

# Bill Status Report

Friday, February 12, 2010

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## HB 0991 HD2 SD1 Relating to the University of Hawaii

Companion:

[HB 991 Bill Status](#)

[Click Here to View Hearing Testimonies](#)

**Referral:** In Conference Committee

**Hearing:**

Introduced by:  
Majority

**Status:** Carried over to RS 2010

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### SUMMARY

Establishes the Hawaii medical doctor loan repayment program for University of Hawaii medical school graduates and medical school graduates with training from Hawaii based medical programs working in rural areas of the State.

### DETAILS

This bill creates the Hawaii Medical Doctor Loan Repayment Program at the University of Hawaii. The program provides need based financial assistance to students who complete a state approved medical school program at the UH or graduates of a medical school who have received medical training from a Hawaii-based medical program. The program requires a six year commitment to practice medicine in a rural area of the State designated by the University and includes repayment procedures should the recipient fail to meet their six year commitment.

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### HPCA POSITION

### AMENDMENT(S)

The Hawaii Primary Care Association asks your support for this bill. We believe a loan repayment program will be a very powerful tool for recruiting and retaining health care professionals in underserved areas. It is all too apparent that Hawaii has an urgent need for such a program at this time.

Support: HMSA, HMA, HPCA, AARP, Hawaii Association for Justice, Dan Domizio, Arvid T. Youngquist, Jerris Hedges

Oppose: Department of Budget and Finance,

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# Bill Status Report

Friday, February 12, 2010

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## HB 1931 Relating to Community Health Centers

[HB 1931 Bill Status](#)

**Referral:** HLT, FIN

**Hearing:**

**Status:** Dead

Introduced by:

MIZUNO, BROWER, EVANS, YAMANE,

Nishimoto

Companion:

[SB 2490](#)

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### SUMMARY

Appropriates moneys from the community health centers special fund to be used by community health centers in the State. Directs the administration and the department of health to release funds to the community health centers.

### DETAILS

This bill appropriates an unspecified amount from the community health centers special fund. The bill also requires the Governor to release (unspecified amount) all of the cigarette tax revenues collected and deposited into the community health centers special fund for the operation of community health centers.

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### HPCA POSITION

Support.

Support:

Oppose:

### AMENDMENT(S)

# Bill Status Report

Friday, February 12, 2010

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## HB 2085 Relating to Health

Companion:

[SB 2099](#)

[HB 2085 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HLT/HUS, FIN

**Hearing:** [02/02/2010](#)

Introduced by:  
YAMANE, MIZUNO, NISHIMOTO, YAMASHITA,  
Brower, Chong, Herkes, Tsuji

**Status:** Passed as is; referred to FIN.

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### SUMMARY

Establishes limits on requests for proposals from health and human services providers for QUEST contracts that exceed \$100,000,000 and commence after the term of the agency director expires.

### DETAILS

This bill prohibits a director from soliciting RFP proposals for any QUEST contract whose sum exceeds \$100 million dollars and if the contract will commence after the term of the director ends.

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### HPCA POSITION

### AMENDMENT(S)

The Hawai'i Primary Care Association supports this measure. Since there is soon to be a change in Administration and since major QUEST contracts are not due to expire anytime soon, it is rational to ensure that the responsibility for crafting the next RFPs is reserved for those who will also be held accountable for applicants' performance.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## HB 2086 HD1 Relating to Health Care Data

Companion:

[HB 2086 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HLT, JUD

**Hearing:** [1/26/2010](#)

**Status:** Passed with amendments; referred to JUD

Introduced by:

YAMANE, AQUINO, CHONG, HERKES, MIZUNO,  
NISHIMOTO, B. OSHIRO, TSUJI, YAMASHITA,  
Manahan

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### SUMMARY

Ensures that appropriate health care entities are able to receive lab data in electronic format to facilitate the use and development of health care exchange networks.

### DETAILS

Requires clinical laboratory test results to be provided to authorized persons for the purpose of populating a personal health record or an electronic medical record or any other purpose also permitted under HIPPA. The bill defines authorized persons as the provider ordering the test or their designee, and any HIPPA entity or business associate.

H-HLT committee passed the measure with amendments on 1/26/2010.

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### HPCA POSITION

Support intent; concerns as written. The language requires that any clinical test result be provided to much too broad a population under HIPPA, even if the test results are requested; see CFR definitions.

### AMENDMENT(S)

HD1: Defective date 2020.

Support: Hawaii Medical Association, Hawaii  
Association of Health Plans, HMSA, HHIE

Oppose: Department of Health

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# Bill Status Report

Friday, February 12, 2010

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## HB 2087 Relating to Health

Companion:

[SB 2030](#)

[HB 2087 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HLT/HUS, CPC/JUD

**Hearing:** [02/02/2010](#)

Introduced by:  
YAMANE, AQUINO, BROWER, CHONG,  
MANAHAN, MIZUNO, NISHIMOTO, Herkes

**Status:** Passed as is; referred to CPC/JUD

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### SUMMARY

Exempting QUEST plans from paying interest under the clean claims act when delays are due to non-payment by government payers to QUEST plans.

### DETAILS

Allows the accrual of interest on late payments made under the clean claims law to be suspended if the entity's failure to pay is the result of late payment to the entity by the State or Federal government for services provided to beneficiaries of a government program.

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### HPCA POSITION

### AMENDMENT(S)

Monitor.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## HB 2153 Relating to Taxation

Companion:

[HB 2153 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HLT, FIN  
**Hearing:** [1/29/2010](#)

**Status:** Deferred; Re-referred to FIN

Introduced by:  
M. LEE, MORITA, B. OSHIRO, M. OSHIRO,  
RHOADS, SHIMABUKURO, TAKAI, Aquino,  
Mizuno

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### SUMMARY

Assesses a surcharge on all soft drinks sold in the State.

### DETAILS

This bill charges an unspecified dollar amount on all soft drinks sold in the state, charges any business selling soft drinks a one time \$20 registration fee, and creates enforcement mechanisms to collect and enforce, including penalties.

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### HPCA POSITION

The Hawai'i Primary Care Association supports this measure, which would impose a tax on soft drinks. As noted in the bill's preamble, consumption of such drinks has contributed to poor oral health, obesity, and related diseases. Creating a new tax on soft drinks may result in decreased soft drink consumption and will certainly result in increased revenues, which are both good.

