

SB510 SD1

Measure Title: RELATING TO SCHOOL-BASED HEALTH SERVICES.

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

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

Companion: HB672

Package: Women's Legislative Caucus

Current Referral: EDU, CPH/WAM

Introducer(s): BAKER, ENGLISH, INOUYE, KEITH-AGARAN, KIDANI, K. RHOADS, SHIMABUKURO, TOKUDA, S. Chang, Espero, Green, Ihara, Kouchi, L. Thielen

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 SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION, AND
HEALTH AND WAYS AND MEANS
ON
SENATE BILL NO. 510, S.D. 1

February 28, 2017
9:30 a.m.
Room 211

RELATING TO SCHOOL-BASED HEALTH SERVICES

Senate Bill No. 510, S.D. 1, amends Chapter 302A, HRS, and establishes the Hawaii Keiki: Healthy and Ready to Learn program within the Department of Education (DOE) to provide school-based health services. The program is to be convened by DOE in collaboration with the Department of Health (DOH), the Department of Human Services (DHS), and the University of Hawaii at Manoa School of Nursing and Dental Hygiene. 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 according to a memorandum of understanding between DOE and the Hawaii Keiki: Healthy and Ready to Learn program to support program activities.

The measure appropriates \$75,000 of general funds for FY 18 and FY 19 to DOH and DHS for school health services coordinators. In addition, the measure appropriates \$4,000,000 of general funds for FY 18 and FY 19 to be deposited into the special fund and expended by DOE to implement, expand, and sustain the Hawaii Keiki: Healthy and Ready to Learn program.

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 Senate Bill No. 510, S.D. 1, it is uncertain whether there is a clear link between the program and sources of revenue and if the special fund will be self-sustaining.

Thank you for your consideration of our comments.



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

Date: 02/28/2017

Time: 09:30 AM

Location: 229

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

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 0510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES.

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

Department's Position:

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

The Department of Education (DOE) thanks you for this opportunity to provide testimony in strong support of SB510 SD1, which would formally establish the Hawaii Keiki: Healthy and Ready to Learn Program (Program) and provide funding to sustain it.

The 2015 Legislature recognized that students must come to school healthy and ready to learn. Through Act 139, SLH 2015, the Legislature appropriated funds to provide school-based health services through a 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 and Department of Human Services MedQUEST Division to work in collaboration with DOE and UHM SONDH.

Hawai'i Keiki is a safety net partnership to increase access to healthcare for a vulnerable

population - pre-kindergarten to high school keiki - by providing school health nursing in the public schools. The goal is to build a fiscally sustainable school health program using public funding, cost recovery, and community engagement because we know that academic success leads to economic achievement - the major determinant of a healthy population.

The Hawai'i Keiki program is, at its heart, an initiative that encompasses multiple partners and stakeholders. As discussions among the stakeholders have continued, we have identified amendments that will further refine this measure into a vehicle that will help ensure efficient and cost-effective implementation. Accordingly, we respectfully request that this measure be amended to match the language in HB672 HD2, as this language is more encompassing and more accurately reflects the broad nature of the partnerships that make up the Hawaii Keiki program.

We respectfully request passage of SB510 SD1 with our recommended amendments. We truly appreciate your continuing support of the education and health of our keiki. Thank you for the opportunity to testify.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 28, 2017

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

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

Re: SB 510, SD1 – Relating to School-Based Health Service

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 510, SD1 establishing the Hawai'i Keiki: healthy and ready to learn program within the Department of Education.

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

Services provided by the Hawai'i Keiki program include, but are not limited to chronic disease management, preventative care, care coordination, vaccinations, and in certain cases, annual physical exams, to name a few. 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 successful outcomes of the Hawai'i Keiki program thus far and look forward to supporting this effort 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 SB 510, SD1.

Sincerely,

Mark K. Oto
Director, Government Relations.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committees on Commerce, Consumer Protection and Health
and
Ways and Means
Tuesday, February 28, 2017 at 9:30 a.m.
by
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing & Dental Hygiene
University of Hawai'i at Mānoa

SB 510 SD1 – RELATING TO SCHOOL-BASED HEALTH SERVICES

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

Thank you for this opportunity to provide testimony in strong support of this bill, SB 510 SD1.

