



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

**Date:** 02/23/2017  
**Time:** 12:00 PM  
**Location:** 308  
**Committee:** House Finance

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

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

**Purpose of Bill:** Formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education. Establishes a dedicated special fund and positions within the Departments of Health and Human Services to support the program. Makes appropriations. (HB672 HD2)

**Department's Position:**

Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance:

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

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

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

- Leading community organizations matched state funding, including the Hawai'i Community, Harold K.L. Castle, and HMSA Foundations, Kaiser Permanente Hawai'i, and the Queen's Medical Center;

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

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

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

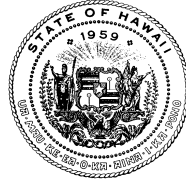
- Implement the Hawai'i Keiki Program statewide in all 15 Complex Areas, with a pilot in 2 Charter Schools;
- Implement the electronic health room management software in all schools to provide data to guide planning and resource allocation;
- Build a school-based oral hygiene services and sealant program;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

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

leads to economic achievement - the major determinant of a healthy population.

The Hawai'i Keiki program is, at its heart, an initiative that encompasses multiple partners and stakeholders. The DOE is grateful to the House Committee on Health and House Committee on Education for all of the work that they have done to help refine this measure into a vehicle that will be effective for efficiently providing these critical services for students in a cost-effective manner.

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



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

**Testimony COMMENTING on HB 0672, HD2  
Relating to School-based Health Care**

REPRESENTATIVE SYLVIA LUKE, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 23, 2017

Room Number: 308

1 **Fiscal Implications:** This bill appropriates \$4,000,000 from general funds for fiscal year 2017 –  
2 2018 and the same sum for fiscal year 2018 – 2019 to be deposited into the Hawaii Keiki:  
3 healthy and ready to learn special fund. The bill also appropriates general funds for a school  
4 health services coordinator within the Department of Health (DOH) and another within the  
5 Department of Human Services (DHS) to support the program. We respectfully defer to the  
6 Governor's Executive Budget for the Department of Health's appropriations and personnel  
7 priorities.

8 **Department Testimony:** The Department of Health (DOH) appreciates the intent of HB 672,  
9 HD2 and offers comments.

10 The purpose of this bill is to formally establish the Hawaii Keiki program within the Department  
11 of Education, provide funding to sustain and expand the program, establish a special fund, and  
12 create a school health service coordinator position for the DOH and the DHS.

13 Healthy students are better learners and investing in healthy, successful students help build  
14 strong communities. The Department of Health has a long history of collaboration with the  
15 Department of Education to foster healthy students and schools – including public health nursing  
16 services and support for School Health Aides; behavioral health services; substance abuse

- 1 treatment services; health education; wellness promotion; creating healthy school environments;
- 2 oral health, Stop Flu at School immunizations and many other areas that support student health.
- 3 DOH Public Health Nursing actively coordinates with DOE and Hawaii Keiki toward an
- 4 integrated health care delivery team to support students and schools. We look forward to our
- 5 continued collaboration so that we best serve the needs of all our students.
- 6 Thank you for the opportunity to testify.

DAVID Y. IGE  
GOVERNOR



PANKAJ BHANOT  
DIRECTOR

BRIDGET HOLTHUS  
DEPUTY DIRECTOR

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

February 23, 2017

TO: The Honorable Representative Sylvia Luke, Chair  
House Committee on Finance

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 672 HD2 - RELATING TO SCHOOL-BASED HEALTH SERVICES**

Hearing: February 23, 2017, 12:00 p.m.  
Conference Room 308, State Capitol

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

**PURPOSE:** The purpose of the bill is to formally establish the Hawaii Keiki program, provide funding to expand and sustain the program, and establish school health service programs in the departments of health and human services to increase coordination and facilitate departmental and interdepartmental activities related to comprehensive school-based health services.

DHS recognizes the strong intersections between education and health, which is reflected in the 'Ohana Nui strategic initiatives of the department. For those reasons, we have worked collaboratively with University of Hawaii's School of Nursing and Dental Hygiene, Department of Education and Department of Health to increase access to health services in the schools. In the last year, we helped facilitate connections with the Medicaid managed care plans so that the school-based nurses can bill and be reimbursed when providing health care services for children enrolled with Medicaid. In the future, we look forward to further collaboration to ensure the most efficient and effective care for our children.

Finally, while we appreciate the intent of the bill to expand the Healthy Keiki program as well as to sustain it over time through an appropriation, we would not want the appropriation to affect the priorities identified in the Governor's Executive Budget request.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE  
GOVERNOR



WESLEY K. MACHIDA  
DIRECTOR

LAUREL A. JOHNSTON  
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  
HONOLULU, HAWAII 96810-0150

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

**WRITTEN ONLY**  
TESTIMONY BY WESLEY K. MACHIDA  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
TO THE HOUSE COMMITTEE ON FINANCE  
ON  
HOUSE BILL NO. 672, H.D. 2

**February 23, 2017**  
**12:00 p.m.**  
**Room 308**

**RELATING TO SCHOOL-BASED HEALTH SERVICES**

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



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

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

Thank you for your consideration of our comments.



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
919 ALA MOANA BOULEVARD, ROOM 113  
HONOLULU, HAWAII 96814  
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
February 23, 2017

The Honorable Sylvia Luke, Chair  
House Committee on Finance  
Twenty-Ninth Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Representative Luke and Members of the Committee:

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

The State Council on Developmental Disabilities (DD) appreciates the intent of HB 672 HD2 and provides comments to the bill. The purpose of the bill is to formally establish the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education, and establish a dedicated special fund and positions within the Departments of Health and Human Services to support the program.

The Council belongs to the National Association of Councils on Developmental Disabilities (NACDD) which is a member of the Coalition for Health Funding (CHF). CHF is the oldest and largest nonprofit alliance working to preserve and strengthen public health investments in the best interest of all Americans. Public health is one of the oldest government functions, dating back to 1798 when Congress first authorized the Marine Hospital Service to deliver care to merchant seamen who had a higher incidence of disease. Public health is the science and art of protecting and promoting health in communities where we live, work, and learn.

We appreciated the public health nurses for over two-decades of services in the Department of Health, providing school based health services throughout the state up through 2009, until their services were cut. Today, we hear about poor health outcomes, and delayed or limited access to health care and preventive services that continue to prevent students' academic success and schools' ability to meet the needs of the whole child.

This bill recognizes collaboration between the Department of Education and its partnering public and private agencies (Department of Health, Department of Human Services, and diverse communities on each island. In order to achieve a sustainable comprehensive school-based health services in the State, we emphasize the need for a coordinated and collaborative approach that includes shared responsibility and fiscal and staff resources, evidenced-based strategies, and outcome-based evaluation to

The Honorable Sylvia Luke  
Page 2  
February 23, 2017


measure program milestones and objectives. These factors would contribute to improving the academic and health outcomes of Hawaii's public school students.

The Council strongly promotes collaboration and partnerships of all stakeholders to provide school-based health services to all students to achieve overall positive health status and well-being.

Thank you for the opportunity to submit comments regarding HB 672 HD2.

Sincerely,

  
Waynette K.Y. Cabral, MSW  
Executive Administrator

  
Josephine C. Woll  
Chair



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
House Committee on Finance  
Thursday, February 23, 2017 at 12:00 p.m.

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

### HB 672 HD2 – RELATING TO SCHOOL-BASED HEALTH SERVICES

Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance:

Thank you for this opportunity to provide testimony in strong support of this bill, HB 672 HD2.

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 to provide school based health services through a Department of Education (DOE) partnership with the UH Mānoa School of Nursing and Dental Hygiene (SONDH) – the state's premier provider of nursing education. We launched this program by placing one APRN in 7 Complex Areas in schools in disadvantaged communities on O'ahu, Kaua'i, and the Island of Hawai'i. Second, we are partnering with public and private agencies to provide evidence based school health services to ensure screening for common conditions, up to date immunizations, and with primary care providers to manage chronic conditions that impact readiness to learn. Further, the program partners with both state agencies and the health care delivery sector to forge innovative partnerships to improve health and achievement of students, schools, and communities.

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

- Leading community organizations matched the state funding including the Hawai'i Community, Harold K.L. Castle, and HMSA Foundations, Kaiser Permanente Hawai'i, and the Queen's Medical Center
- Linking the DOE student information system with the electronic health management software to report real time information to Complex Area Superintendents and principals on health services
- Expansion and coordination of school wellness programs
- Provided sports physicals as needed
- Implemented evidence based vision screenings and obtained glasses for those in need with Project Vision
- Improved attendance rates and decreased early dismissal rates

- Nationally Certified School Nurses (NCSN) in Hawai'i schools
- UHM SONDH able to seek national funding to support specific activities
- UHM nursing students learning in schools, increasing involvement with the high school health academies and role modeling for students

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

- Implement Hawai'i Keiki statewide in the 15 DOE Complex Areas and pilot in 2 Charter Schools
- Implement the electronic health room management software in all schools to provide data to guide planning and resource allocation
- Build a school based oral hygiene services and sealant program
- Secure a lifetime license for EyeSpy eye assessment software for all schools in the DOE system
- Fund and establish school services coordinator positions in the Department of Health (DOH) and Department of Human Services (DHS) MedQUEST Division to work in collaboration with DOE and UHM SONDH

SONDH suggests friendly amendments highlighting the collaborating partners in this school based health initiative. See the attached for proposed amendment language.

The Hawai'i Keiki Program commits to interprofessional and interdepartmental collaboration to ensure the spread and scale of school based health services that are grounded in the community and reflective of community needs. Additionally, this measure seeks to establish Hawai'i Keiki as the mechanism to facilitate early eye screenings for school aged children through evidenced based eye assessment software. Screening and follow up referrals may be conducted by Hawai'i Keiki nurses and through community partnerships.