While the economic situation we find ourselves in now may dictate the need to assign soft drink tax revenues to the general fund, we recommend that the bill be altered to re-direct some or all of the proceeds to health-related interests including but not limited to the community health center special fund, health and nutrition promotion programs, and oral health improvement needs by 2013.

Support:

Oppose:

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### AMENDMENT(S)

# Bill Status Report

Friday, February 12, 2010

## HB 2154 HD1 Relating to Health Care Case Management

Companion:

[HB 2154 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HUS/HLT, FIN  
**Hearing:** [1/28/2010](#)

Introduced by:  
MIZUNO, AWANA, BELATTI, BROWER,  
MAGAOAY, MANAHAN, PINE, Aquino, Keith-  
Aragan, Sagum, Tsuji

**Status:** Passed with amendments; referred to FIN

### SUMMARY

Convenes a temporary Health Care Case Management Task Force to research the quality of care provided by case managers and case management agencies and to ensure that standards of practice are consistently followed.

### DETAILS

This bill establishes a temporary task force in the Department of Human Services to research the quality of care provided by case managers and case management agencies, and to ensure that appropriate standards of practice are consistently followed. The task force is comprised of eleven members: member of the House of Representatives appointed by the Speaker, member of the Senate appointed by the Senate President, Director of DHS, Director of DOH, Insurance Commissioner, two case management agency representatives appointed by the Speaker and President, four representatives appointed by the Governor but selected from a list submitted by Speaker and Senate President from different organizations that represent clients in community care homes. The task force will review the processes and procedures for case managers and case management agencies funded, provided, or contracted by specific state programs including public health nursing services and mental health services. The bill specifies items the task force is required to consider including industry wide best practices standards for service coordination and delivery; and, current regulations, certifications, and licensing standards of case managers and the adequacy of those measures. The task force must report to the legislature prior to RS 2011.

H-HUS/HLT deferred the measure until 02-04-2010.

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### HPCA POSITION

Monitor.

### AMENDMENT(S)

HD1: Changes the number and composition of task force members.

Support: Hawaii Alliance of Retired Americans, Catholic Charities, Donna Schmidt

Oppose: Department of Commerce and Consumer Affairs (opposition to being a member of the task force), Department of Human Services

# Bill Status Report

Friday, February 12, 2010

## HB 2200 Relating to the State Budget

Companion:

[HB 2200 Bill Status](#)

**Referral:** FIN

**Hearing:**

Introduced by:  
SAY (BR)

**Status:**

### SUMMARY

Contains supplemental appropriations for the fiscal biennium 2009-2011.

### DETAILS

Initial reviews show the FY 2011 Department of Human Services HMS 401 budget retains funding for the Adult Dental Program. In HMS 902 (the Med-QUEST division), the budget eliminates 60.00 permanent FTE and 1.00 temporary FTE through the reduction in force (RIF.) These positions are federal and state funded and include eligibility workers, office assistants, support staff, nurses, social workers, contract workers, pharmacist, health care business analyst, and social service assistants.m Funds eliminated are \$1,273,062 (A) and \$1,232,158 (N) in personal services costs. The removal of vacant positions will result in the loss of 53.00 permanent FTE and 7.00 temporary FTE positions. These positions are federal-state funded and include eligibility workers, secretaries and office assistants, nurses, contracts specialists, social service assistants, social workers, and other support staff. Funds eliminated are \$1,424,074 (A) and \$1,458,947 (N). Finally, the DHS budget is reduced by \$628,931 (A) and \$1,008,481 (N) to reflect the mandated 9.23% furlough savings.

HTH 560 abolishes 8.50 vacant positions at a savings of \$331,061 A funds; through the RIF abolishment of 53.25 positions at a savings of \$2,442,557 A funds; furlough savings of \$525,431 A funds, \$109,953 B funds, and \$18,945 U funds; abolishment of 1.00 vacant federally funded RN V permanent position \$0 N funds.

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### HPCA POSITION

### AMENDMENT(S)

Monitor.

Support:

Oppose:

# Bill Status Report

Friday, February 12, 2010

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## HB 2208 HD1 Relating to Insurance

Companion:

[HB 2208 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HLT, CPC  
**Hearing:** [02/17/2010](#)

Introduced by:  
HERKES

**Status:** Passed with amendments; referred to CPC

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### SUMMARY

Requires health insurers to promptly pay claims for services to medicaid recipients, by repealing the exemption for medicaid claims from the clean claims law.

### DETAILS

This bill repeals the exemption in the clean claims law for delayed Medicaid payments that health plans may make with no penalty to health care providers.

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### HPCA POSITION

The Hawai'i Primary Care Association supports this measure, which ensure that Med-QUEST providers are paid promptly for their services upon submission of a clean claim. It appears necessary to advance this legislation both because: recent experience with the QExA plans revealed wide-spread problems with prompt and accurate payments; and providers who serve Med-QUEST patients should be rewarded with prompt payment for participating in a public insurance program that pays them less than other insurers do. Having offered our support for this measure, it is important to note that the Med-QUEST Administration is lagging payments to the Plans due to the State's economic condition. This makes it extremely problematic to force the Plans to provide timely payments for their obligations when the State is deficient in its own.

### AMENDMENT(S)

HD1: Requires the DHS to pay interest to plans if payments are late; defective date 2020.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

## HB 2219

### Relating to the Emergency Budget and Reserve Fund

Companion:

[HB 2219 Bill Status](#)

**Referral:** FIN

**Hearing:**

**Status:**

Introduced by:

SAIKI, BETRAM, BROWER, HANOHANO, C. LEE,  
LUKE, MORITA, NISHIMOTO, TAKAI, WAKAI,  
Coffman, Nakashima, Wooley

#### SUMMARY

Appropriates \$50,000,000 from the Emergency and Budget Reserve Fund for fiscal year 2009-2010 to the General Fund.

#### DETAILS

Appropriates \$50,000,000 from the Emergency and Budget Reserve Fund for fiscal year 2009-2010 to the General Fund.

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#### HPCA POSITION

#### AMENDMENT(S)

Monitor.

Support:

Oppose:

## HB 2220

### Relating to Purchases of Health and Human Services

Companion:

[HB 2220 Bill Status](#)

**Referral:** HUS/HLT, FIN

**Hearing:**

**Status:** Dead

Introduced by:

MIZUNO

#### SUMMARY

Mandates that any premium taxes be applied to both non-profit and for-profit companies for any health and human services contract issued by the State.