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 SB 510, SD1 with amendments. We appreciate your continuing support of health in Hawai'i. Thank you for the opportunity to testify.

ATTACHMENT WITH SUGGESTED AMENDMENTS TO SB 510 SD1

Amendment:

Page 3, Section 1, after line 13 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 3, Section 1, lines 14-16:

"The legislature also finds that the expected cost to continue and expand the Hawai'i Keiki program to include students from pre-kindergarten through high school in department of education complex areas statewide;"

Page 5, Section 2, lines 1-6:

"in collaboration with the department of health, department of human services, ~~and~~ University of Hawaii at 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."



February 28, 2017 at 9:30 AM
Conference Room 229

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

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

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

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

Re: Testimony in Support
SB 510, 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 committees for the opportunity to **support** SB 510, 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.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 10:32 PM
To: CPH Testimony
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/22/2017

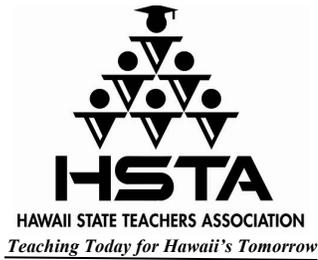
Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

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

Comments: Strong Support

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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Corey Rosenlee
President
Justin Hughey
Vice President
Amy Perruso
Secretary-Treasurer
Wilbert Holck
Executive Director

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

RE: SB 510, SD1 - RELATING TO SCHOOL-BASED HEALTH SERVICES

TUESDAY, FEBRUARY 28, 2017

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

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

The Hawaii State Teachers Association **supports SB 510, SD 1**, relating to school-based health services.

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

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

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

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

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



DATE: February 28, 2017

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

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

FROM: 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 S.B. 501 S.D. 1
Relating to School-Based Health Services

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

The Kapiolani Child Protection Center (KCPC) supports S.B. 501 S.D. 1, which formally establishes the Hawaii Keiki: Healthy and Ready to Learn Program within the Department of Education. The program's initiatives include improvements in children's direct access to high quality health services by making 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 S.B. 501 S.D. 1 demonstrates that the State of Hawai'i is committed to the health and wellbeing of its children, and takes a meaningful step towards ensuring that appropriate and necessary health care is immediately available whenever it is needed in a school setting.

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
February 28, 2017 at 9:30 AM
by
Laura Reichhardt, NP-C, APRN, Director
Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for SB 510, SD1 Relating to School-Based Health Services.

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

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.² Further, the HSCN is dedicated to ensuring Hawai'i is the best place for nurses to work 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 SB 510, SD1.

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

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

**February 28, 2017 at 9:30 a.m.
Conference Room 229**

Senate Committee on Commerce, Consumer Protection and Health

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

Senate Committee on Ways and Means

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

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

Re: SB 510 -- Testimony in Support

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 strong support of SB 510 which provides funding to formally establish, expand, and sustain the Hawai'i Keiki: Healthy & Ready to learn Program. The Hawai'i Keiki program incorporates an array of health care services into Hawai'i public schools in order to address chronic absenteeism, poor health, and delayed or limited access to health care and preventative services have been found to hinder students' success in the classroom.

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

This bill is a necessary step towards ensuring that efforts to enhance the health care delivery system that can be appropriately augmented by school based settings come to fruition. HPH supports SB 510 and its ability to create a healthier Hawai'i.

Thank your for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



CATHERINE PAYNE
CHAIRPERSON

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

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

FOR: SB 510 Relating to School-based Health Services
DATE: Tuesday, February 28, 2017
TIME: 9:30 a.m.
COMMITTEES: Senate Committees on Commerce, Consumer Protection and Health, and
Ways and Means
ROOM: Conference Room 229
FROM: Sione Thompson, Executive Director
State Public Charter School Commission

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

The State Public Charter School Commission (“Commission”) appreciates the opportunity to submit this testimony in **STRONG SUPPORT** of SB 510, 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 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.

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
February 28, 2017 at 9:30 AM
by
Laura Westphal, RN, MBA, CPHQ**

[Organization, if applicable]

SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for SB 510, SD1 Relating to School-Based Health Services.

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

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.² Further, AONE Hawaii is dedicated to ensuring Hawai'i is the best place for nurses to work 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 SB 510, SD1.

