HB 250 HD1 – RELATING TO SCHOOL-BASED HEALTH SERVICES

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

Thank you for this opportunity to provide testimony in strong support of HB 250 HD1 with recommended amendments as it relates to Hawai‘i Keiki.

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

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

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

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

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

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

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

This change allows not only DOH but also school-based health centers and Hawai‘i Keiki to approve medication administration in school by adding Advanced Practice Registered Nurses to the list of professions who may prescribe medication at school; and expanding the medication administration approval authority beyond the DOH to include DOE recognized school based health providers.
This proposed legislation will allow school-based health care entities with formal agreements with the DOE to approve timely and efficient administration of prescribed medications so children can attend school.

Because the funding mechanism is within the DOE base budget, Hawai‘i Keiki respectfully requests that Sections 2 and 3 be struck from this measure. Section 8 be amended to reflect the dollars requested as mentioned earlier. Section 9 and 10 be struck from this measure.

Therefore, the UHM SONDH respectfully requests that HB 250 HD1 pass with the proposed amendments. We appreciate your continuing support for keiki, nursing, and school-based health care services.

Thank you for the opportunity to testify. Details of the proposed amendments follow this testimony.
Recommend to revise Section 8 as follows.

SECTION 8 [3]. There is appropriated out of the general revenues of the State of Hawaii the sum of $752,066 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to implement, expand, and sustain the Hawaii keiki: healthy and ready to learn program.

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

Recommend to revise Section 12 as follows.

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