#### DETAILS

This bill broadly requires any and all non-profits pay all taxes (federal, state, county, and fees) if applying for any RFP through the procurement code.

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#### HPCA POSITION

#### AMENDMENT(S)

Oppose.

Support:

Oppose:

# Bill Status Report

Friday, February 12, 2010

## HB 2260 HD1 Relating to QUEST Health Care Payments

Companion:

[SB 2264](#)

[HB 2260 Bill Status](#)  
[Click Here to View Testimonies](#)

Referral: HUS/HLT, FIN

Hearing: [02/04/2010](#)

Introduced by:  
MIZUNO, Brower, Yamane

Status: Passed with amendments; referred to FIN

### SUMMARY

Restores adult dental care under QUEST.

### DETAILS

Restores general and federal funding for adult dental services in Medicaid. This bill also requires the Department of Human Services to report on the number of adults receiving these benefits, cost per person, total breakdown of administrative costs and other overhead costs, and statistics of how this dental program is reducing the number of emergency dental related medical procedures; report due prior to RS 2011 and fined \$10,000/day if report is late.

### HPCA POSITION

The Hawai'i Primary Care Association strongly supports this measure which appropriates funds to restore basic dental services for adults covered by Med-QUEST.

The mouth, teeth, and gums are as essential to health as any other part of the body. We should no more exclude the mouth from routine health care than the arms, liver, or ears. Accordingly, dental coverage limited to emergency-only services threatens the overall health of an individual: Recent research points to associations between chronic oral infections and diabetes, heart and lung disease, stroke, and low-birth-weight births—conditions that are more complicated and costly to treat than effective, timely oral health care. In addition, poor oral health and its impact on a person's appearance are linked to poorer prospects for getting and maintaining employment.

Adults covered by Med-QUEST are, by definition, low income and hence unable to pay out of pocket for the often substantial amount of dental care they need. Health centers, which should be the safety net for these underserved adults, are unable to meet the challenge because of the high cost of care and shortage of public support for this service. This financial conundrum severely hampers their ability to expand services to meet the needs of both Med-QUEST enrollees and the very large number of other low income people who have no dental insurance. Covering dental services through Med-QUEST is also a good investment because it earns a considerable federal match.

The Hawai'i Primary Care Association and its membership of community health centers, Native Hawaiian Health Systems, and other primary care organizations, providers and advocates, consider this measure among our highest priority legislative initiatives for 2010.

Support:

Oppose:

### AMENDMENT(S)

HD1: Deletes the penalty for DHS if payments are late; defective date 2050.

# Bill Status Report

Friday, February 12, 2010

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## HB 2461 HD1 Relating to Insurance

Companion:

[HB 2461 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HLT, CPC  
**Hearing:** [02/17/2010](#)

Introduced by:  
YAMANE, MIZUNO, B. OSHIRO,  
SHIMABUKURO, Brower, Carroll, Herkes

**Status:** Passed with amendments; referred to CPC

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### SUMMARY

Requires health insurers and like entities to offer at least the same drug coverage to the insured that the insured had under the insured's previous policy with a different insurer or like entity

### DETAILS

This bill requires insurers, HMOs, and MBS (offering individual accident, health or sickness policies and group and blanket disability insurers) to offer identical coverage to an insured that the insured had under their previous plan.

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### HPCA POSITION

Monitor.

Support:

Oppose:

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### AMENDMENT(S)

HD1: defective date 2020.

# Bill Status Report

Friday, February 12, 2010

## HB 2467 HD1 Relating to Medical Assistance

Companion:

[HB 2467 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HUS/HLT, FIN  
**Hearing:** [02-04-2010](#)

Introduced by:  
MIZUNO, MANAHAN

**Status:** Passed with amendments; referred to FIN

### SUMMARY

Requires the Department of Human Services to provide medical assistance for dialysis, chemotherapy, inpatient and outpatient physician visits, and drug prescriptions for immigrants and noncitizens from the Marshall Islands, the Federated States of Micronesia, or Palau.

### DETAILS

This bill requires the DHS to provide covered noncitizens (including COFA population) with medical assistance free of charge for the following services: dialysis and chemotherapy that is medically necessary; at least ten physician inpatient and twelve physician outpatient visits for each benefit year; and at least eight drug prescriptions per month. The bill prohibits benefits from being provided if they are "replaced" by benefits provided under federal law. The bill appropriates a blank amount in general funds to the DHS for this services. Note: there is language in the bill that reads "Medical assistance under this paragraph shall not include visits for dialysis or chemotherapy treatments under paragraph (1);" this may be an unintentional error.

### HPCA POSITION

The Hawai'i Primary Care Association strongly supports this measure, which would ensure that immigrants and migrants to Hawaii have access to essential health care. We believe that this could be a very cost-effective approach. For migrants this program would fulfill our basic humanitarian obligation to continue to meet the basic health care needs of people who should be entitled to our support. Fewer immigrants would need this help because most get health coverage through employment but the availability of this safety net is also needed.

We would like propose that the bill also require that Medicaid prospective payment system (PPS) rates be paid to any federally qualified health center (FQHC) that renders care under this program. Migrants and immigrants who would be eligible for this assistance are more likely to need considerable case management, health education, linguistic and cultural support, and other services in order to improve health and restore productivity. Without such additional services, the beneficiaries are much more likely to end up with costly emergency needs and hospitalizations. FQHCs offer the extensive array of health care enabling services needed for these groups and are proven to reduce costs by investing more in primary care and care management. Accordingly, migrants and immigrants should be encouraged or even mandated to use FQHCs (most already do) and the FQHCs must be paid adequately to render effective care. We also propose a clarifying amendment to Section 1 lines 10 through 13 to reflect that the dialysis or chemotherapy treatments do not count toward in the inpatient and outpatient visits granted in Section 1 lines 1 through 10, if that is the intent.

Thank you for this opportunity to testify in support of this measure.

Support:  
Oppose:

### AMENDMENT(S)

HD1: removes language requiring DHS to provide the indicated services free of charge; includes additional cancer treatments under the covered services; clarifies the definition of "covered noncitizen"; defective date 2050.