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

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



Hawaii Chapter

February 24, 2017

Thank you for this opportunity to testify *on SB 510 SD1* which will formally establish the Hawaii Keiki Program within the Department of Education. It establishes a special fund and appropriates \$4,000,000 to expand and sustain the program, which will be administered by the University of Hawaii at Manoa School of Nursing.

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

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

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

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

The AAP, Hawaii Chapter, also recognizes:

- 1) The complexity of delivery of school health services at schools, especially for at-risk communities in Hawaii: As such, we recognize:
 - a. The importance of planning, coordination, and sustainability.
 - b. Communities are unique across our Islands. As such, the delivery of care for the school complexes may differ across the Islands and that plans should be developed in conjunction with the Department of Health, Public Health Nurses, community pediatric providers and other partners.
- 2) The role of DOH Public Health Nurses (PHN): PHNs know their communities very well and build strong, lasting relationships with the families. Schools, and pediatricians, Families continue to trust and rely on Hawaii's PHN for their expertise in coordinating care and optimizing outcomes for children and their families. Hawaii's PHNs have a long history of working in schools. However, with decreased funding over the years, their role has been marginalized.
- 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 breakdown silos and coordinate care. SB510 proposes services such as physical examinations and referrals for behavioral health, that are currently delivered by pediatric primary care providers. Rather than duplicating and fragmenting services, school based health services should seek ways to strengthen the pediatric medical home.

Hawaii is behind other states in the delivery of school-based healthcare and the Hawaii AAP supports the development and implementation of a *well-coordinated and sustainable plan* to serve all students in Hawaii's public schools. SB501, as it is now written, does not create a process for such a plan.

AAP - Hawaii Chapter

P.O. Box 25817
Honolulu, HI 96825
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Hawaii Chapter Board

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www.aap.org

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.
- Developing models of public-private-community partnerships that maximize community strengths and optimize the outcomes and safety of the children.

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

Sincerely,

Mae Kyono, MD

President, American Academy of Pediatrics – Hawaii Chapter



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

TESTIMONY FOR SENATE BILL 510, SENATE DRAFT 1, RELATING TO SCHOOL-BASED HEALTH SERVICES

Senate Committee on Commerce, Consumer Protection, and Health

Hon. Rosalyn H. Baker, Chair

Hon. Clarence K. Nishihara, Vice Chair

Senate Committee on Ways and Means

Hon. Jill N. Tokuda, Chair

Hon. Donovan M. Dela-Cruz, Vice Chair

Tuesday, February 28, 2017, 9:30 AM

State Capitol, Conference Room 211

Honorable Chair Baker, Chair Tokuda, and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 350 members. On behalf of our members, we offer this testimony in support of Senate Bill 510, SD 1, 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

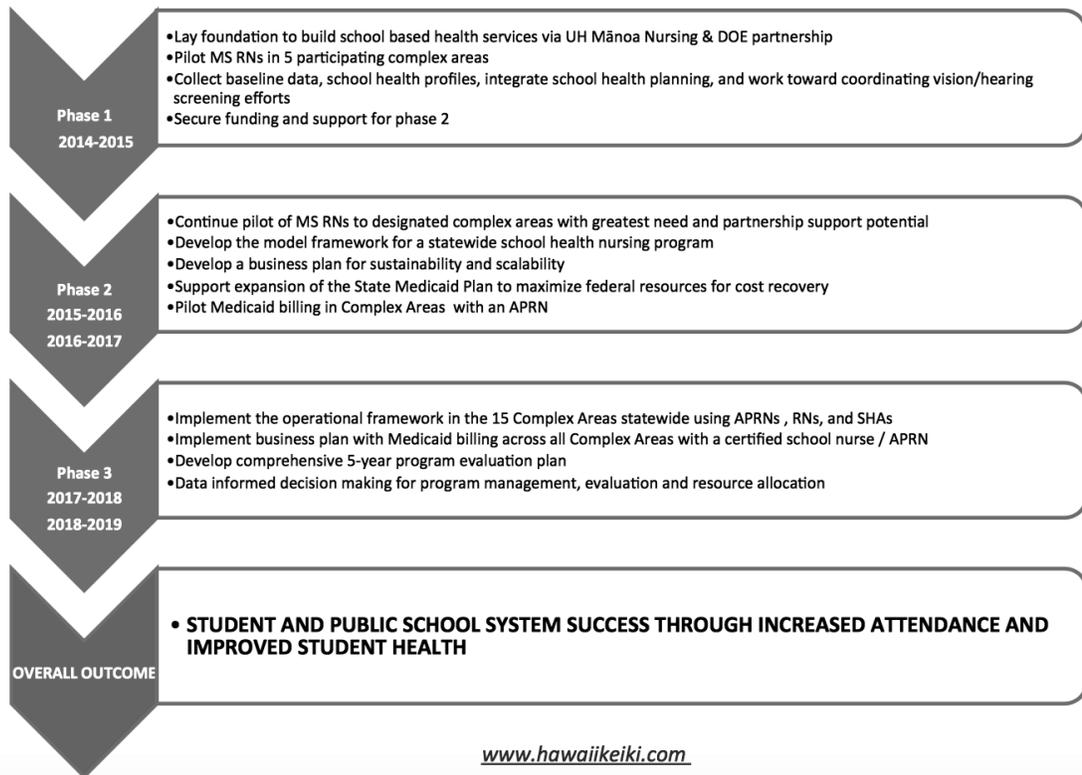
UH Mānoa Nursing with Hawai’i Department of Education



