HB 250 – RELATING TO SCHOOL-BASED HEALTH SERVICES

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

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

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

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

The 2015 Legislature, in its wisdom, recognized that students must come to school healthy and ready to learn. Through Act 139, you provided fiscal support for school-based health services through a Department of Education (DOE) partnership with the University of Hawai‘i at Mānoa School of Nursing and Dental Hygiene (UHM SONDH) that enabled Hawai‘i Keiki to provide at least one school-based APRN to each of the 15 Complex Areas and 3 RNs to selected high need schools on four islands. These licensed professionals are highly skilled and can approve such medication administration.
We are pleased to report the program has nurses on O‘ahu, Maui, Kaua‘i, and Hawai‘i Island. In the three-month period from October through December 2018 the program documented, with the school health aides (SHAs), that 5,300 students made 14,090 visits to the health rooms. Eighty-seven percent (87%) of students were able to return to class with an average time in the health room of 15 minutes for care for illness, injury or health guidance. Hawai‘i Keiki provided 85 consultations to DOE staff and parents regarding keiki with new or existing health conditions. Nurses engaged with DOE administrators, staff, and district-level Parent-Community Networking Centers (PCNC) to support wellness goals and with Parent-Teacher Associations (PTA) to develop emergency response protocols and facilitate requisition of Automated External Defibrillators (AED) for schools. Other highlights include partnering with DOH for Stop Flu at School, Project Vision for vision screening, and leading a school-based UH health sciences team of child psychiatry, clinical pharmacy, and dental hygienists at one middle school. Finally, the project is supporting the successful statewide implementation of an electronic record that documents health status and services provided in the health room.

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

In the second year of the 2017-19 Fiscal Biennium (FB19), the Legislature reaffirmed commitment to the health and well-being of school aged children with Hawai‘i Keiki in the base budget at an allocation of $2,147,282. That said, through this measure we request an appropriation increase of $752,066 beyond the base budget of $2,147,282 as requested by DOE in a memo to the Board of Education dated October 18, 2018. The base budget and requested increase will make the program budget whole, maintain the Advanced Practice Registered Nurse (APRN) in all 15 Complex Areas as well as the administrative/technical support structure, as currently operationalized.

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

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

Because the funding mechanism is within the DOE base budget and to add clarity to the intent of the Medication Administration statute, Hawai‘i Keiki respectfully requests that:

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

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

Thank you for the opportunity to testify. Details of the proposed amendments follow this testimony.
Proposed Amendments to HB 250

Recommend to strike entire contents of Section 2.

Recommend to strike entire contents of Section 3.

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

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

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

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

(2) The medication has been prescribed by a licensed physician[7] as defined in section 334-1, a licensed advanced practice registered nurse [with prescriptive authority pursuant to 457-8.6], or by a practitioner with prescriptive authority; [and]

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

(4) The administration of the medication is necessary for the health of the student and for the student's attendance at school."
Recommend to revise Section 8 as follows.

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

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

Recommend to strike entire contents of Section 9.

Recommend to strike entire contents of Section 10.

Recommend to revise Section 11 as follows.

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

Recommend to revise Section 12 as follows.

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