# Bill Status Report

Friday, February 12, 2010

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## HB 2469

### Making an Emergency Appropriation for the Department of Human Services to Address the Budget Shortfall for Hawaii QUEST

Companion:

[HB 2469 Bill Status](#)

[Click Here to View Testimonies](#)

Referral: HUS/HLT, FIN

Hearing: [02-04-2010](#)

Introduced by:  
MIZUNO

Status: Deferred (dead)

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#### SUMMARY

Makes an emergency appropriation from the Emergency and Budget Reserve Fund to meet the general fund shortfall for payments to managed care plans contracted with the Department of Human Services to provide QUEST services.

#### DETAILS

This bill appropriates a blank amount of rainy day funds for the current fiscal year to meet the general fund shortfall in payments the DHS owes managed care health plans contracted to provide QUEST services.

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#### HPCA POSITION

#### AMENDMENT(S)

The Hawai'i Primary Care Association strongly supports this measure, which would ultimately ensure that health care is available to patients covered under the QUEST plan. In 2008, 41% of all patients seen at community health centers were covered by QUEST; that represents approximately 21% of the entire QUEST enrollment. The Department of Human Services has announced that they will not be able to pay plans throughout the last quarter of this fiscal year. Delaying payment to plans for three months jeopardizes the ability of plans to pay providers, and for QUEST members to receive health care. We appreciate the economic crisis that the entire state is facing, however people's health should not be one of the priorities that we compromise.

Thank you for this opportunity to testify in support of this measure.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## HB 2475

### Relating to the Emergency Budget and Reserve Fund

Companion:

[SB 2093](#)

[HB 2475 Bill Status](#)

Referral: FIN

Hearing:

Status:

Introduced by:

MIZUNO, BROWER, EVANS, Nishimoto

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#### SUMMARY

Appropriates moneys from the emergency and budget reserve fund to maintain levels of programs for education, human services, and health.

#### DETAILS

Appropriates numerous blank appropriations for education, health, and human services programs.

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#### HPCA POSITION

#### AMENDMENT(S)

Support sections 12 (mental health services), 14 (direct health to the uninsured, including primary medical, dental, and behavioral health), 17 (Hawaii Children's Health Care Program), and 18 (Hawaii Immigrant Health Initiative Program at Kalihi-Palama Health Center.)

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## HB 2476 Relating to the Emergency and Budget Reserve Fund

Companion:

[SB 2469](#)

[HB 2476 Bill Status](#)

Referral: FIN

Hearing:

Status:

Introduced by:  
MIZUNO

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### SUMMARY

Appropriates moneys from the emergency and budget reserve fund to maintain levels of programs for education, human services, health.

### DETAILS

Appropriates \$13 million from the rainy day fund for mental health services in FY 2010-2011, \$3.5 million for health care to the uninsured in FY 2010-2011, \$332,000 for emergency room services at Waianae Coast Comprehensive Health Center FY 2010-2011, \$550,000 for the Hawaii Immigrant Health Initiative program for FY 2010-2011, \$600,000 for the Hawaii children's health care program in FY 2010-2011, \$7 million for medicaid provider reimbursements in FY 2010-2011, \$300,000 for outstationed eligibility worker services in FY 2010-2011, \$164,000 for outreach services to locate uninsured children in FY 2010-2011, \$125,000 for outreach services to locate uninsured adults in FY 2010-2011, blank dollar amount for adult dental services in FY 2010-2011, blank amount for medicaid in FY 2010-2011.

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### HPCA POSITION

### AMENDMENT(S)

Support.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## HB 2477 Relating to Appropriations

Companion:

[HB 2477 Bill Status](#)

**Referral:** FIN

**Hearing:**

Introduced by:  
MIZUNO

**Status:**

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### SUMMARY

Requires funds for bills passed into law through veto override to be released within 180 days of passage.

### DETAILS

Requires funds for bills passed into law through veto override to be released within 180 days of passage.

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### HPCA POSITION

### AMENDMENT(S)

Support.

Support:

Oppose:

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## HB 2769 Relating to Physicians

Companion:

[HB 2769 Bill Status](#)

**Referral:** HLT, HED, FIN

**Hearing:**

Introduced by:  
C. LEE

**Status:** Dead

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### SUMMARY

Directs the department of health to create a program to encourage access to medical care in rural areas of Hawaii by refunding tuition and fees of graduates of the John A. Burns School of Medicine who enroll in a five-year residency or fellowship program at a hospital or clinic in a rural or medically-underserved area of the State.

### DETAILS

Directs the department of health to create a program to encourage access to medical care in rural areas of Hawaii by refunding tuition and fees of graduates of the John A. Burns School of Medicine who enroll in a five-year residency or fellowship program at a hospital or clinic in a rural or medically-underserved area of the State.

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### HPCA POSITION

### AMENDMENT(S)

Suggest that specialty care physicians are included as eligible for the program; require that a \_\_\_% of the patients must be uninsured/underserved?

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## HB 2774 HD1 Relating to Human Services

Companion:

[HB 2774 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HLT, FIN

**Hearing:** [02/04/2010](#)

Introduced by:  
CHONG

**Status:** Passed with amendments; referred to FIN

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### SUMMARY

Directs the department of human services to replace its QUEST program with the predecessor public assistance programs including the state health insurance program.

### DETAILS

This bill eliminates the QUEST program as of June 30, 2011 and directs the DHS to resume the public assistance programs that were replaced by QUEST, including, but not limited to, the state health insurance program provided that the programs have similar benefits as QUEST.

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### HPCA POSITION

Oppose.

Support:

Oppose:

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### AMENDMENT(S)

HD1: defective date 2050.

# Bill Status Report

Friday, February 12, 2010

## SB 0169 SD2 HD2 Relating to Hawaii Health Corps

Companion:

[SB 169 Bill Status](#)

[Click Here to View Hearing Testimonies](#)

**Referral:** In Conference Committee

**Hearing:**

Introduced by:

GREEN, CHUN OAKLAND, Baker, Gabbard, Ige

**Status:** Carried over to RS 2010

### SUMMARY

Establishes the Hawaii Health Corps Program to address physician shortages in rural areas of the State. Establishes an incentive plan for the recruitment of health care professionals to serve shortage areas. Effective July 1, 2020. (SB169 HD2)

### DETAILS

Establishes the Hawaii Health Corps Program within the Department of Health to identify physician shortage areas in the State, areas in the State that are experiencing a shortage of health professionals, and incentives to attract health professionals to these areas. The Department is responsible for developing the program from the ground up including minimizing or removing regulatory barriers to relocating or practicing in health professional shortage areas, establishing criteria and selecting recruitment recipients, entering into contracts with recipients, and establishing an advisory group to assist with this implementation.