NURSING
UNIVERSITY of HAWAII at MANOA
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

841 Bishop St., Suite 301
Honolulu, Hawaii 96813



Telephone: 808 926-1530
Contact@HEECoalition.org

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

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

February 28, 2017

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

This testimony is submitted in support for SB510 SD1, formally establishing Hawaii Keiki program within the Department of Education (DOE).

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

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

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

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

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

Sincerely,

Cheri Nakamura
HE'E Coalition Director

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

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

HE'E Members and Participants

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

McREL's Pacific Center for Changing the Odds

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

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



February 26th, 2017

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

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

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

Project Vision Hawai'i submits testimony in strong support of SB510 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 EyeSpy 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)

1100 Nu'uuanu Ave, Honolulu HI 96814

Phone: (808) 282-2265 • Fax: (808) 591-991 • www.projectvisionhawaii.org



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 SB510. Thank you for this opportunity to submit testimony.

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

A handwritten signature in black ink, appearing to be "Annie Hiller", written over a faint circular stamp.

Executive Director
PROJECT VISION HAWAII
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www.projectvisionhawaii.org

ATTACHMENT WITH SUGGESTED AMENDMENTS TO SB510

Amendment:

Page 4, Line 4-5, Section 1

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

Page 4 line 21 – Page 5 line 1-3

The department shall convene the program in collaboration with the department of health and the department of human services and University of Hawai'i Manoa School of Nursing and Dental Hygiene to increase access to and reimbursement for school-based wellness and health services.

Page 12, Section # (1 year appropriation)

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 for a one-time allocation for an evidence-based vision screening and eye assessment tool appropriate for children in kindergarten through grade twelve. The sum appropriated shall be expended by the Hawaii Keiki: Healthy and Ready to Learn Special Fund for the purposes of this Act.



1319 PUNAHOU ST. STE 739 HONOLULU, HI 96813

February 27, 2017

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

To: COMMITTEE ON WAYS AND MEANS

Senator Jill N. Tokuda, Chair

Senator Donovan M. Dela Cruz, Vice Chair

Fr: Leolinda Parlin

Re: Oppose SB 510 SD1 Relating to School-Based Health Services

On behalf of Family Voices of Hawai`i, we oppose SB 510 SD1 as its focus on creating a brand-new function and program within the Department of Education as the model does not appear to be fully vetted nor does it appear to be practical for a statewide implementation. Our most significant concern is that the existing core functionality of school health may be overshadowed and compete for resources. While it is admirable to bring primary care to school campuses to address population health needs, families of children who are receiving school health services as part of their IEP are hard pressed to find adequate staffing of skilled nurses in the school and often times must keep their children home due to lack of coverage. Having a single APRN available for an entire complex will not resolve this issue.

When families think about school health, it is a very different paradigm than school-based health. School health to our families of children with special health care needs is not about getting school physicals on campus, but it is about providing enabling services to assist their children are able to access the general education curriculum. It does not appear that this measure builds upon the past successes and the existing network of support of a more cost effective model provided by Public Health Nursing, it infact appears as though it is competing with it.