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

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

Therefore, the SONDH respectfully requests that you pass HB 672 HD2 with amendments. We appreciate your continuing support of health in Hawai'i. Thank you for the opportunity to testify.

ATTACHMENT WITH SUGGESTED AMENDMENTS TO HB 672 HD2

Amendment:

Page 3, Section 1, after line 14 propose to insert an additional item:

"(5) Continue dialogue with the following community partners including but not limited to federally qualified health centers, the Hawai'i American Academy of Pediatrics, HE'E Coalition, and other key stakeholders in the development and implementation of a comprehensive plan to implement school based health."

Page 5, Section 2, lines 1-6:

"implement the program in collaboration with the department of health, the department of human services; ~~other health-care educators including~~ the University of Hawai'i Manoa School of Nursing and Dental Hygiene; providers; and other health-care and education stakeholders to increase access to and reimbursement for school-based wellness and health services. Continue the partnership with the public health nursing branch of the department of health as described in the 2017 memorandum of understanding between department of education, department of health and Hawai'i Keiki."

**Written Testimony Presented Before the  
House Committee on Finance  
February 23, 2017 12:00 PM  
by  
Laura Reichhardt, NP-C, APRN, Director  
Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

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

Dear Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2 Relating to School-Based Health Services.

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

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

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

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

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

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

DAVID Y. IGE  
GOVERNOR



CATHERINE PAYNE  
CHAIRPERSON

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

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

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FOR: HB672, HD2 Relating to School-based Health Services  
DATE: Thursday, February 23, 2017  
TIME: 12:00 PM  
COMMITTEE(S): House Committee on Finance  
ROOM: Conference Room 308  
FROM: Sione Thompson, Executive Director  
State Public Charter School Commission

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Chair Luke, Vice Chair Cullen, and members of the Committee:

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

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

Thank you for the opportunity to provide this testimony.





**KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES**

**2239 N. SCHOOL STREET ◆ HONOLULU, HAWAII 96819 ◆ TEL: 808-791-9400 ◆ FAX:  
808-848-0979 ◆ www.kkv.net**

Written Testimony Presented Before the

House Committee on Finance

February 23, 2017 12:00 PM  
by

David D Derauf MD, Kokua Kalihi Valley

HB 672, HD 1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Luke, Vice Chair Cullen and members of the House Committee on Finance. Thank you for this opportunity to provide testimony in support for HB 672, HD 1 Relating to School-Based Health Services.

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

We know that too often children miss school due to illnesses that could easily be treated by well trained nurses working with the DOE on School Campuses. We know that our Keiki's education suffers when they are forced to miss school due to illness. We stand ready to develop a strong partnership with this program to build a robust system of school and community based services in the Kalihi area. We would like to recommend that a strong community voice be given to guide the implementation of this work, including but not limited to parents of children in the public school system,

Public Health Nurses, Primary Care Providers . And that in communities that have the presence of a Federally Qualified

Health Center, services be developed collaboratively and in consultation with that health center.

Thank you for the opportunity to testify in support of HB 672, HD 1.


David D Derauf MD

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social  
Services to  
Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Sylvia Luke, Chair  
The Honorable Ty J.K. Cullen, Vice Chair  
Members, Committee on Finance  


From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems  
Date: February 21, 2017  
Hrg: House Committee Finance Hearing; Thursday, February 23, 2017 at 12:00PM in Room 308

Re: **Support for HB 672 HD2, Relating to School-Based Health Services**

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My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems. I would like to express my **support** for the intent of HB 672 HD2, Relating to School-Based Health Services, which would provide access to health services for our public school students.

The Queen's Medical Center (Queen's) is a proud community partner with the Hawaii Department of Education (HiDOE) and the Department of Defense (DOD) for the School-Based Mental Health Program. As a community partner, Queen's works collaboratively with the DOD and HiDOE to provide cohesive mental health services at Wahiawa Elementary School, Wahiawa Middle School, and Leilehua High School.

Our mission has always been to provide quality health care services to Native Hawaiians and the people of Hawaii regardless of their ability to pay. The School-Based Mental Health Program is a much needed service within the community that benefits our keiki. Thank you for your time and consideration of this matter.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

February 23, 2017/12:00 p.m.  
Conference Room 308

**House Committee On Finance**

To: Rep. Sylvia Luke, Chair  
Rep. Ty Cullen, Vice Chair

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

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

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My name is Michael Robinson, Vice President, Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I am writing in support of HB 672, HD2 which provides funding to expand the Hawai'i Keiki: Healthy and Ready to Learn program.

The Hawai'i Keiki program incorporates an array of health care services into Hawai'i public schools. Chronic absenteeism, poor health, and delayed or limited access to health care and preventative services have been found to hinder students' success in the classroom. The resources available in people's communities, homes, schools, and neighborhoods significantly determine the health outcomes they will experience over their lifetime. This program will help our younger generations live in better health as well as support their capacity to succeed in school.

We at Hawai'i Pacific Health advocate for and support this policy that would enhance the medical services provided in schools. HB 672, HD2 is aligned with our mission of creating a healthier Hawai'i.

Thank you for the opportunity to testify.



**February 23, 2017 at 12:00 PM**  
**Conference Room 308**

**House Committee on Finance**

To: Chair Sylvia Luke  
Vice Chair Ty J.K. Cullen

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

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

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

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

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

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



Date: February 22, 2017

To: The Honorable Sylvia Luke, Chair  
The Honorable Ty Cullen, Vice Chair  
Members of the House Committee on Finance

From: Jessica Yamauchi, Executive Director, Hawai'i Public Health Institute

Re: **Support intent, offering comments on HB 672, HD2 Relating to School-Based Health Services**

Hrg: February 23, 2017 at 12:00 pm at Capitol Room 308

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Thank you for the opportunity to testify offering comments for HB 672, which formally establishes the Hawaii keiki: healthy and ready to learn program within the Department of Education and establishes a special fund and appropriates \$4,000,000 to expand and sustain the program.

Created by the legislature in 2012, the Obesity Prevention Task Force is comprised of over 20 statewide organizations, and works to make recommendations to reshape Hawai'i's school, work, community, and health care environments, making healthier lifestyles obtainable for all Hawai'i residents. The Hawai'i Public Health Institute (HIPHI) convenes the Task Force and supports and promotes policy efforts to create a healthy Hawai'i.

The Task Force supports the intent of HB 672 HD2, but offers the following comments for this measure. The Task Force supports School-based health centers (SBHCs) as they are able to provide access to primary care services, including well-child visits, vaccinations, mental health counseling, and treatment of minor injury/illness as well as chronic disease. However, the Task Force acknowledges that to provide high quality care, SBHCs require an incredible amount of coordination for data-sharing, facilitating provider and payer relationships, and the integration of health and social services available outside of the school setting.

HB 672 HD2 aims establish the Hawaii Keiki program in state statute. The Task Force feels that it may be premature to designate responsibility and resource to one program. The Task Force respectfully asks the legislature to consider assessing which factors, partners, and services will contribute to a successful SBHC program designed to meet our keiki's needs.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink that reads "Jessica Yamauchi". The signature is written in a cursive, flowing style.

Jessica Yamauchi, MA  
Chair, Obesity Prevention Task Force  
Executive Director, HIPHI



An Independent Licensee of the Blue Cross and Blue Shield Association

February 23, 2017

The Honorable Sylvia Luke, Chair  
The Honorable Ty J.K. Cullen, Vice Chair  
House Committee on Finance

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

Dear Chair Luke, Vice Chair Cullen, and Committee Members:

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

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

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

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

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

Sincerely,

Mark K. Oto  
Director, Government Relations.

841 Bishop St., Suite 301  
Honolulu, Hawaii 96813



Telephone: 808 926-1530  
Contact@HEECoalition.org

Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Ty Cullen, Vice Chair

February 23, 2017

Dear Chair Luke, Vice Chair Cullen and Committee Members:

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

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

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

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

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

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

Sincerely,

Cheri Nakamura  
HE'E Coalition Director

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

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



HE'E Members and Participants

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

McREL's Pacific Center for Changing the Odds

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

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

February 23, 2017/12:00 p.m.  
Conference Room 308

**House Committee On Finance**

To: Rep. Sylvia Luke, Chair  
Rep. Ty Cullen, Vice Chair

From: Art Gladstone  
Chief Nurse Executive, Hawaii Pacific Health  
Chief Executive Officer, Pali Momi Medical Center and Straub Clinic & Hospital

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

-----  
My name is Art Gladstone and I am the Chief Nurse Executive at Hawai'i Pacific Health (HPH), and the Chief Executive Officer of Pali Momi Medical Center and Straub Clinic and Hospital. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I am writing in support of HB 672, HD2 which provides funding to expand the Hawai'i Keiki: Healthy and Ready to Learn program.

The Hawai'i Keiki program incorporates an array of health care services into Hawai'i public schools. Chronic absenteeism, poor health, and delayed or limited access to health care and preventative services have been found to hinder students' success in the classroom. The resources available in people's communities, homes, schools, and neighborhoods significantly determine the health outcomes they will experience over their lifetime. This program will help our younger generations live in better health as well as support their capacity to succeed in school.

We at Hawai'i Pacific Health advocate for and support this policy that would enhance the medical services provided in schools. HB 672, HD2 is aligned with our mission of creating a healthier Hawai'i.

Thank you for the opportunity to testify.



February 22nd, 2017

Testimony of Elizabeth Valentin, MPH, Executive Director of Project Vision Hawai'i

Honorable Chair Representative Luke, Honorable Vice Chair Representative Cullen  
Honorable Members of the House Committee on Finance

Project Vision Hawai'i submits testimony in strong support of HB672 with amendments.

