoses are accurate and appropriate for each student's needs. Establishing clear standards for diagnosis would help maintain high-quality care and protect students from potential misdiagnoses.

Another recommendation is to ensure that the bill facilitates ongoing collaboration between therapists and physicians, especially when it comes to more complex or high-risk diagnoses. A framework for interdisciplinary teamwork, possibly through advisory panels or clear guidelines, would help ensure that therapists are supported by medical professionals when necessary. This would preserve the quality of care while allowing therapists to work more independently.

Finally, I suggest including measures for monitoring and accountability. As the scope of practice for therapists is expanded, it is crucial to ensure that the quality of therapy services is consistently evaluated. Regular reviews, peer supervision, and feedback mechanisms would allow for continuous improvement and ensure that the changes lead to positive outcomes for students.

In conclusion, I am confident that this bill has the potential to significantly improve the delivery of therapy services to students with disabilities in Hawai'i. By streamlining processes, improving reimbursement, and empowering therapists, the bill will enhance students' access to services and support their development. With the addition of clear training requirements, safeguards for collaboration, and mechanisms for monitoring outcomes, this bill can be a vital step forward in ensuring that all students receive the high-quality services they are entitled to under IDEA and FAPE.

Thank you for considering my support and recommendations for this important legislation.

Mahalo,  
Catherine Orlans

**LATE**

**HB-629**

Submitted on: 2/3/2025 7:39:01 PM

Testimony for EDN on 2/4/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
S Kamai-Fernandez	Individual	Oppose	Written Testimony Only

Comments:

Honorable Members of the Committee

I am a very concerned parent of a student attending school in the DOE. I just found out about this bill from another parent and am very concerned about what we heard. I hope I am able to get this to you in time.

My step daughter has been receiving speech therapy for many years. She likes them and it seems to help her with her pronouncing certain letters. She also was receiving physical therapy for awhile. Although I really appreciate the support services the DOE provides to my family, I'm very concerned about what is going on with this bill and what the DOE is saying. Since I just found out about this, I talked to only a few people, but we think this bill is not necessary and can hurt our kids.

Why are we allowing therapists to do a medical diagnosis? Although we love our therapists, we don't think they are qualified to do this. What education or training makes them able to do a medical diagnosis? Is the DOE going to send these therapists to medical school and pay them more money? Who else can do medical diagnosis? The bus driver? What equipment and tests does the DOE have? If they think our kids have a medical problem, why can't they just call our doctor to find out? Or our doctor can do the tests and check out the kids the right way. What if the therapist is wrong and there is a serious problem with the student like cancer? How will my doctor find out or even know if the therapist doesn't talk to her? The DOE says it makes it easier for them if they can diagnose, but is it a real diagnosis? Can it be used anywhere? What if I don't want them to do a "medical" diagnosis? Will this mean my step daughter won't get any more services? So I don't have a choice about this? That doesn't seem right. Will only the kids with a diagnosis get services, more services, or better services? Why? What is so hard about talking to our doctor because that seems very easy and we would want that instead. My step daughter never had a diagnosis to get services before so why does she need one now? I asked my doctor and she said no one from DOE has ever contacted her about my step daughter and what she needs or what her diagnosis is. She said she would have no problem helping us or the therapist if they needed it. I trust her.

I'm upset because it seems that they are doing this just for the money and are not keeping the students as their priority. They should focus on helping the students and giving the best services. Just do the right thing and call the doctor to make sure you are doing the right thing for the student and not hurting them.

Mahalo for letting me testify.