For families who have lived through the Felix Consent Decree, Act 51, and the debacle of the resistance of g-tube feedings in the school just a few years ago, we are hardpressed to entertain a brand new program, especially one that does not have the full support of our medical homes. The measure does not address how it intents to address the unique needs (let alone geographic) of each district; the one size fits all model has not worked in the past for other deparmental initiatives and does not fit well for school health. We are also concerned when none of the traditional family and child health advocacy organizations have been involved in true authentic collaboration, in particular a program that is supposed to benefit children and families.

Thank you for your time and consideration.



WAIANAЕ COAST COMPREHENSIVE HEALTH CENTER

www.wcchc.com

February 27, 2017

Testimony to the Senate Committee on Commerce, Consumer Protection and Health and the Committee of Ways and Means

Re: SB 510 SD1, Relating to School-Based Health Services

From: Richard Bettini, President and CEO

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

The Waianae Coast Comprehensive Health Center (WCCHC) thanks the Committees for the opportunity to provide comments regarding SB 510 SD1, which establishes a special fund to support the Hawaii Keiki: Healthy and Ready to Learn Program.

WCCHC recognizes the importance of providing school based health services. In 2015 WCCHC received a \$600,000 Health Resources and Service Administration (HRSA) new access point grant to open two new School Based Health Centers (SBHC), one in Waianae High School and another at Waianae Intermediate School. In partnership with the DOE, we opened our doors at both SBHC on March 7, 2016. Since that time we have served 1062 students at the High School and 912 students at the Intermediate School. We are meeting our objective of supporting student health and academic outcomes; 98% of the students served at the High School and 91% of the students served at the Intermediate School returned to class immediately after being seen. The SBHC provide a full scope of services, including sports and school physicals and urgent care. Advanced Practice Registered Nurses (APRN) provide primary care services and we have recently added a Licensed Clinical Psychologist to our staff to provide Behavioral Health services. An experienced WCCHC Pediatrician directly oversees all care provided at the SBHC. Both SBHC are now sustainable.

In our experience a successful SBHC includes the following qualities:

1. Strong community engagement, including involving the voices of the students themselves in the development of services provided.
2. A direct link to Behavioral Health services as many of the problems students present with have a behavioral health component.
3. A robust electronic health record which has the ability to incorporate social determinants of health and supports the patients' medical home while also providing data to evaluate program effectiveness.
4. Coordination of care with parents, pediatric providers, public health nurses, and the schools.

Thank you for the opportunity to submit these written comments.

SB510

RELATING TO SCHOOL-BASED HEALTH SERVICES

To: Honorable Chair Baker, Vice Chair Nishihara and members of the Senate Committee on Commerce, Consumer Protection, and Health

To: Honorable Chair Tokuda, Vice Chair Dela Cruz and members of the Senate Committee on Ways and Means

From: Coreen Dijos, BSW, MSW Candidate

Email: ckepoo@hawaii.edu

Date: February 18, 2017

Time: 4:02 p.m.

Aloha! My name is Coreen Dijos and I am a wife and mother of three amazing children; ages 16, 13, and 4.

Thank for giving me this opportunity to let my voice be heard.

In regards to this Senate bill SB510, which formally establishes the Hawaii keiki healthy and ready to learn program within the Department of Education, I am pleased to say that I am in **full support of this Senate bill SB510**.

Being born and raised in Kaneohe and still currently residing in Kaneohe with my husband and our three children this bill, SB510, will ensure my husband and I that our children's health will be well-taken care of by qualified and trained professionals while they are in school.

I greatly appreciate how our legislature acknowledges the health and well-being of our children by stating that "the Hawaii keiki program is an effective means by which to continue collaboration between health, human services, and education policymakers and providers to achieve sustainable comprehensive school-based

health services in the State to improve the academic and health outcomes of Hawaii's public school students.”

Thank you for your efforts and please support bill SB510!