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

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

Nationwide, 1.5 million children lack the glasses they need to see the board, read a book, study math or participate in class. Over 12,000 children live in low-income communities in Hawai'i, where a good education may be their only pathway out of poverty. While 80% of learning in early grades is visual, studies indicate 95% of incoming first graders who need glasses do not have them. The problem is access; for a variety of reasons, kids in low-income areas don't often make it to the optometrist. Students with uncorrected vision problems often avoid reading, suffer headaches, and have trouble focusing on class discussions. These symptoms make affected children less likely to reach the important educational milestone of reading proficiency by the end of third grade, which makes them more likely to fall behind and drop out of school. The problem is particularly prevalent in low-income areas of the Big Island. According to key stakeholders interviewed for the 2013 Healthcare Association of Hawai'i's Hawai'i County Community Health Needs Assessment: "Children do not have screenings for even basic dental and vision, and these are so often barriers to doing well in school." (Page 24)

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



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

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

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

Thank you for this opportunity to submit testimony.

Elizabeth "Annie" Valentin, MPH

A handwritten signature in black ink, appearing to be "AV", written over a faint circular stamp or watermark.

(Annie Hiller)

Executive Director  
PROJECT VISION HAWAII  
PO Box 23212  
Honolulu, HI 96823  
(808)-282-2265  
[www.projectvisionhawaii.org](http://www.projectvisionhawaii.org)



ATTACHMENT WITH SUGGESTED AMENDMENTS TO HB 672

Amendment:

Page 3, Section 1, line 10:

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

Page 4, Section 1, Line 5

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

Page 12, Section #:

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



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DATE: February 23, 2017

TO: The Honorable Sylvia Luke, Chair  
The Honorable Ty J.K. Cullen, Vice Chair  
House Committee on Finance

FROM: Justin Murakami, Policy Research Associate  
The Kapi'olani Child Protection Center  
A Program of Kapi'olani Medical Center for Women and Children

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

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Good afternoon Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance:

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

School nurses play a pivotal role in caring for children and improving their health. They identify children in need of services; provide on-site urgent care; develop and implement programs to improve students' health; and participate in immunization efforts to combat measles and other preventable diseases. School nurses are both the medical front line and health care provider of last resort for many children who are otherwise receiving suboptimal care.

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

School nurses are also critically important for another reason: it is well known that many reports of child abuse are made by teachers, counselors, and other school staff. The involvement of school nurses in evaluating suspected child abuse, as medical professionals, improves the accuracy and detail of these reports by allowing schools to better detect, corroborate and confirm evidence of physical and psychological harm. Moreover, school nurses are able to provide timely medical treatment and other support to victims of child abuse, even as a report is being made.

By placing UH-trained nurses into local schools and enabling the establishment of additional school based health centers, your support of H.B. 672 H.D. 2 demonstrates that the State of

Hawai'i is committed to the health and wellbeing of its children, and takes a meaningful step towards ensuring that appropriate and necessary health care is immediately available whenever it is needed in a school setting.



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

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**TESTIMONY FOR HOUSE BILL 672, HOUSE DRAFT 2, RELATING TO SCHOOL-BASED HEALTH SERVICES**

**House Committee on Finance  
Hon. Sylvia Luke, Chair  
Hon. Ty J.K. Cullen, Vice Chair**

**Thursday, February 23, 2017, 12:00 PM  
State Capitol, Conference Room 308**

Honorable Chair Luke and committee members:

I am Kris Coffield, representing IMU Alliance, a nonpartisan political advocacy organization that currently boasts over 350 members. On behalf of our members, we offer this testimony in support of House Bill 672, House Draft 2, relating to school-based health services.

Hawai'i Keiki: Healthy and Ready to Learn is a partnership between UH Mānoa Nursing and the Hawai'i Department of Education that expands school-based health services based on a complex area's student demographics and available support services. The program advances screening for treatable health conditions, provides referral to primary health care and patient centered medical home services, prevents and controls communicable diseases, and offers emergency care for illness or injury.

To succeed academically, students must be well nourished and medically fit. As the UH-Mānoa School of Nursing and Dental Hygiene notes, the evidence is clear that:

- Hunger, chronic illness, or physical and emotional abuse, can lead to poor school performance;
- Health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure and often affect students' school attendance, grades, test scores, and ability to pay attention in class; and
- School based health programs decrease dismissal from school and chronic absenteeism.

According to the program's timeline, Hawai'i Keiki is entering Phase 3 of its implementation. During the 2017-2019 biennium, it will extend its operational framework across



15 complex areas, institute a business plan with Medicaid billing for all complex areas, and develop a comprehensive 5-year program evaluation plan.

# HAWAI'I KEIKI

Healthy and Ready to Learn

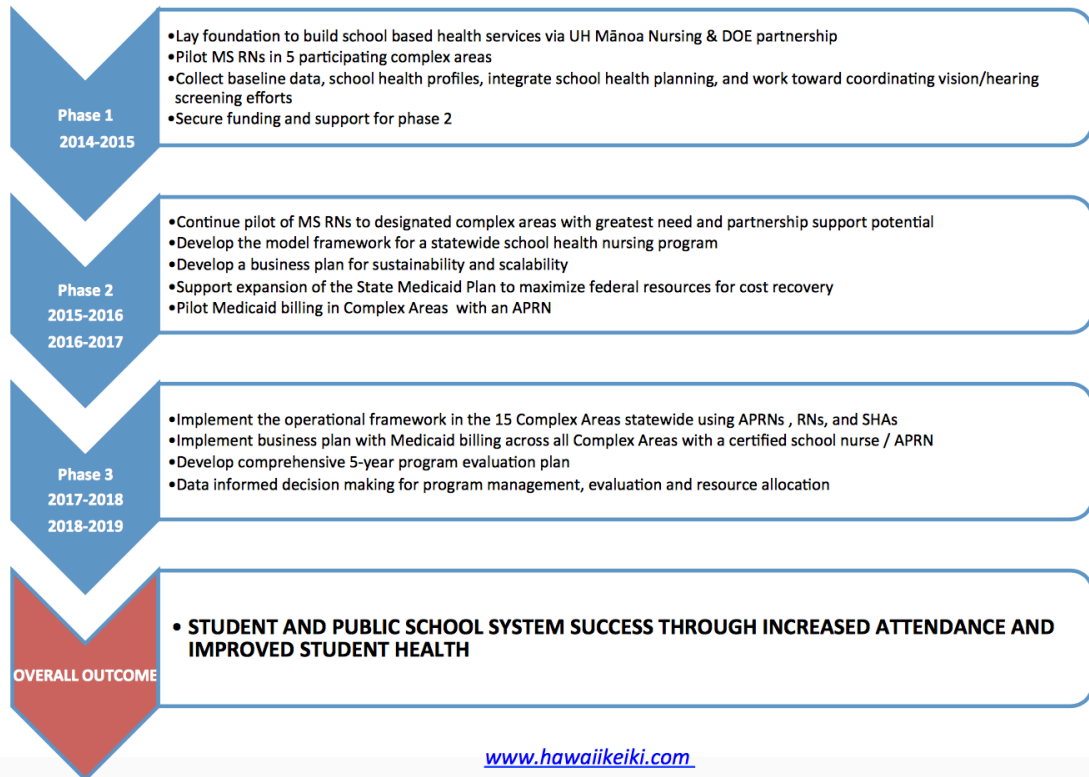
UH Mānoa Nursing with Hawai'i Department of Education



NURSING  
UNIVERSITY of HAWAII at MĀNOA  
Leadership • Excellence • Innovation



## Timeline 2014 to 2019



When we fund our children's health, we fund our future. Mahalo for the opportunity to testify in support of this bill.

Sincerely,  
Kris Coffield  
*Executive Director*  
IMUAlliance

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 21, 2017 1:59 PM  
**To:** FINTestimony  
**Cc:** kfdavis@hawaii.edu  
**Subject:** Submitted testimony for HB672 on Feb 23, 2017 12:00PM

**HB672**

Submitted on: 2/21/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katherine Finn Davis	Individual	Support	No

Comments: Aloha Chair and Vice Chair of the Committee on Finance. My name is Katherine Finn Davis and I work/live in Manoa/Honolulu. I am submitting testimony today in support of the Hawai'i Keiki Bill, HB672, HD2/SB510, SD1. This bill seeks to establish and expand school health services across the state. As Quality Director for the Hawaii Keiki Program, I have seen first hand the difference a Hawaii Keiki nurse can have on quality outcomes. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo.

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**Written Testimony Presented Before the  
House Committee on Finance  
February 23, 2017 12:00 PM  
By  
Lynn A. Milligan MSN, RN**

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

Dear Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2 Relating to School-Based Health Services.

**Lynn A. Milligan** supports the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program.

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

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

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

---

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

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

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 21, 2017 4:39 PM  
**To:** FINTestimony  
**Cc:** lenora@hawaii.edu  
**Subject:** Submitted testimony for HB672 on Feb 23, 2017 12:00PM

**HB672**

Submitted on: 2/21/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr. Lenora Lorenzo	Individual	Support	No

Comments: Aloha, I am speaking in support of this bill to fund and continue the Hawai'i Keiki program. Our Keiki are our most precious resource and the future of Hawai'i. You cannot separate health from ability to learn and succeed. Budgetary constraints may impact the financial support of this most important program and I ask that it be given the prioritization warranted. We must protect the health and wellness of this vulnerable population and fund it to the extent needed for all of Hawai'i to succeed! The Hawai'i Keiki program is a stellar example of a partnership between DOE and the University of Hawaii Manoa school of nursing and dental hygiene in achieving success for our Keiki, by providing school health nursing and primary care services. It will increase access to health care for one of our most vulnerable populations, our Keiki. This need for health care for our Keiki will likely increase in view of our changing political and health care environment. O au me ka ha`a (I am humbly yours), Lenora Lorenzo DNP, APRN, BC FNP, GNP, ADM, CDE, FAANP University of Hawai'i SONDH Faculty Hawai'i Association of Professional Nurses Treasurer American Association of Nurse Practitioners Hawai'i State Representative Ph: 808 222 4330

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 21, 2017 3:51 PM  
**To:** FINTestimony  
**Cc:** nuyolks@gmail.com  
**Subject:** Submitted testimony for HB672 on Feb 23, 2017 12:00PM

**HB672**

Submitted on: 2/21/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kathleen Yokouchi	Individual	Support	No

Comments: In strong support.

