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Public Health Committee

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Greetings Senator Gerratana and Representative Johnson and members of the Public Health Committee,

I am Michael Corjula As a Pediatric Nurse Practitioner/Primary Care Provider, and President-Elect of the Association of School Nurses of CT, I speak in opposition to **HB 5988 AN ACT CONCERNING HEARING ASSESSMENTS FOR MIDDLE SCHOOL STUDENTS** and **HB 5991 AN ACT CONCERNING HEARING ASSESSMENTS FOR HIGH SCHOOL STUDENTS** as currently proposed in this legislation.

CGS Sec. 10-206 requires hearing assessments be done in grades K-3, 5, and 8 and for children with history of hearing problems more often. In addition, CGS regarding mandated physical examinations requires hearing testing to be done at the time of the physical examination in grades K, 6 or 7 and 9 or 10. The American Academy of Pediatrics and Bright Futures published Recommendations for Preventive Health Care (2008). These recommendations and specify hearing screenings for school-aged children at 4, 5, 6, 8, and 10 years as part of their annual Well Child Care.

I respectfully recommend that we review how we can better coordinate all of these current recommendations in an effort to minimize duplication and help ensure that children receive medically (evidence-based) indicated hearing screenings when and where it is most appropriate. Historically, the burden of these screenings have been placed on schools, and subsequently the school nurse. However, with the Connecticut commitment to implement a Person-Centered Medical Home (PCMH) model of health care delivery, in conjunction with the increasingly challenging ability of districts to afford minimal school nurse coverage, this presents us with an ideal time to re-examine where and how our children and students receive some of these health care needs. Rather than add more health care duties to school nurses, I propose that we support our commitment to PCMH and promote the use of primary care providers (PCP) to perform these screenings in the context of the established AAP Well Child Care

schedule. If a student fails a school screening, the school nurse needs to refer that student to the PCP – it seems that streamlining the process would be a more efficient use of resources.

As a PCP who attempts to follow the AAP schedule for screenings, I do know that the inconsistency among payer sources to reimburse for hearing screenings is a barrier. I do not believe, however, that we should continue to use schools and school nurses to compensate for the challenges of promoting primary care. Every child deserves a primary care provider who should be able to deliver these types of fundamental health needs. Every student deserves a qualified school nurse who can organize and address individual acute and chronic health needs as an integral step toward academic success. We need to work smarter together.

Respectfully Submitted

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