Mahalo,

Coreen Dijos

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 18, 2017 3:59 AM
To: CPH Testimony
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for SB510 on Feb 28, 2017 09:30AM*

SB510

Submitted on: 2/18/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments:

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

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 12:11 PM
To: CPH Testimony
Cc: leeannw@hawaii.edu
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/21/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lee-Ann Wheelden	Individual	Support	No

Comments: Thank you for allowing me to provide testimony in strong support of SB 510 relating to School-Based Health Services. Successful outcomes of the Hawaii Keiki Healthy and Ready to Learn Program seem apparent based on the personal testimony from those who have been involved thus far. As a graduate level social work student at the University of Hawaii at Manoa programs such as Hawaii Keiki promote health, decrease barriers to social services and increase school attendance. The Hawaii Keiki program also provides protective factors in the formation of resilience among children who face adversity in the community. Throughout my education in social work, programs such as these have been shown to have consistently positive results. Formally establishing the Hawaii Keiki Healthy and Ready to Learn Program is the next step in creating a sustainable program that collaboratively addresses the holistic needs of our children.

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
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
February 28, 2017 at 9:30 AM
by
Eve Teeter-Balin, RN**

SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for SB 510, SD1 Relating to School-Based Health Services.

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

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.² Further, I am dedicated to ensuring Hawai'i is the best place for nurses to work because I 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 SB 510, SD1.

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

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

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
February 28, 2017 at 9:30 AM
by
Jennifer Krome, APRN-Rx, FNP**

SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for SB 510, SD1 Relating to School-Based Health Services.

Jennifer Krome, APRN-Rx, FNP supports the establishment of sustained State support for the Hawai'i Keiki: Healthy and Ready to Learn program.

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.² Further, **Jennifer Krome, APRN-Rx, FNP** is dedicated to ensuring Hawai'i is the best place for nurses to work 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 SB 510, SD1.

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

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

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
February 28, 2017 at 9:30 AM
by
Denise Cohen , APRN, PhD**

SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for SB 510, SD1 Relating to School-Based Health Services.

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

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.² Further, **[INDIVIDUAL OR ORGANIZATION]** is dedicated to ensuring Hawai'i is the best place for nurses to work 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 SB 510, SD1.

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

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

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
and
Senate Committee on Ways and Means
February 28, 2017 at 9:30 AM
By
Susan Lee BSN, RN, WCC**

SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES

Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Thank you for this opportunity to provide testimony in strong support for SB 510, SD1 Relating to School-Based Health Services.

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

Hawai'i has identified that there is a shortage of primary care providers in the state.¹ Hawai'i has also identified that by investing in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences that affect their health with the goal of improved short term and long term health outcomes.² Further Susan Lee is dedicated to ensuring Hawai'i is the best place for nurses to work 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 SB 510, SD1.

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 10:25 PM
To: CPH Testimony
Cc: bennyjduke@gmail.com
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/22/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Benjamin Duke	Individual	Comments Only	No

Comments: Invest in early childhood education. Studies have shown that this is some of the best use for government funds.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 7:18 PM
To: CPH Testimony
Cc: lenora@hawaii.edu
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/22/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
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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To: CPH Testimony
Cc: nuyolks@gmail.com
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/22/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

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

Comments: In extremely strong support!!!

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 23, 2017 11:55 AM
To: CPH Testimony
Cc: teresa.parsons@hawaii.edu
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/23/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

Comments: Written Testimony Presented Before the Senate Committee on Commerce, Consumer Protection, and Health and Senate Committee on Ways and Means February 28, 2017 at 9:30 AM by Teresa Parsons, MA, MS, APRN-BC SB 510, SD1 RELATING TO SCHOOL-BASED HEALTH SERVICES Dear Chair Baker, Vice Chair Nishihara, Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Commerce, Consumer Protection, and Health and members of Senate Committee on Ways and Means. Mahalo for the opportunity testify in STRONG SUPPORT for SB 510, SD1 Relating to School-Based Health Services. I endorse the Hawai'i Keiki: Healthy and Ready to Learn program. Hawai'i clearly has a shortage of primary care providers. Hawai'i also identified investments in healthy babies and families and by taking health to where people live, work, learn and play, we can address influences affecting their health with the goal of improved short term and long term health outcomes. As an APRN, I am dedicated to ensuring Hawai'i is the best place for nurses to work 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. I urge you to vote in favor of SB 510, SD1, a very productive bill. Teresa Parsons.