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**Written Testimony Presented Before the  
House Committee on Finance  
February 23, 2017 12:00 PM**

**by  
Brendon Friedman, DNP, MBA, APRN-Rx, FNP-BC**

**Family Nurse Practitioner, Assistant Professor, & Private Practice Business Owner**

**HB 672, HD 2 RELATING TO SCHOOL-BASED HEALTH SERVICES**

Dear Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance. Thank you for this opportunity to provide testimony in strong support for HB 672, HD 1 Relating to School-Based Health Services.

I am a family nurse practitioner, assistant professor, and private practice business owner. I was raised here and am now fortunate enough to be raising my own keiki on Oahu, and can tell you both personally and professionally how important health services are to our keikis' development. I have seen first hand the positive impact that school health services led by school nurses can have. It's been my long held belief that there is nothing more important than supporting our keiki –wellness is an essential element of that equation. When our keiki are well, there's no limit to what they can accomplish, and our communities grow stronger as a result. Ultimately, the entire state benefits from doing what's right and taking care of our keiki. Remember that age-old adage, an ounce of prevention is worth a pound of cure? An investment in our keiki today will pay off many times over in the years to come. I strongly support the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program.

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

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 21, 2017 7:30 PM  
**To:** FINTestimony  
**Cc:** desiree.yamamoto@gmail.com  
**Subject:** Submitted testimony for HB672 on Feb 23, 2017 12:00PM

**HB672**

Submitted on: 2/21/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Desiree Uyeda	Individual	Support	No

Comments: Aloha Chair and Vice Chair of the Committee on Finance. My name is Desiree Uyeda and I live in Aiea. I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. Public school students who live in my district currently do not have a registered nurse to oversee their health care while they are in school. Students spend so much of their time at school so it is critical that they have the health resources available to them, so they can thrive and focus on learning. I do not have children, but my nephew is a kindergartner at Pearlridge Elementary. My wish is that he will to have access to registered nurse who is professionally trained. Thank you for hearing this bill and I urge you to vote in favor of Hawaii Keiki.

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

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**Kelley Withy, MD, PhD**

**Testimony Presented Before the House Committee on Finance  
Thursday, February 23, 2017  
Noon**

**Aloha Chair Luke, Vice Chair Cullen and members of the committee(s):**

I am writing to express my strong support for HB672, HD1 (Hawai`i Keiki). School Based health clinics are an outstanding way to provide a strong health foundation for our children in the place where they spend a majority of their waking hours.

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

School based health clinics can influence not just their health, but their thinking about health, their adoption of healthy behaviors and even their future career choices.

Thank you for the opportunity to testify in strong support of HB 672, HD 1.

A handwritten signature in cursive script that reads "Kelley Withy".

Kelley Withy, MD, PhD



104 Poipu Drive  
Honolulu, HI 96825  
February 22, 2017

Representative Sylvia Luke, Chair  
House Committee on Finance

RE: HB 672 related to School Based Health Services

Dear Representative Luke:

My name is Ruth Ota, RN, MPH, and retired (12/07) Chief of Public Health Nursing Branch, Department of Health. You are commended for your strong and sincere efforts in pushing for measures that benefit all children, women, and families in Hawaii. SB 510 is a measure that proposes to benefit children in the public schools.

I would like to share my concerns and reservations about SB 510 as a retired professional nurse, as well as a taxpayer as follows:

1. Health challenges experienced by high-risk children require multi-disciplinary approaches and strong collaboration within the schools and communities. Key to this collaboration is the partnership with pediatricians and parents. Unfortunately, this collaboration is not evident in the pilot, Hawaii Keiki program, funded under Act 139.
2. Long-term positive changes require policy development around core health and medical issues that impact on children in the schools. Public Health Nursing Branch established the medical advisory called the Hawaii American Academy of Pediatrics-PHNB in 1998 to develop and implement policies related to health challenges experienced by school health aides and Public Health Nurses. This advisory included pediatricians and individuals representing DOE, emergency management, pharmacists, military, and parent representative. One APRN at each complex cannot alone make these changes to impact on the system.
3. Hawaii Keiki Program provides emergency care for illness or injury. However, there is no mention of the school health aides, who provide first aid, emergency care, and administer approved medications to students who need medications to remain in school. The original health aide program was established by the legislature back in 1970 and exists today under the administrative oversight of the DOE and collaboration with DOH.

4. Hawaii Keiki Program takes credit for improved attendance rates and decreased early dismissal rates. The principals and vice principals spend a lot of time in engaging parents for improved attendance. Improved attendance rates require teamwork with strong involvement of parents. This is not evident with the current Hawaii Keiki Program.
5. The special needs children and particularly the medically fragile children, who require health care treatments to attend school, should be addressed. What is the role of Hawaii Keiki Program related to this population, who require high cost care and attention?
6. Hawaii Keiki Program in its pilot hired Registered Nurses and Advanced Practice Registered Nurses. What are the roles and functions of the RN vs. the APRN? What differences, if any, have been identified, other than salaries?
7. Has there been any discussion as to what other personnel can be part of the school health services, like Social Workers and Health Educators, to focus on preventative health activities and social issues that impact on the child?
8. Parental involvement is critical in preventive health. What has been done to engage parents in the Hawaii Keiki Program? Can one APRN at each complex deal with the many social challenges that children bring to the school setting?

Finally, as a taxpayer, there should be strong evidence that Hawaii Keiki Program does work at the system level. If not, more discussion and planning should take place before large sums of dollars are invested.

Thank you for allowing me to submit written testimony.

Ruth K. Ota, RN, MPH  
Retired, Chief of Public Health Nursing Branch (12/07)  
otaa002@hawaii.rr.com

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 7:54 AM  
**To:** FINTestimony  
**Cc:** hjhcnt@gmail.com  
**Subject:** Submitted testimony for HB672 on Feb 23, 2017 12:00PM

**HB672**

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl Toyofuku	Individual	Comments Only	Yes

Comments: Aloha Representative Chair Luke and Members of the House Finance Committee: Initially, the Hawaii Keiki: Healthy and Ready to Learn program's goals look great: <http://www.nursing.hawaii.edu/hawaiikeiki> GOALS The program goal is to keep our keiki healthy and ready to learn by providing access to school nursing services in Hawai'i's public schools. The program is designed to improve access and quality of health services in the school by coordinating and expanding existing efforts of the partners and community resources. However, when you watch the video on the promo page for this Keiki program, you will hear "...and make sure that students receive their immunizations"... SB 510 and companion bill HB 672 are now requesting an appropriation of \$4 million annually to expand this across our islands. My strong concerns are the challenges that will arise in trying to have healthy & ready to learn keiki while promoting the outrageous vaccine schedule, along with the agenda to mandate more and more vaccines. Please see the information on the increasing vaccine schedule and the toxic vaccine ingredients that were emailed to you. Requests for a House bill to be heard to allow personal / philosophical exemptions to vaccines has not occurred. (HB 779) As these two bills (SB 510 and HB 672) sail through their respective committees, I urge you to please be aware of the enormous amount of research and growing evidence with valid concerns about vaccine safety and effectiveness. Parents and health advocates are revolting due to the skyrocketing amount of vaccine injuries. CDC fraud and cover-ups are being exposed with an increasing number of whistleblowers from the research and scientific communities. As our lawmakers, please diligently research the root causes of why so many of our keiki are sick and the underlying profit agendas that are hurting them and our ohana. Please see the vaccine information on the flyers sent by email and consider the information before appropriating funds to the immunization portion of the Hawaii Keiki program. Committing funds to this questionable vaccine portion of this Keiki program without adequate research and understanding would be negligent in my opinion. The establishment of a newly formed federal vaccine safety commission will assist to understand the vaccine controversy. Media is already being generated and exposures from federal investigations will surely be heard here in Hawaii. Please take some time to research this matter. Please consider these concerns about what is promoted in a

“healthy” program for our keiki. Mahalo, Cheryl Toyofuku

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

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**Written Testimony Presented Before the  
House Committee on Finance  
February 23, 2017 12:00 PM  
By  
Susan Lee BSN, RN, WCC**

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

Dear Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2 Relating to School-Based Health Services.

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

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

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

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

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

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

**Written Testimony Presented Before the  
House Committee on Finance  
February 23, 2017 12:00 PM**

by

Laura Boehm, PhD, MSN, RN

Assistant Professor of Nursing UH Manoa

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

Dear Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance. Thank you for this opportunity to provide testimony in strong support for HB 672, HD2 Relating to School-Based Health Services.

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

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

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

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

Laura Boehm, PhD, MSN, RN, Assistant Professor of Nursing, UH Manoa

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

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



## **Prime Care Services Hawaii, Incorporated**

*Medicare-certified home health agency*

**Written Testimony Presented Before the  
House Committee on Finance  
February 23, 2017 12:00 PM**

### **HB 672, HD2 RELATING TO SCHOOL-BASED HEALTH SERVICES**

Dear Chair Luke, Vice Chair Cullen, and members of the House Committee on Finance:

Thank you for this opportunity to provide testimony in strong support for HB 672, HD2 Relating to School-Based Health Services. I, Beth Hoban, supports the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program. Hawai'i has identified that there is a shortage of primary care providers in the state.<sup>1</sup> Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.<sup>2</sup> Further, Prime Care Services Hawaii is dedicated to ensuring Hawai'i is the best place for nurses to work and believe that excellence in nursing practice leads to quality care for the people of Hawai'i.

