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Verbal Testimony Outline

HB No. 5348 AN ACT CONCERNING SCHOOL NURSES AND SCHOOL MEDICAL ADVISORS

- I am a PCP and a nationally certified asthma educator
- I am also the president-elect of the CT school nurse association and the health coordinator of the ACES RESC where I supervise the nursing services, write clinical protocols and policy, provide professional development, and assist with complex and challenging student health issues
- These 2 roles offer me the opportunity of a relatively unique perspective – in the same week that I am diagnosing health conditions and prescribing medical treatment plans, I am also helping the school nurses in my district care for students and interpret and implement plans from other providers.
- Because I wear these 2 hats, these are some things I know:
 - I know that if a patient of mine hits their head in gym or at recess and there is a qualified school nurse available to assess that student, that an appropriate and timely medical evaluation will be facilitated as needed, and if the student has a concussion an appropriate and safe treatment plan will follow.
 - I also know that if there is not a qualified school nurse available, there is a good chance that this same student may present for medical care 3 days later after having recurring headaches and neurological symptoms, and likely having participated in a sporting event. That delay in recognizing the student's concussion predisposes him or her to a serious, potentially permanent brain injury.
 - I know that when I authorize asthma medication and send an asthma action plan to school, the qualified school nurse will notify my practice of concerns over the student's poor asthma control, which will facilitate the appropriate level of medical care.
 - I also know that when there is not a qualified school nurse to work with that student, the student is much more likely to wind up in the emergency room, hospitalized, or worse case scenario they die on the bus ride home. Please don't mistake this as a dramatic exaggeration – these are exactly the situations that qualified school nurses are trained to not let happen.
 - I can realistically apply the same scenarios to students with diabetes, seizure disorders, mental health conditions, peanut allergies, and so on.
- I know that as the State of CT moves toward an ambitious medical home model for all of our Medicaid recipients, qualified school nurses are exactly the type of community-based health care professionals that primary care providers need in order to safely care for my patients and our children in school. That care can actually reduce costly acute care utilization, promote primary care, and greatly contribute to the student being in class, ready to learn, where he or she needs to be if we have any hope of closing the academic achievement gap.