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Sent: Thursday, February 23, 2017 11:25 AM
To: CPH Testimony
Cc: kfdavis@hawaii.edu
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/23/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

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

Comments: Aloha Chair and Vice Chair of the Committee on Commerce, Consumer Protection, and Health and Chair and Vice Chair of the Committee on Ways and Means. 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, SB510/HB672. This bill seeks to establish and expand school health services across the state. As Quality Director for Hawaii Keiki, I can attest to the difference that having access to APRNs and RNs in the school can make on our keiki's ability to stay healthy and ready to learn. 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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Subject: *Submitted testimony for SB510 on Feb 28, 2017 09:30AM*

SB510

Submitted on: 2/23/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Tessier	Individual	Support	No

Comments:

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To: CPH Testimony
Cc: clafountain@gmail.com
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/23/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Christine Prentice	Individual	Support	No

Comments: Aloha Chair and Vice Chair of the Committee on Commerce, Consumer Protection, and Health and Chair and Vice Chair of the Committee on Ways and Means, My name is Christine Prentice, I live and work in Waianae. I am submitting testimony today in strong support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. I have seen great benefits to the students in our Waianae community, including bridging the gap between parents and primary healthcare providers. 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. Healthy Keiki. Successful Students. Stronger Communities.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 26, 2017 6:45 AM
To: CPH Testimony
Cc: L.Beechinor@hawaiiintel.net
Subject: *Submitted testimony for SB510 on Feb 28, 2017 09:30AM*

SB510

Submitted on: 2/26/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Linda Beechinor, APRN	Individual	Support	No

Comments:

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104 Poipu Drive
Honolulu, HI 96825
February 26, 2017
REVISED

Senator Jill Tokuda, Chair
Commerce, Consumer Protection, Health Committee

RE: SB 510 related to School Based Health Services

Dear Senator Tokuda:

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, reservations, and opposition to 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 systems level. More discussion and planning must take place as to the most effective and comprehensive school health services 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

February 25, 2017

Aloha Senator Baker (Chair of Senate CPH Committee) and Senator Tokuda (Chair of Senate Ways and Means Committee) and Senate Committee Members:

Initially, the **Hawaii Keiki: Healthy and Ready to Learn** program's goals look great:

<http://www.nursing.hawaii.edu/hawaiiikeiki>

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 27, 2017 8:01 AM
To: CPH Testimony
Cc: melissaowensfnp@gmail.com
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM

SB510

Submitted on: 2/27/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

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

Comments: Aloha Chair and Vice Chair of the Committee on Commerce, Consumer Protection, and Health and Chair and Vice Chair of the Committee on Ways and Means. My name is Melissa Owens and I work/live in the Kalihi area. I am submitting testimony today in support of the Hawai'i Keiki Bill, SB510/HB672. This bill seeks to establish and expand school health services across the state. I am a school nurse and have seen firsthand the desperate need for medical care that exists in public schools. The Hawaii Keiki program allows nurses to bring the care directly to the children in need on campus ensuring things like infections are treated in a timely manner. 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. Melissa Owens, APRN

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To: CPH Testimony
Cc: ealujan1@gmail.com
Subject: *Submitted testimony for SB510 on Feb 28, 2017 09:30AM*

SB510

Submitted on: 2/27/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Elicia Lujan	Individual	Support	No

Comments:

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baker4 - Mary Kate

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 27, 2017 8:36 AM
To: CPH Testimony
Cc: benjamin.kilinski@gmail.com
Subject: Submitted testimony for SB510 on Feb 28, 2017 09:30AM
Attachments: Wang Cost Benefit School Health JAMA Peds 2014.pdf

Categories: Green Category

SB510

Submitted on: 2/27/2017

Testimony for CPH/WAM on Feb 28, 2017 09:30AM in Conference Room 229

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

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

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Original Investigation

Cost-Benefit Study of School Nursing Services

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

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

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

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

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

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

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

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

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

← Editorial page 604

+ Supplemental content at
jamapediatrics.com

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

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

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

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

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

Methods

Analytical Framework

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

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

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

Medical Procedure Costs

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

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

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

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

^a Data were from the Massachusetts Medicaid Fee Schedule.

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

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

Parents' Productivity Loss Costs Associated With Student Early Dismissal

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

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

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

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

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

Abbreviation: ESHS, Essential School Health Services.

^a Values are presented as means unless otherwise indicated.