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

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

Beth Hoban  
President  
Prime Care Services Hawaii

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

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

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## Original Investigation

# Cost-Benefit Study of School Nursing Services

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

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

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

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

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

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

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

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

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Published online May 19, 2014.

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



During the past few decades, several major changes in our society have greatly increased the demand for school nursing services, including a rise in the number of students with chronic health conditions and mental health problems,<sup>1-5</sup> an increase in the number of students with special care needs, and improved medical technology. As a result, school nursing services have expanded greatly from their original focus of reducing communicable disease-related absenteeism to providing episodic care, managing chronic health conditions, caring for students with disabilities, promoting health behaviors, enrolling children in health insurance and connecting them with health care providers, tracking communicable diseases, and handling medical emergencies.<sup>6</sup> These services may be provided more promptly if a school nurse is in the school. The National Association of School Nurses<sup>7</sup> states that every school-aged child deserves a registered nurse, and every school should have a full-time school nurse all day, every day; however, many schools across the United States do not meet this recommendation. Only 45% of the nation's public schools have a full-time on-site nurse; 30% have one who works part-time, often dividing his or her hours between several school buildings; and 25% have no nurse.<sup>8</sup>

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

A growing body of research has examined the effect of school nursing services on students and teachers. On-site school nursing services were effective in improving student health<sup>11</sup> and student attendance,<sup>12,13</sup> reducing early dismissals<sup>14-16</sup> and reducing teacher time spent on dealing with student illness or injury.<sup>17,18</sup> However, to our knowledge, no study has assessed the economic impact of school nursing services. The objective of this study was to conduct a case study of the Massachusetts Essential School Health Services (ESHS) program to demonstrate the cost-benefit of school health services delivered by full-time baccalaureate-prepared registered nurses.

## Methods

### Analytical Framework

A societal perspective and standard cost-benefit analysis methods<sup>19</sup> were used to assess the costs and benefits of school nursing services delivered by full-time registered nurses in the ESHS schools compared with a scenario involving no school nursing services. The "no school nursing services" scenario is hypothetical, in which we projected medical procedure costs, teachers' productivity loss costs associated with addressing student health issues, and parents' productivity loss costs associated with student early dismissals and medication administrations when no professional nursing services were provided

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

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

### Medical Procedure Costs

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

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

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

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

<sup>a</sup> Data were from the Massachusetts Medicaid Fee Schedule.

<sup>b</sup> Data were from Physicians' Fee and Coding Guide 2009 and the HCPC system.

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

### Parents' Productivity Loss Costs Associated With Student Early Dismissal

Several published studies have compared the number or percentage of students sent home by school nurses vs unlicensed personnel. Wyman<sup>15</sup> assessed the number of students in a Midwest urban public school district who were dismissed from school early for illness or injury with or without contact with a school nurse. Data were collected for 3½ weeks from 6 schools with 3132 students in kindergarten through grade 12. The comparison was between the days with and without an on-site school nurse. The study found that 58 students were dismissed with and 167 without a school nurse contact. Pennington and Delaney<sup>14</sup> conducted a similar study in Kentucky, collecting data for 5 months from 2100 students in kindergarten through grade 12. They compared early dismissals between the hours with and without an on-site school nurse and found that of the students sent home, 5% had been seen by a school nurse vs 18% seen by unlicensed school staff. The results of these 2 studies indicate that the dismissal rate without a nurse can be 3 times higher than that with a school nurse. According to the ESHS report, 6.2% of students visiting the nurse office with an illness or injury were dismissed early from school compared with 11.0% of students who were dismissed

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

To estimate productivity costs of parents, we used a published estimate of annual mean earnings of \$36 206<sup>19</sup> to calculate the value of a lost hour of work. The value of a lost hour of work for all adults is \$18. The ESHS program did not collect data on the number of school hours students missed per early dismissal. The study by Wyman<sup>15</sup> showed that 42.3% of the early dismissals due to illness or injury occurred in the first half of the day and 57.7% were in the second half. For simplicity, we used a mean of 3 hours (half a school day) for our base-case analysis, with a range of 2 to 4 hours for the sensitivity

Table 2. Parameters Used in Estimating Costs of School Nursing Services and Costs of Lost Productivities<sup>a</sup>

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

Abbreviation: ESHS, Essential School Health Services.

<sup>a</sup> Values are presented as means unless otherwise indicated.

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

### Parents' Productivity Loss Costs Associated With Medication Administration

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

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

### Teachers' Productivity Loss Costs

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

Table 3. Base-Case Analysis Results<sup>a</sup>

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

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

valuable information on this topic. Baisch et al<sup>18</sup> published the results of a cross-sectional study on the amount of time school staff spent on student health issues before and after a nurse was assigned to their school. Data were collected from 634 school staff members (565 teachers) of 11 schools (elementary, middle, and high schools) in a large urban school district in a major Midwestern city. Teachers reported a mean decrease of 20 minutes per day (26 minutes before and 6 minutes after having a school nurse). Hill and Hollis<sup>17</sup> conducted a cross-sectional study to assess the association between hours of having a school nurse present and hours the teacher spent on managing health issues. Data were collected from a 2-year survey of elementary school teachers in 1 county of western North Carolina, where nearly 50% of students are eligible for free or reduced meals. In year 1, school nurses spent 2 hours per day and teachers spent 80 minutes per day managing health issues. In year 2, school nurses spent 3.6 hours per day and teachers spent 46 minutes dealing with health issues.

Because our study focused on the difference between having a full-time registered nurse providing health services and having no school nursing services, we used the number of minute estimates from the study by Baisch et al<sup>18</sup> in this analysis. For the sensitivity analysis, we varied the difference of 20 minutes from 0 to 40 minutes. The costs of teachers' productivity loss were calculated as the product of the total number of teachers, the annual number of hours the teachers spent addressing health issues, and the mean hourly pay and fringe benefits per teacher (Table 2).

### Sensitivity Analysis

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

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

## Results

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

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

## Discussion

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

**Table 4. Multivariate Sensitivity Analysis Results<sup>a</sup>**

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

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

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

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

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

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

## Conclusions

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

### ARTICLE INFORMATION

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**Author Contributions:** Ms Wang and Dr Vernon-Smilely had full access to all the data in the study

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

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

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

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

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

*Statistical analysis:* Wang, Vernon-Smilely.

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

*Study supervision:* Wang, Sheetz.

**Conflict of Interest Disclosures:** None reported.

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

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 2:45 PM  
**To:** FINTestimony  
**Cc:** mghsmart@yahoo.com  
**Subject:** \*Submitted testimony for HB672 on Feb 23, 2017 12:00PM\*

**HB672**

Submitted on: 2/22/2017

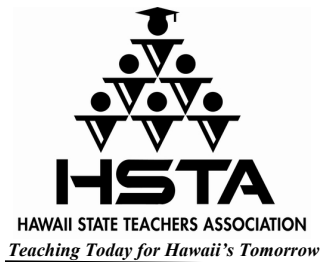
Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Smart	Individual	Oppose	No

Comments:

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

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**LATE**

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Executive Director

TESTIMONY BEFORE THE HOUSE COMMITTEE ON  
FINANCE

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

THURSDAY, FEBRUARY 23, 2017

COREY ROSENLEE, PRESIDENT  
HAWAII STATE TEACHERS ASSOCIATION

Chair Luke and Members of the Committee:

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

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

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

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

The Hawai'i Keiki program provides nursing services that prevent communicable illness and improve treatable health conditions, which are especially important for economically disadvantaged youth. For the sake of our students' wellness, the Hawaii State Teachers Association asks your committee to **support** this bill.





**S E A C**  
**Special Education Advisory Council**

919 Ala Moana Blvd., Room 101

Honolulu, HI 96814

Phone: 586-8126 Fax: 586-8129

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February 23, 2017

**LATE**

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Advisory Council**

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Susan Rocco, Staff

Representative Sylvia Luke, Chair  
Committee on Finance  
State Capitol  
Honolulu, HI 96813

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

Dear Chair Luke and Members of the Committee,

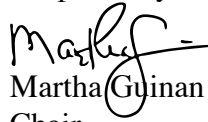
The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **supports the intent** of **HB 672, HD 2** that formally establishes and funds the **Hawaii Keiki: Healthy and Ready to Learn** program within the Department of Education.

School-health services are essential to providing preventive and early intervening health support to all students, as well as support to students with disabilities and chronic health conditions that require monitoring and in-school interventions. Having the services on campus ensures access to students who might otherwise be unserved or underserved.

In the interest of ensuring the most effective and fiscally responsible school health program, SEAC recommends that additional information be made available regarding: 1) data on student outcomes from the piloting of the **Hawaii Keiki** program over the last several years, 2) how the Department of Health and the Department of Human Services, and more specifically the Public Health Nursing Section and the Med-QUEST Division, will interface with the program, and 3) a breakdown of the budget for the \$4.5 million appropriation request.

Thank you for the opportunity to provide testimony on this important legislation. If you have questions or concerns, please contact us.

Respectfully,

  
Martha Guinan  
Chair

  
Ivalee Sinclair  
Legislative Committee Chair



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

February 22, 2017

**LATE**

**TO:** Representative Sylvia Luke, Chair  
Representative Ty Cullen, Vice Chair  
House Committee on Finance

**FROM:** Lauren Moriguchi, Director  
Executive Office on Early Learning

**SUBJECT: HB 672, HD2 – Relating to School-Based Health Services**  
**Hearing Date:** February 23, 2017  
**Time:** 12:00 p.m.  
**Location:** Conference Room 308

**Purpose of Bill:** Formally establishes the Hawaii keiki: healthy and ready to learn program within the department of education. Establishes a special fund and appropriates \$4,000,000 to expand and sustain the program.