Priority is given to 1) graduates of the UH John A. Burns School of Medicine; 2) graduates of a Hawaii residency program; or 3) residents of Hawaii who have met a specific criteria (see bill for further detail.) Recruitment incentives will be determined by the Department of Health but capped at \$17,500 per recruitment recipient per year. Requires a minimum commitment by the recipient to serve two years but not more than five; establishes penalty for non-compliance. SECTION 3 of the measure directs the Department of Business, Economic Development, and Tourism to implement the Hawaii Health Corps Program; directed to award a minimum of 30 stipends/year @ \$30,000/year/recipient. SECTION 3 appears to conflict with the rest of the bill.

### HPCA POSITION

The Hawaii Primary Care Association urges your support for this bill. Of all the proposed measures that would improve recruitment and retention of key health care providers in underserved areas, this is one of the most comprehensive. We support it because it

- addresses both physician and dentist shortages;
- provides a flexible stipend that could be used for loan repayment but could also be applied to level other economic challenges in serving underserved areas;
- Identifies a critical clinical workforce to serve in the event of an emergency situation.

### AMENDMENT(S)

We ask the Committee to change "§ -14 Preference and selection" to read:

(a) In selecting repayment participants, the department shall give first priority preference to:

(1) Graduates of the university of Hawaii John A. Burns school of medicine or other program that trains physicians in Hawaii;

**Support:** Hawaii Primary Care Association, Hawaii Community Development Authority, Healthy Mothers Healthy Babies, AARP, HMSA, State Council on Developmental Disabilities, Hawaii Medical Association, Hawaii Dental Hygienists Association, Hawaii Society of Naturopathic Physicians, Hawaii Association for Justice, Department of Health

**Oppose:** Department of Budget and Finance, Department of Business, Economic Development, and Tourism (fiscal)

# Bill Status Report

Friday, February 12, 2010

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## SB 1344 HD2 Relating to Health Care

Companion:

[SB 1344 Bill Status](#)  
[Click Here to View Hearing Testimonies](#)

**Referral:** In Conference Committee

**Hearing:**

Introduced by:  
KOKUBUN (BR), Baker

**Status:** Carried over to RS 2010

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### SUMMARY

Eliminates positive enrollment for QUEST and QUEST Expanded Access recipients. Requires insurance entities contracting to provide Medicaid services to enter into written contracts with at least fifty per cent of hospitals and providers in their coverage areas. Takes effect January 1, 2010.

### DETAILS

Positive enrollment automatically enrolls a recipient of QUEST or QUEST Expanded Access in a health plan if the individual does not reenroll in their health plan within ten days. This bill eliminates the positive enrollment policy, requires the Department of Human Services to educate beneficiaries about plan options including a provider directory for each plan, and also requires insurance entities who contract with the State to provide Medicaid coverage to enter into written contracts with at least fifty per cent of hospitals and providers in their coverage area.

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### HPCA POSITION

### AMENDMENT(S)

The Hawaii Primary Care Association supports this bill. We strongly champion the rights of QUEST enrollees to choose their health plan and provider; however, when literacy and language challenges meet letters from DHS misunderstandings are likely to result. In addition, QUEST enrollees are fairly mobile and mailed notices often do not reach them. We believe that so-called positive enrollment should be minimized as it causes confusion for clients, additional work for both state and private workers to sort out unintended reassignments, and likely disruption of patient/plan/provider relationships.

Support: Hawaii Primary Care Association, Hawaii Pacific Health, AlohaCare

Oppose: Department of Human Services

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# Bill Status Report

Friday, February 12, 2010

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## SB 2007 SD1 Relating to Budgetary Powers

Companion:

[SB 2007 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** WAM

**Hearing:** [02/08/2010](#)

Introduced by:  
HANABUSA

**Status:** Passed with amendments

---

### SUMMARY

Clarifies the budgetary powers of the legislature and the executive branches of government.

### DETAILS

This bill prohibits the Governor and the Director of Finance from restricting funding to a program to the extent that the program cannot adequately execute its intended purpose or suspend or abolish any existing program if the program was authorized and funded by the legislature. The bill also gives sole authority to establish new programs or suspend or abolish an existing program that requires public funding.

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### HPCA POSITION

Support.

Support:

Oppose:

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### AMENDMENT(S)

SD1 not available.

# Bill Status Report

Friday, February 12, 2010

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**SB 2008**  
**Relating to the Fair Access to Medical Care**  
**Act**

Companion:

[SB 2008 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HTH/CPN, WAM

**Hearing:** [02/09/2010](#)

Introduced by:  
HANABUSA

**Status:** Deferred (dead)

---

## SUMMARY

Establishes health care treatment advisory panel which shall review health insurance rate filings to ensure that rates incorporate appropriate levels of health care treatment. Makes appropriation from compliance resolution fund.

## DETAILS

This bill creates the fifteen member Health Care Treatment Advisory Panel within the DCCA to review all rate filings to ensure that consumers receive appropriate levels of treatment that are in accord with a reasonable standard of care and generally acceptable medical practices. The panel must issue a finding that the rate filing is adequate or the insurance commissioner must disapprove the rate filing. The bill also makes the following changes to the clean claims law: prohibits entities from reducing their rate of reimbursement to a provider for the purpose of realizing a higher rate of return to the entity; it requires any proposed decrease in the reimbursement rate be reviewed by the commissioner to ensure the reduction is based on "good cause;" good cause is a demonstrable decrease in the cost of providing the service or a historical overpayment for the service

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## HPCA POSITION

## AMENDMENT(S)

Monitor.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2030 SD1 Relating to Health

Companion:

[SB 2030 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HMS/CPN, WAM

**Hearing:** [02/09/2010](#)

Introduced by:  
CHUN OAKLAND

**Status:** Passed with amendments; referred to WAM

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### SUMMARY

Exempting QUEST plans from paying interest under the clean claims act when delays are due to non-payment by government payers to QUEST plans.

### DETAILS

Allows the accrual of interest on late payments made under the clean claims law to be suspended if the entity's failure to pay is the result of late payment to the entity by the State or Federal government for services provided to beneficiaries of a government program.