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

Parents' Productivity Loss Costs Associated With Medication Administration

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

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

Teachers' Productivity Loss Costs

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

Table 3. Base-Case Analysis Results^a

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

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

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

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

Sensitivity Analysis

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

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

Results

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

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

Discussion

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

Table 4. Multivariate Sensitivity Analysis Results^a

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

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

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

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

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

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

Conclusions

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

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REFERENCES

- Perrin JM, Bloom SR, Gortmaker SL. The increase of childhood chronic conditions in the United States. *JAMA*. 2007;297(24):2755-2759.
- Branum AM, Lukacs SL. Food allergy among children in the United States. *Pediatrics*. 2009;124(6):1549-1555.
- Akinbami LJ, Moorman JE, Garbe PL, Sondik EJ. Status of childhood asthma in the United States, 1980-2007. *Pediatrics*. 2009;123(suppl 3):S131-S145.
- Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the US, 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed March 27, 2014.
- Robison LM, Sclar DA, Skaer TL, Galin RS. National trends in the prevalence of attention-deficit/hyperactivity disorder and the prescribing of methylphenidate among school-age children: 1990-1995. *Clin Pediatr (Phila)*. 1999;38(4):209-217.
- Robert Wood Johnson Foundation. Unlocking the Potential of School Nursing: Keeping Children Healthy. In: *School, and Ready to Learn*. Washington, DC: Robert Wood Johnson Foundation; 2010.
- National Association of School Nurses. School nurses provide back-to-school checklist for parents. http://www.nasn.org/Portals/0/releases/2012_08_07_Parent_Checklist.pdf. Accessed March 27, 2014.
- Burkhardt Research Services. *School Nursing in the United States: A Quantitative Study*. Silver Spring, MD: National Association of School Nurses; 2007.
- Delack S. Vision, voice, and visibility: charting the course. *NASN Sch Nurse*. 2009;24(5):176-177.
- Vollinger LJ, Bergren MD, Belmonte-Mann F. Substitutes for school nurses in Illinois. *J Sch Nurs*. 2011;27(2):111-119.
- Noyes K, Bajorska A, Fisher S, Sauer J, Fagnano M, Halterman JS. Cost-effectiveness of the School-Based Asthma Therapy (SBAT) program. *Pediatrics*. 2013;131(3):e709-e717.
- Weismuller PC, Grasska MA, Alexander M, White CG, Kramer P. Elementary school nurse interventions: attendance and health outcomes. *J Sch Nurs*. 2007;23(2):111-118.
- Telljohann SK, Dake JA, Price JH. Effect of full-time versus part-time school nurses on attendance of elementary students with asthma. *J Sch Nurs*. 2004;20(6):331-334.
- Pennington N, Delaney E. The number of students sent home by school nurses compared to unlicensed personnel. *J Sch Nurs*. 2008;24(5):290-297.
- Wyman LL. Comparing the number of ill or injured students who are released early from school by school nursing and nonnursing personnel. *J Sch Nurs*. 2005;21(6):350-355.
- Allen G. The impact of elementary school nurses on student attendance. *J Sch Nurs*. 2003;19(4):225-231.
- Hill NJ, Hollis M. Teacher time spent on student health issues and school nurse presence. *J Sch Nurs*. 2012;28(3):181-186.
- Baisch MJ, Lundeen SP, Murphy MK. Evidence-based research on the value of school nurses in an urban school system. *J Sch Health*. 2011;81(2):74-80.
- Haddix AC, Teutsch SM, Corso PS. *Prevention Effectiveness: A Guide to Decision Analysis and Economic Evaluation*. New York, NY: Oxford University Press; 2003.
- Massachusetts Department of Public Health. The Essential School Health Services Program Data Report, 2009-2010 School Year. 2011. <http://www.mass.gov/eohhs/docs/dph/com-health/school/eshs-report-09-10.pdf>. Accessed March 27, 2014.
- Massachusetts Department of Public Health. Suggested best practice guidelines to complete the monthly MA DPH report via HealthOffice V5.5 SP1. 2009. <http://www.healthmaster.com/HODL/HO56SP9/904%20Best%20Practice%20Guidelines.pdf>. Accessed March 27, 2014.
- Young GJ, Chou CH, Alexander J, Lee SY, Raver E. Provision of community benefits by tax-exempt U.S. hospitals. *N Engl J Med*. 2013;368(16):1519-1527.