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

HB 672, HD 2 would formally establish the Hawaii Keiki: Healthy and Ready to Learn Program and provide funding to expand sustain it. In order to be successful, all students must come to school healthy and ready to learn. Therefore, EOEL proposes that consideration be given to **include language which clearly states that Pre-Kindergarten programs in both public and charter schools be included in the program.**

Thank you for the opportunity to testify on this bill.



**LATE**

February 22, 2017

To: Representative Sylvia Luke, Chair  
Representative Ty J.K. Cullen, Vice Chair  
Committee on Finance

From: Deborah Zysman, Executive Director  
Hawaii Children's Action Network

Re: HB 672 HD 2 – Relating to School-Based Health Services  
Hawaii State Capitol, Room 308, February 23, 2017, 12:00 PM

---

On behalf of Hawaii Children's Action Network (HCAN), we are writing to SUPPORT HB 672 HD 2 – Relating to School-Based Health Services

This bill will improve the health and overall wellbeing of children in Hawaii. When students have access to basic physical health, mental health, and dental services, they have reduced absenteeism, improved grades, and better chances for success. Additionally, the current program has led to significant partnerships between schools, community organizations, social service providers, and health care providers.

The existing program has been successful in serving children in seven complex areas, but with only five nurse practitioners and five registered nurses. This serves only a small fraction of the students within the Department of Education (DOE) system. By providing additional funding and expanding this program, the positive impact on students will be exponentially expanded.

Key aspects of this program are to

- Provide immediate care in the case of emergency while at school
- Prevention and controlling communicable diseases for the overall health of the school
- Comprehensive screening for physical and behavioral health conditions
- Ensuring that all students get appropriate referrals to health care providers

Advantages of implementing school-based health programs (World Health Organization):

- They overcome barriers such as transportation, inconvenient locations or appointment systems.
- They are free at the point of use
- They reduce health disparities and attendance at secondary care facilities
- They are highly valued by pupils, parents, and communities and can provide links between schools and communities.
- They have the potential to reach the underserved, low-income, and high-risk populations with basic health care.
- They address the critical needs of adolescents in a holistic way.

For these reasons, HCAN respectfully requests that the committee PASS this bill.

HCAN is committed to building a unified voice advocating for Hawaii's children by improving their safety, health, and education. Last fall, HCAN convened input in person and online from more than 50 organizations and individuals that came forward to support or express interest for a number of issues affecting children and families in our state that resulted in the compilation of 2017 Hawai'i Children's Policy Agenda, which can be accessed at <http://www.hawaii-can.org/2017policyagenda>.



**LATE**

**Testimony to the House Committee on Finance  
Thursday, February 23, 2017; 12:00 p.m., AGENDA #2  
State Capitol, Conference Room 308**

**RE: COMMENTS ON HOUSE BILL NO. 0672, HOUSE DRAFT 2, RELATING TO SCHOOL-BASED HEALTH SERVICES.**

Chair Luke, Vice Chair Cullen, and Members of the Committee:

My name is Robert Hirokawa and I am the Chief Executive Officer of the Hawaii Primary Care Association (HPCA), a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA appreciates this opportunity to **COMMENT** on House Bill No. 0672, House Draft 2, RELATING TO SCHOOL-BASED HEALTH SERVICES.

The bill, as received by your Committee, would:

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

**Testimony on House Bill No. 672, House Draft 2**  
**February 23, 2017, 12:00 p.m. AGENDA #2**  
**Page 2**

While we welcome the intent of this measure, the HPCA continues to evaluate the Program's potential impact on the scope of services provided by Community Health Centers from the context of limited federal and state funding for health and human service programs. It is our desire to participate in any and all dialog concerning the provision of school-based, primary care health services to ensure that existing opportunities for the underprivileged are coordinated and leveraged in the best possible way.

Thank you for the opportunity to submit these written comments.

# American Academy of Pediatrics

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**LATE**

## Hawaii Chapter

### AAP - Hawaii Chapter

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February 22, 2017

Thank you for this opportunity to testify on *HB672 HD1* which will formally establish the Hawaii Keiki Program within the Department of Education. It establishes a special fund and appropriates \$4,000,000 to expand and sustain the program, which will be administered by the University of Hawaii at Manoa School of Nursing.

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

*We support the intent of this bill – to provide students with school-based health services. We, however, oppose the bill as it is currently written.*

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

The AAP, Hawaii Chapter, also recognizes:

- 1) The complexity of delivery of school health services at schools, especially for at-risk communities in Hawaii: As such, we recognize the importance of planning, coordination, and sustainability. We also recognize that delivery of care for the school complexes may differ across the Islands and that plans should be developed in conjunction with public health nurses, community pediatric providers and other partners.
- 2) The role of DOH Public Health Nurses (PHN): PHNs know their communities very well and build strong, lasting relationships with the families. Schools, pediatricians, and families continue to trust and rely on Hawaii's PHN for their expertise in coordinating care and optimizing outcomes for children and their families. Hawaii's PHNs have a long history of working in schools. However, with decreased funding over the years, their role has been marginalized.
- 3) The importance of safety net providers, especially federally qualified community health centers (CHC), in the delivery of pediatric primary health care and community health, to rural and underserved communities.
- 4) The need to support the pediatric medical home. HD672 HD1 proposes services such as physical examinations and referrals for behavioral health, that are currently delivered by pediatric primary care providers. Rather than fragmenting services, school based health services should seek ways to strengthen the pediatric medical home.

Hawaii is behind other states in the delivery of school-based healthcare and the Hawaii AAP strongly supports the development and implementation of a *well-coordinated and sustainable plan* to serve all students in Hawaii's public schools. HB672 HD1, as it is now written, does not create a process for such a plan.

We recommend consideration of the following:

- Engaging community partners, including PHN, pediatric providers, the Hawaii Primary Care Association and CHCs across the Islands, in the development and implementation of

a comprehensive plan to implement school based health.

- Enabling the DOH Public Health Nurses to have a leading role in development, coordination, and implementation of school-based care across the Islands.
- The consideration of other nurse training programs, such as UH Hilo, in the planning and implementation of school based health services.

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

Sincerely,

Mae Kyono, MD

President, American Academy of Pediatrics – Hawaii Chapter







From: mailinglist@capitol.hawaii.gov  
 Sent: Thursday, February 23, 2017 8:56 AM  
 To: FINTestimony  
 Cc: javanut418@aol.com  
 Subject: Submitted testimony for HB672 on Feb 23, 2017 12:00PM

**HB672**

Submitted on: 2/23/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
T Ocampo	Individual	Oppose	Yes

Comments: This sounds like the PACT program which is a federally funded program that is in most of the schools already. Why is it necessary to have another program? The Department of Education has not been audited since 1975 by an outside independent auditor. The State Auditor has identified fraudulent uses of contracts, and misuses of taxpayer funds which have not been corrected yet. Also, hundreds of casual hires, were hired without proper background checks work with young children. Throwing additional monies to an agency that is not made accountable is totally irresponsible. While the concept is good, the legislature lacks creativity in funding these projects, always resorting to raising taxes and paying for programs with money they do not have.

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

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From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 22, 2017 3:32 PM  
To: FINTestimony  
Cc: rosemary\_kam-pabingwit@notes.k12.hi.us  
Subject: Submitted testimony for HB672 on Feb 23, 2017 12:00PM  
Attachments: Hawaii Keiki Consent Packet 2016SY (3).pdf



**HB672**

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Rosemary Kam-Pabingwit	Waipahu High School	Support	No

Comments: Aloha Chair and Vice Chair of the Committee on Finance. My name is Rosemary Kam-Pabingwit, Student Services Coordinator, Waipahu High School. I work with McKinney-Vento students who are in a homeless situation physically spanning from the Waianae Coast to the Waipahu area as well as students whose families are in the low socioeconomic status and financially struggling, and ethnic minorities I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. The Hawai'i Keiki program on the Waipahu High School campus has removed barriers for our "at risk population" to access health care services. Our nurse practitioner on our Waipahu High School campus has provided access to free services: sick visit care, preventive health screening, non-urgent treatments, urgent care evaluations, i.e. concussions, sports physicals, dispensing medication, and family counseling. The Hawai'i Keiki program has been sensitive to ethnic minority families by translating all printed information in Marshallese and Chuukese languages and can access translators to assist with families as needed. The Hawai'i Keiki program needs continued funding at Waipahu High School because of the positive impact for our students and staff members. Thank you for hearing this bill and I urge you to vote in favor of our DOE keiki and the school nurse program, Hawai'i Keiki. Mahalo. Rosemary Kam- Pabingwit Student Services Coordinator Waipahu High School  
T: 808-307-9560 F: 808-675-0231

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Dear parents/guardians of Waipahu High School students,

I am excited to be joining the Waipahu High School community as a nurse practitioner (NP) on campus. We know that it can be hard to get health care for your child without missing work or taking your child out of school. Working with the school health aide in the health room, I will provide health services at the school. I will not provide any services unless we have your permission (consent).

**Will my child continue to go to the Health Room when they are sick?** Yes, the School Health Aide will continue to see your child whenever they are sick or need first aid.

**Why give permission for my child to get the new service?**

- Many parents tell us that getting to see a doctor for shots and check-ups is hard to fit into their schedule. It can mean that a child misses school. With this program, the care is done at the school.
- If a child feels sick, the NP can decide when the child needs to go home and when they can stay in school. This will decrease the calls to you to pick up a sick child.
- The NP can improve your child's school attendance by working with your doctor or clinic to take care of problems like allergies and asthma.
- When your child has a health problem or needs medication at school, the NP can ensure they get it and teach your child about their condition. They are a resource to you and the teacher.