---

### HPCA POSITION

Monitor.

### AMENDMENT(S)

SD1: Appropriates \$70M from the Hawaii Hurricane Relief Fund and authorizes the DHS to expend \$140M in federal funds to pay QUEST plans.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2093

### Relating to the Emergency Budget and Reserve Fund

Companion:

[SB 2093 Bill Status](#)

**Referral:** HMS/HTH/EDH, WAM

**Hearing:**

**Status:** Dead

Introduced by:  
CHUN OAKLAND, IGE

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#### SUMMARY

Appropriates moneys from the emergency and budget reserve fund to maintain levels of programs for education, human services, and health.

#### DETAILS

Appropriates numerous blank appropriations for education, health, and human services programs.

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#### HPCA POSITION

#### AMENDMENT(S)

Support sections 12 (mental health services), 14 (direct health to the uninsured, including primary medical, dental, and behavioral health), 17 (Hawaii Children's Health Care Program), and 18 (Hawaii Immigrant Health Initiative Program at Kalihi-Palama Health Center.)

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2099 SD1 Relating to Health

Companion:

[HB 2085](#)

[SB 2099 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HMS/HTH, JGO

**Hearing:** [2/01/2010](#)

Introduced by:

IGE, BAKER, CHUN OAKLAND

**Status:** Passed with amendments; referred to JGO

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### SUMMARY

Establishes limits on requests for proposals from health and human services providers for QUEST contracts that exceed \$100,000,000 and commence after the term of the agency director expires.

### DETAILS

This bill prohibits a director from soliciting RFP proposals for any QUEST contract whose sum exceeds \$100 million dollars and if the contract will commence after the term of the director ends.

---

### HPCA POSITION

The Hawai'i Primary Care Association supports this measure. Since there is soon to be a change in Administration and since major QUEST contracts are not due to expire anytime soon, it is rational to ensure that the responsibility for crafting the next RFPs is reserved for those who will also be held accountable for applicants' performance.

### AMENDMENT(S)

SD1: technical.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2102 SD1 Relating to Prescription Drugs

Companion:

[SB 2102 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HTH, CPN  
**Hearing:** [02/05/2010](#)

Introduced by:  
IGE, BAKER, NISHIHARA

**Status:** Passed with amendments; referred to CPN

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### SUMMARY

Requires providers of accident or health and sickness insurance to base prescription drug coverage on a drug formulary or prior authorization requirements established and regularly updated by a drug formulary advisory board whose membership includes practicing physicians, pharmacists, and health care practitioners.

### DETAILS

This bill requires individual and group accident and health and sickness insurers, group and blanket disability insurers, mutual benefit societies, fraternal benefit societies, and health maintenance organizations who use prescription drug formularies or prior authorization requirements to establish and utilize eleven member drug formulary boards.

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### HPCA POSITION

Monitor.

### AMENDMENT(S)

SD1: eliminates the requirement for insurers, mutual benefit societies, fraternal benefit societies, and health maintenance organizations to establish drug formulary boards; requires that at least a majority of board members on formulary boards developing or updating drug formularies or prior authorization requirements be Hawaii residents or currently practicing in Hawaii; and defective date 2050.

Support:  
Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2103 SD1 Relating to the Federal Disproportionate Share Hospital Funds

Companion:

[SB 2103 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HTH/HMS, WAM

**Hearing:** [2/01/2010](#)

Introduced by:  
IGE, BAKER, CHUN OAKLAND, ENGLISH,  
KOKUBUN

**Status:** Passed with amendments; referred to WAM

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### SUMMARY

Appropriates moneys for fiscal year 2010-2011 to match the federal disproportionate share hospital allowance allocated to the State; authorizes some appropriated funds to be used to obtain matching federal disproportionate share hospital allowance for prior fiscal year expenditures by the State.

### DETAILS

Appropriates \$12,654,867 for fiscal year 2010-2011 to match the federal disproportionate share hospital allowance allocated to the State; authorizes some appropriated funds to be used to obtain matching federal disproportionate share hospital allowance for prior fiscal year expenditures by the State.

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### HPCA POSITION

The Hawai'i Primary Care Association supports this measure which would appropriate funds to attract a significant federal match for Medicaid services provided by Hawaii's disproportionate share hospitals. Our hospital network must be supported to ensure the continued availability of high quality emergency and in-patient services. While the payment is related to services for Medicaid beneficiaries, who tend to be sicker and have more socio-economic complications, it also affects every Hawaii resident and visitor who should be confident that our hospitals have the capacity to meet our needs.

As a secondary concern, hospitals function as an important part of our economy, providing jobs and attracting diverse revenues. Securing additional federal money, therefore, also contributes to our ailing economy.

Support:

Oppose:

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### AMENDMENT(S)

SD1: makes state matching funds appropriated for the 2009-2010 fiscal year by Act 23, Special Session Laws of Hawaii 2009, that were not released by the Administration available for fiscal biennium 2009-2011.

# Bill Status Report

Friday, February 12, 2010

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## SB 2203 SD1 Relating to Health Care Enterprise Zones

Companion:

[SB 2203 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HTH/EDT, WAM  
**Hearing:** [2/05/2010](#)

Introduced by:  
GREEN, BAKER, CHUN OAKLAND, ESPERO, IGE,  
Hee

**Status:** Passed with amendments; referred to WAM

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### SUMMARY

Adds a new part to chapter 209E that establishes health care enterprise zones to provide tax and loan incentives for primary care practitioners located in health care enterprise zones.

### DETAILS

This bill allows the Department of Health to designate geographically describable areas that the director determines to be underserved as a health care enterprise zone, provided that counties with less than 500,000 shall be deemed a health care enterprise zone. This bill provides income tax relief to providers of primary care, low interest loans for medical offices that are located in the enterprise zone or within five miles of the zone, and medical equipment used by primary care providers or practices in or within five miles of the enterprise zone. It also provides a seven year GET exemption for primary care practices located in an enterprise zone, and allows for counties to provide property tax exemptions for buildings or structures that house medical or dental primary practices in an enterprise zone provided that the benefit of the tax exemption is passed on to the tenant.

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### HPCA POSITION

The Hawaii Primary Care Association strongly supports this bill to create Health Enterprise Zones and provide incentives to qualified practices. We recommend two amendments to the bill. First, we propose clarifying that federally qualified health centers will be eligible for these incentives since they are located in federally designated underserved areas. Second, we recommend adjusting the definition of a "qualified practice" to decrease the required amount of qualified receipts from fifty to twenty five percent.