**What is a Nurse Practitioner?**

Nurse Practitioners (NP) have advanced clinical training through graduate level education and hold national board certification in their specialty area. NPs are licensed by the State of Hawai'i to provide a wide range of high-quality health care services including:

- Diagnose and treat common pediatric illnesses or injuries
- Prescribe medication and other treatments
- Perform routine well visit check-ups and sports clearance exams
- Work with your doctor and other care providers to manage your child's care

**Contact**

**Elicia Lujan**

Family Nurse Practitioner

**Office Hours**

**Mondays 8am-3pm**  
**Wednesdays 8am-3pm**  
**Fridays 8am-3pm**

(808) 285-0460

elujan@ucera.org

**What will these services cost?** There is no charge or co-pay for the service. We do ask for insurance information and can bill for some services. However, we will never ask you to pay. Students without health insurance can get care at the school.

**What do I need to do to join the school based health program?** We need your permission (consent) to provide health care to your child. Please read, complete and sign the forms in this packet and return them to the school. The packet contains legal documents that:

- Give your consent for your child to be seen and treated during the school day;
- Give your consent for the program to release health information in school records to providers involved in your child's health care including your doctor or clinic;
- Give your consent for the program to bill your insurance when appropriate; and
- Give your consent for your doctor or clinic to share health information to coordinate care

**Do I stop taking my child to the clinic or their doctor?** No. These services DO NOT replace your doctor or clinic. Non-urgent treatments or medications will NOT be given at school without direct communication with a parent or guardian. Additional documents may be required if you would like your child to receive certain treatments or medications when you are not available by phone.

We look forward to partnering with you to make sure your child is in school healthy and ready to learn!

Elicia Lujan  
Family Nurse Practitioner

If you WOULD NOT like your child to receive Hawaii Keiki health services at this time please complete the section below and return this page to the school:

I \_\_\_\_\_ do not consent for my child, \_\_\_\_\_, to receive  
(Parent/guardian name) (student first and last name)  
health care services through the Hawaii Keiki program at Waipahu High School where parental/guardian consent is required by law. I understand that I may provide consent at any time in the future for these services by completing the consent forms.  
Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



## Hawai'i Keiki School Health Program Parental Consent Form

Pearl City-Waipahu Complex Area Schools, Hawaii DOE School District

University Clinical, Education & Research Associates

677 Ala Moana Boulevard, Suite 1003 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7315

Office Use Only

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
<p><b>Student's Last Name:</b> _____</p> <p><b>Student's First Name:</b> _____</p> <p><b>Date of Birth:</b>    _____/_____/_____                                   Month       Day       Year</p> <p><b>Sex:</b>   <input type="checkbox"/> Male   <input type="checkbox"/> Female       Grade _____</p> <p><b>Ethnicity:</b>   <input type="checkbox"/> Hispanic   <input type="checkbox"/> Black   <input type="checkbox"/> White   <input type="checkbox"/> American Indian                           <input type="checkbox"/> Asian/Pacific Islander   <input type="checkbox"/> Other _____</p> <p><b>Student Mailing Address:</b> _____ _____ _____                                   City                                   State                                   Zip Code</p> <p><b>Who is the student's regular doctor or nurse practitioner?</b> Name: _____ Telephone: _____ Address: _____ _____</p>	<p><b>Mother</b> Last Name: _____ First Name: _____</p> <p>Home: _____ Cell: _____ Work: _____</p> <p><b>Father</b> Last Name: _____ First Name: _____</p> <p>Home: _____ Cell: _____ Work: _____</p> <p><b>Legal Guardian <i>If Applicable</i></b> Last Name: _____ First Name: _____</p> <p>Home: _____ Cell: _____ Work: _____</p> <p>Relationship of legal guardian to student <input type="checkbox"/> Grandparent   <input type="checkbox"/> Aunt or Uncle   <input type="checkbox"/> Other: _____</p> <p><b>Additional Emergency Contact</b> Name: _____ Relationship to Student: _____ Home: _____ Cell: _____ Work: _____</p>

INSURANCE INFORMATION	
<p><b>Does your child have Medicaid?</b> <input type="checkbox"/> No   <input type="checkbox"/> Yes: Medicaid # _____</p> <p><b>Does your child have Quest?</b> <input type="checkbox"/> No   <input type="checkbox"/> Yes: Quest # _____</p> <p><b>Which Plan?</b> <input type="checkbox"/> Alohacare Quest   <input type="checkbox"/> Ohana Quest <input type="checkbox"/> HMSA Quest       <input type="checkbox"/> United Health Care Quest <input type="checkbox"/> Kaiser Quest</p>	<p><b>Does your child have coverage through your employer or any other type of health insurance?</b> <input type="checkbox"/> No   <input type="checkbox"/> Yes: Health Plan: _____</p> <p>Member ID/Group Number: _____</p> <p>Subscriber Date of Birth: ____/____/_____   Month       Day       Year</p> <p><b>If your child does not have health insurance, would you like someone to contact you to enroll into health insurance?</b> <input type="checkbox"/> No   <input type="checkbox"/> Yes What is the best time to contact you? _____</p>

**PARENTAL CONSENT FOR SCHOOL HEALTH SERVICES**

I have read and understand the services listed on the next page (School Health Services) and my signature provides consent for my child to receive services provided by the Waipahu High School Health Center and Hawai'i Keiki School Health Program.

**NOTE:** By law, parental consent may not be required for the provision of certain health care services, including but not limited to the application of first aid treatment, the provision of services where the health of the student appears to be endangered, and certain treatment and services as set forth under Chapter 577A of the Hawaii Revised Statutes. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated.

**X** \_\_\_\_\_  
**Signature of Parent/Guardian** (or student if 18 years or older or otherwise permitted by law) **Date**

**PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION**

I have read and understand this consent for the release of health records and information as described on page 2 of this form. My signature indicates my consent to the release health records and information as specified.

**X** \_\_\_\_\_  
**Signature of Parent/Guardian** (or student if 18 years or older or otherwise permitted by law) **Date**

**PLEASE BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT**

**Hawai'i Keiki School Health Program  
Parental Consent Form**

*Pearl City-Waipahu Complex Area Schools, Hawaii DOE School District  
University Clinical, Education & Research Associates*

*677 Ala Moana Boulevard, Suite 1003 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7315*

**SCHOOL HEALTH SERVICES**

I consent for my child to receive health care services provided by the State-licensed health professionals of the Hawaii Keiki School Health Program, as part of the school health program approved by the State of Hawai'i Department of Education and University of Hawai'i School of Nursing and Dental Hygiene. I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and that pupils will be encouraged to involve their parents or guardians in counseling and medical care decisions. Hawai'i Keiki school health services may include, but are not limited to:

1. Screening for vision (including eye glasses), hearing, asthma, obesity, Tuberculosis and other medical conditions, first aid, and required and recommended immunizations.
2. Comprehensive physical examination (complete medical examination) including those for school, sports, working papers, and new admissions.
3. Medically prescribed laboratory tests such as for anemia, sickle cell, and diabetes.
4. Medical care and treatment, including diagnosis of acute and chronic illness and disease, and dispensing and prescribing of medications.
5. Mental health services including screening, evaluation, diagnosis, treatment, and referrals.
6. Health education and counseling for the prevention of risk-taking behaviors such as: drug, alcohol, and smoking abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infections, & HIV, as age appropriate.
7. Referrals for service not provided at the Hawai'i Keiki School Health Center.
8. Annual health questionnaire/survey.

**HAWAI'I KEIKI AND STATE OF HAWAI'I DEPARTMENT OF EDUCATION  
FACT SHEET FOR PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION  
PARENTAL CONSENT FOR RELEASE OF HEALTH RECORDS/INFORMATION UNDER FERPA**

My signature on the reverse side of this form (on page 1) authorizes release of my child's health records/information by the State of Hawai'i Department of Education as described in the paragraph below. Such records/information may be protected from release by federal and state laws, including the Family Educational Rights and Privacy Act (FERPA), which protects the privacy of students' educational records, including health records/information in some instances.

By signing this consent, I am authorizing my child's Hawaii Keiki School Health Program-related health records and information to be released by the State of Hawai'i Department of Education to the following parties for the purposes of providing medical treatment to my child, allowing providers providing services to my child to obtain payment for such services, and allowing certain other administrative activities relating to the provision of care:

- The University of Hawaii
- UCERA (the non-profit organization that provides Hawaii Keiki services in conjunction with the University of Hawaii)
- Any third party health care providers providing services to my child under the Hawaii Keiki School Health Program or through referrals from the Hawaii Keiki School Health Program
- Any third party payers who may pay or reimburse providers for health care treatment or services

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

# UCERA **\*\*\*Please return completed form to the school\*\*\***

*University Clinical, Education & Research Associates  
677 Ala Moana Boulevard, Suite 1003 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7315*

### 1. Consent for Treatment

I wish to receive medical care and treatment at University Clinical, Education & Research Associates (UCERA). Accordingly, I consent to the procedures that may be performed during this office visit, including emergency treatment. I authorize consent to any of the following: imaging, laboratory procedures, other diagnostic procedures, medical or surgical treatment, or other clinical services that my physician, physician assistant, or nurse practitioner believes are advisable to evaluate or treat me, and to other services rendered under the general and special instructions of my physician.

I am aware that the practice of medicine and surgery is not an exact science. I acknowledge that this office has not made any guarantees to me as to the results of treatments or examinations. I am also aware that I should ask my physician any questions that I may have about my diagnosis, treatment, risks or complications, alternative forms of treatment, and/or anticipated results of treatment.

### 2. Disclosure of Information for Payment Purposes

I understand that my medical information will be sent to my insurance carrier for billing purposes for any treatment I may receive at this office including treatment for Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS), mental health diagnoses, and/or drug, alcohol or other substance abuse.

I understand that according to law, I may choose to pay out-of-pocket for certain services if I do not want my health information regarding those services to be provided to my insurance company. I agree to notify this office of my wishes regarding payment before these services are provided. I also understand that if I fail to pay in full for the services, the information will be sent to my insurance company.

### 3. Information to Other Providers

I understand that this facility may share my information electronically or on paper with other providers in the course of my treatment, for making arrangements for my continuing care, or upon request when seeking care from other providers. If I prefer that this medical facility not use or share my information, I may submit a written request for consideration per this facility's Notice of Privacy Practices.

### 4. Financial Agreement

I understand that I will receive a bill from UCERA. I understand and agree to pay all charges for services rendered and that I am obligated to pay for services in accordance with the regular rates and terms of UCERA. UCERA has a right to charge a Late Payment Fee and for a Returned Check Fee.

If I choose to pay all charges myself, I will notify this office prior to receiving services.

Should the account be referred to an attorney or collection agency for collections, I agree to pay any reasonable attorney's fees, collection expenses and interest at the statutory rate on all delinquent accounts, whether or not the account is referred to a collection agency.

### 5. Medicare Coverage

I certify that the information I have given in applying for payment under Medicare is correct. I authorize the Social Security Administration to release information about my Medicare effective dates and Medicare claim number to UCERA. I authorize any holder of medical or related information about me to release any information needed to process this or a related Medicare claim to the Social Security Administration or its intermediaries. I request that payment of benefits be made on my behalf to UCERA for any services provided in this office.

### 6. Assignment of Benefits

I hereby authorize assignment of the medical insurance benefits I am due to UCERA for application to bills for medical services and supplies received. I further authorize UCERA to receive direct payment from all such benefit payments. I agree to remain responsible and liable for payments of all amounts due UCERA and not received from my insurance carrier(s). I understand UCERA is submitting claims on my behalf as a courtesy. I shall not revoke this assignment for any reason.

### 7. Patient's Rights and Responsibilities

My signature below confirms that I have received the information on my Rights and Responsibilities as a patient and I have received a copy of this facility's NOTICE OF PRIVACY PRACTICES.

**MINORS OR INCAPACITATED PERSONS-** The patient is (please check & complete):

- A minor \_\_\_\_\_ years of age.
- Incapacitated and unable to sign for the following reason(s): \_\_\_\_\_

I have read this consent, received a copy of this facility's Notice of Privacy Practices, and am the patient or the patient's duly authorized representative. On my own behalf (or on behalf of the patient), I accept and agree to be bound by all of these TERMS AND CONDITIONS OF SERVICE.

\_\_\_\_\_  
Patient or Representative's Signature                      Print Name                      Date

**REPRESENTATIVE:** Please describe your authority to act on behalf of the patient: \_\_\_\_\_





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## **NOTICE OF PRIVACY PRACTICES**

Effective Date of Revised Notice: September 23, 2013

THIS NOTICE, DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you are seen by one of UCERA's providers in a hospital, faculty practice clinic, doctor's office, nursing home or other facility, a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, your allergies and the plan for your care. We refer to this information as your health or medical record. It is an essential part of the healthcare we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

This health information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your Protected Health Information. We are required by law to maintain the privacy of Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information. We are required to abide by the terms of this Notice of Privacy Practices.

To promote continuity and consistency of care, our providers at affiliated hospitals participate in an integrated health record system. This means that information created in the course of caring for you may reside in the integrated record and may be available to other providers participating in the integrated record system who are involved with your care. These other providers may not be UCERA providers and are legally separate and responsible for their own acts.

Additionally, UCERA physicians and providers are using an electronic health record (EHR) software that allows us to comply with Federal laws while also allowing us to gain access to shared medical records and share medical records with other providers and partners in our EHR network(s). The EHR network(s) assure that all participating providers are adhering to strict levels of confidentiality regarding all patient records.

## **USES AND DISCLOSURES OF HEALTH INFORMATION**

We will use your information for:

1. Treatment. The physicians, nurses and clinical staff involved in your care will document information in your record about your examination and the care planned for you. We may disclose your health information to other health care providers for treatment purposes.

For example, we may disclose your Protected Health Information to doctors, nurses, and other health care personnel or providers to coordinate the different care you need, such as prescriptions, lab work, and X-rays. We may also permit disclosure of your electronic health record via electronic transfer to other facilities and providers for treatment purposes. We also may disclose your Protected Health Information to other people who provide services that are part of your care, such as a hospice or home care agency. We participate in one or more Health Information Exchanges ("HIE"). Your health information and basic identifying information regarding your visits to our facilities

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maybe shared with the HIEs for the purposes of diagnosis and treatment. Other providers participating in these HIEs may access this information as part of your treatment.

We may also use health information about you to call or send a letter to remind you about an upcoming appointment, to follow up with diagnostic test results, or to provide you with information about other treatments and care that could benefit your health.

2. Payment. A bill will be sent to you or your insurance. We may include information that identifies you, as well as your diagnoses, procedures, healthcare providers and supplies used. We also may contact your insurance company to determine if they will pay for your medical care as part of their certification process. We may also disclose your health information to third parties for collection of payment.
3. Health care operations. UCERA physicians, nurses, managers and staff may look at your health information to assess the care and results in your case and others like yours. UCERA is a faculty practice plan affiliated with the University of Hawaii's John A. Burns School of Medicine, so we may use your information in the process of educating and training students and resident physicians. Additionally, we may use or disclose, as needed, your Protected Health Information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

You have the right to request a restriction on the above uses and disclosures of your protected health information for treatment, payment and health care operations; however, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may, however, also end the agreement at any time after informing you of such.

## **OTHER PERMITTED DISCLOSURES**

### **Business Associates**

Some services in our organization are provided through contracts with business associates. To protect your health information, however, we require the business associate to protect your information.

### **Communication with Others Involved in Your Care**

We may disclose to a family member, or other relative, close personal friend or any other person you identify, health information directly relevant to that person's involvement in your care or payment related to your care.

The disclosure will only be done if you agree, or are silent when given the opportunity to disagree, or we believe, based on the circumstances and our professional judgment that you do not object. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

If you are incapacitated or in an emergency circumstance, we may disclose to a family member, or other relative, close personal friend, or any other person accompanying you, health information directly relevant to that person's involvement in your care or payment related to your care.

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## **Disaster Relief**

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## **Research**

Under certain circumstances, we may use and disclose health information about you from your medical record for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your health information.

## **Childhood Immunizations**

We may disclose a student's immunization records to schools required to obtain proof of immunization prior to admitting the student as long as we obtain verbal authorization from the student or the student's legal representative.

## **Required by Law (Without Authorization)**

Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government audits or investigations (such as the Department of Health and Human Services);
- Required by Court Order;
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Examples of these types of disclosures include, but are not limited to:

Food and Drug Administration	Public Health or legal authorities charged with disease prevention and health oversight agencies
Correctional institutions	Workers Compensation Agents
Organ and Tissue Donation Organizations	Military Command Authorities
Funeral Directors, Coroners and Medical Examiners	National Security and Intelligence Agencies
Protective services for the President and others	Law enforcement as required by law or in accordance with a valid subpoena

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## **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Release of psychotherapy and psychiatry notes;
2. Uses and disclosures of Protected Health Information for marketing purposes;
3. Subsidized treatment communication; and
4. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## **PATIENT RIGHTS**

You have the right to:

- Inspect and obtain a copy of your health record other than psychotherapy/psychiatric notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to UCERA at the address on the top of this page. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
  - **Right to an Electronic Copy of Electronic Health Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic health record.

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- Request an amendment of your health records if you feel a portion of your health records that we created is incorrect or incomplete. We are not required to agree to your request.
- Obtain an accounting of disclosures of your Protected Health Information. However, the following disclosures will not be accounted for: (i) disclosures made more than six years before your request, (ii) disclosures made for the purpose of carrying out treatment, payment or health care operations, (iii) disclosures made to you, (iv) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (v) disclosures for national security or intelligence purposes, (vi) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. We may charge you a reasonable fee for this accounting.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that we contact you by mail and not by telephone, or that we contact you at a specific telephone number, or that we use an alternative address for billing purposes, or that we not leave messages on certain answering machines.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Request a restriction on the information disclosed to your health plan if you pay for related items or services, out-of-pocket and in full (or in other words, you have requested that we not bill your health plan), at the time the services are provided. We will honor this request.

Our duties are to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this notice;
- Abide by the terms of the notice currently in effect;
- Notify you if we are unable to agree to a requested restriction;
- Notify you immediately if we receive information that there has been a breach involving your health information;
- Follow reasonable requests you make to communicate with you as you instruct, for example, contact you at a certain telephone number or address; and

# UCERA

*University Clinical, Education & Research Associates*

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677 Ala Moana Boulevard, Suite 1001 • Honolulu, HI 96813-4100 • phone: (808) 469-4900 • fax: (808) 536-7315

- Provide you a paper copy of this notice of privacy practices upon request. You may also obtain a copy of this notice from our website at [www.ucera.org](http://www.ucera.org).

To exercise any of these rights, your request must be in writing and mailed to UCERA at the address at the top of this page.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes the reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

UCERA reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by the practice location. The revised Notice will be posted on our website and in waiting rooms or patient lobbies and reasonable efforts will be made to advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have any questions about your rights or duties or our practices and procedures regarding protected health information, please call UCERA's Customer Service department at (808)469-4900.

If you believe your privacy rights have been or are being violated, you may complain to UCERA at: UCERA Privacy Officer, 677 Ala Moana Blvd., Suite 1001, Honolulu, Hawaii 96813. You may also file a complaint with the Secretary of the Department of Health and Human Services. Complaints to the Secretary must be filed in writing on paper or electronically and must be made within 180 days of when you became aware of, or should have been aware of, the incident giving rise to your complaints. By law, you will not be penalized for filing a complaint.

Translations of this document are available in 14 non-English languages. Please contact the school for more information