### AMENDMENT(S)

SD1: requires any affected county to concur with the Department of Health's designation of a Healthcare Enterprise Zone; and defective 2050.

Support:  
Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2204 Relating to Prescriptive Rights

Companion:

[SB 2204 Bill Status](#)

**Referral:** HTH, CPN

**Hearing:**

Introduced by:  
GREEN, Espero, Hee

**Status:** Dead

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### SUMMARY

Directs the Hawaii medical board to establish practice-specific subcommittees to establish prescription drug formularies for non-physician health care providers with prescriptive authority. Repeals the authority of the board of nursing and the board of naturopathic medicine to establish formularies for those professions.

### DETAILS

This bill directs the Hawaii Medical Board to establish sub-committees for naturopathic physicians, advanced practice registered nurses with prescriptive authority, pharmacists, physician assistants, and any other licensed profession that is granted prescriptive authority by law to establish and publish a drug formulary for prescription, administration, and dispensing. The board will consider the recommendations and adopt formularies in accordance with Chapter 91. The bill also repeals the direction in statute that the board determine the formularies for naturopathy and APRNs.

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### HPCA POSITION

### AMENDMENT(S)

Oppose.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2207 Relating to Medical Residency

Companion:

[SB 2207 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HTH, CPN

**Hearing:** [2/03/2010](#)

Introduced by:

GREEN, Bunda, Espero, Hee, Ige, Tsutsui

**Status:** Deferred (dead)

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### SUMMARY

Allows medical residents who are licensed to practice medicine in the State to practice medicine outside of their medical residency program hospitals or clinics.

### DETAILS

This bill allows residents who have obtained a medical degree and who practices medicine in a residency program under the supervision of a fully licensed physician (usually in a hospital or clinic) to engage in the practice of medicine outside of that hospital or clinic.

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### HPCA POSITION

### AMENDMENT(S)

Monitor.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2211 SD1 Relating to Healthcare

Companion:

[SB 2211 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HTH, WAM

**Hearing:** [1/29/2010](#)

Introduced by:  
GREEN, Bunda, Chun Oakland, Espero,  
Gabbard, Hee, Nishihara

**Status:** Passed with amendments; referred to WAM

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### SUMMARY

Transitions the Hawaii health systems corporation to federal and state nonprofit status. Makes appropriation for general obligation bonds for the repair and maintenance of facilities and transition expenses.

### DETAILS

This bill directs the board of the HHSC to apply for non-profit status by December 31, 2010 and specifies that any civil service employees remaining with the HHSC after non-profit status is granted shall become a private sector employee with comparable salaries and benefits enjoyed by healthcare non-profits under Section 501, IRC. The non-profit will assume all operations of the HHSC but the State will retain title to land and facilities occupied by the new non-profit HHSC and shall lease the land and facilities for 75 years at \$1 per year. The bill also appropriates an unspecified amount in GO bonds for repairs and maintenance.

---

### HPCA POSITION

Support.

### AMENDMENT(S)

SD1: removing language requiring the Hawaii Health Systems Corporation to begin the transition to nonprofit status and instead requiring the Hawaii Health Systems Corporation to create a plan of transition and to present updates to this plan to the Legislature annually; defective date 2050.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2238

### Relating to General Excise Taxes on Sweetened Beverages

Companion:

[SB 2238 Bill Status](#)

**Referral:** HTH, WAM

**Hearing:**

**Status:** Dead

Introduced by:  
HOOSER (BR)

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#### SUMMARY

Levies, assesses, and collects an additional imposition of general excise tax on sweetened beverages that is in addition to the existing 4% rate and the county surcharge of .5%. Requires the additional revenues to be remitted to the department of education and deposited to the credit of programs that fund K-12 education.

#### DETAILS

This bill levies an unspecified privilege tax, on the GET, for energy drinks, sports drinks, and sweetened beverages on all sellers of such beverages. This bill also directs that all revenues collected be deposited to the credit of the Department of Education.

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#### HPCA POSITION

#### AMENDMENT(S)

Support intent.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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**SB 2239**  
**Relating to General Excise Taxes on Snack Foods**

Companion:

[SB 2239 Bill Status](#)

**Referral:** HTH, WAM

**Hearing:**

**Status:** Dead

Introduced by:  
HOOSER (BR)

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**SUMMARY**

Levies, assesses, and collects an additional imposition of general excise tax on snack foods that is in addition to the existing 4% rate and the county surcharge of .5%. Requires the additional revenues to be remitted to the department of education and deposited to the credit of programs that fund K-12 education.

**DETAILS**

This bill levies an unspecified privilege tax, on the GET, for snack foods on sellers of such snack foods. This bill also directs that all revenues collected be deposited to the credit of the Department of Education. Snack foods includes but is not limited to: foods that include non-nutritional additives, preservatives, or unnatural/processed ingredients; foods that contain significant amounts of sweeteners; have little or no nutritional value; packaged or designed to be portable; potato chips, pretzels, chocolate bars, candy bars, candy, ice cream, cookies, doughnuts, jerky, popcorn, and pork rinds.

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**HPCA POSITION**

**AMENDMENT(S)**

Support intent.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

## SB 2264 Relating to QUEST Health Care Payments

Companion:  
[HB 2260](#)

[SB 2264 Bill Status](#)  
[Click Here to View Testimonies](#)

Referral: HMS, WAM  
Hearing: [02/02/2010 - DM](#)

Introduced by:  
CHUN OAKLAND, GREEN, IGE

Status: Passed as is; referred to WAM

### SUMMARY

Restores adult dental care under QUEST.

### DETAILS

Restores general and federal funding for adult dental services in Medicaid. This bill also requires the Department of Human Services to report on the number of adults receiving these benefits, cost per person, total breakdown of administrative costs and other overhead costs, and statistics of how this dental program is reducing the number of emergency dental related medical procedures; report due prior to RS 2011 and fined \$10,000/day if report is late.

H-HMS passed with amendments 1/28/2009.

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### HPCA POSITION

### AMENDMENT(S)

The Hawai'i Primary Care Association strongly supports this measure which appropriates funds to restore basic dental services for adults covered by Med-QUEST.

The mouth, teeth, and gums are as essential to health as any other part of the body. We should no more exclude the mouth from routine health care than the arms, liver, or ears. Accordingly, dental coverage limited to emergency-only services threatens the overall health of an individual: Recent research points to associations between chronic oral infections and diabetes, heart and lung disease, stroke, and low-birth-weight births—conditions that are more complicated and costly to treat than effective, timely oral health care. In addition, poor oral health and its impact on a person's appearance are linked to poorer prospects for getting and maintaining employment.

Adults covered by Med-QUEST are, by definition, low income and hence unable to pay out of pocket for the often substantial amount of dental care they need. Health centers, which should be the safety net for these underserved adults, are unable to meet the challenge because of the high cost of care and shortage of public support for this service. This financial conundrum severely hampers their ability to expand services to meet the needs of both Med-QUEST enrollees and the very large number of other low income people who have no dental insurance. Covering dental services through Med-QUEST is also a good investment because it earns a considerable federal match.

The Hawai'i Primary Care Association and its membership of community health centers, Native Hawaiian Health Systems, and other primary care organizations, providers and advocates, consider this measure among our highest priority legislative initiatives for 2010.

Support: Hawaii State Council on Developmental Disabilities, Malama I Ke Ola Health Center, Hawaii Primary Care Association, Kauai Community Health Center/Hoola Lahui Hawaii, Kokuua Kalihi Valley, Waimanalo Health Center (Dental Director), Sam Ishimura, - Lutheran Medical Center/KKV, Arc of Kona, Waianae Coast Comprehensive Health Center, Noe Galeai, Christina Lee, May Akamine, Veronica Tomooka - Waimanalo Health Center, Dr. Joel Fischer, Piilani Kai, Elizabeth Martinez, Board Member, Waimanalo Health Center, Hawaii Disability Rights Center, Tanya Aynessazian - Bay Clinic Board Chair, Mike Gleason - Bay Clinic Board Vice Chair, Yvonne Gilbert - Bay Clinic Board Secretary, Dixie Kaetsu - Bay Clinic Board Treasurer, Bobby Cooper/Blossom DeSilva/Raylene Moses/Sam Nathan/Kay Daub/Dr. Ed Montel/Reverend Johnson Jetton - Bay Clinic Board Members, Paul Strauss - Bay Clinic CEO, Sarah Naeole/Dr. Brian Higa/Dr. Jake Evans/Cory Aguiar/Monica Adams/Jason Ferreira/Debbie Serville/Charlotte Grimm - Bay Clinic, Daniel Pimental, Jerry Collado, Genny Moura, Monica Contrades, Laura Miyashiro, Suzette Racca, Frank Estrella, Robert Reitzner, Emmaline Kaili, Dacia Mayfield, David Peters - Hoola Lahui Hawaii

Oppose:

# Bill Status Report

Friday, February 12, 2010

## SB 2265

### Relating to the Departments of Health and Human Services

Companion:

[HB 2093](#)

[SB 2265 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HTH/HMS, WAM

**Hearing:** [2/01/2010](#)

**Status:** Deferred (dead)

Introduced by:

CHUN OAKLAND, GREEN

#### SUMMARY

Directs the legislative reference bureau to analyze and report on the economic impacts on agencies, individuals and communities, as a result of the reduction in services for the department of health and human services statewide.

#### DETAILS

This bill directs the legislative reference bureau to analyze the economic impacts on affected groups and communities, as a result of the reduction in services for the departments of health and human services throughout the State, including: the number and types of elderly, disabled, youth, and disadvantaged persons and services directly affected by the layoffs and cuts in services; the estimated annual dollar value of the loss to the State and other entities; the estimated dollar value of the impact on other agencies and entities that provide services; other economic impacts, such as higher unemployment and reduced levels of services; the adequacy of the workforce prior to the current reductions; the monetary impact caused by the loss of federal funding through grants and other sources; layoffs of staff servicing socially disadvantaged groups and how their families and communities are affected; and other financial impacts, particularly on communities and consumers that previously relied on these services. The LRB must report to the RS 2011.

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#### HPCA POSITION

The Hawai'i Primary Care Association supports this measure to analyze and report on the consequences of slashing public health and human services budgets. Programs either provided directly by or contracted on behalf of the State are overwhelmingly directed at our most vulnerable populations. It is important to find out what harm may have resulted from budget and program cuts so that so that we can see how and if they can be ameliorated.

#### AMENDMENT(S)

Support:

Oppose:

# Bill Status Report

Friday, February 12, 2010

## SB 2469 SD1 Relating to the Emergency and Budget Reserve Fund

Companion:

[HB 2476](#)

[SB 2469 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HMS/HTH/JGO, WAM

**Hearing:** [02-04-2010](#)

Introduced by:

CHUN OAKLAND, BAKER, HOOSER, IGE, Hee

**Status:** Passed with amendments; referred to WAM

### SUMMARY

Appropriates moneys from the emergency and budget reserve fund to maintain levels of programs for education, human services, health.

### DETAILS

Appropriates \$13 million from the rainy day fund for mental health services in FY 2010-2011, \$3.5 million for health care to the uninsured in FY 2010-2011, \$332,000 for emergency room services at Waianae Coast Comprehensive Health Center FY 2010-2011, \$550,000 for the Hawaii Immigrant Health Initiative program for FY 2010-2011, \$600,000 for the Hawaii children's health care program in FY 2010-2011, \$7 million for medicaid provider reimbursements in FY 2010-2011, \$300,000 for outstationed eligibility worker services in FY 2010-2011, \$164,000 for outreach services to locate uninsured children in FY 2010-2011, \$125,000 for outreach services to locate uninsured adults in FY 2010-2011, blank dollar amount for adult dental services in FY 2010-2011, blank amount for medicaid in FY 2010-2011.

### HPCA POSITION

The Hawaii Primary Care Association strongly supports this bill to ensure adequate funding for essential services in the face of our state and national economic crisis. Each of the items identified for funding in SB 2469 is important to the health and well-being of Hawaii. Each contributes substantially to preventing far worse calamities and costs than we currently experience.

### AMENDMENT(S)

SD1: technical.

The Hawaii Primary Care Association particularly asks your support for:

- Section 10 that calls for adequate funding for health care provided to the uninsured by restoring \$3.5 million eliminated from the budget last year at a time when funds were most needed.
- Section 13 that appropriates \$332,000 to subsidize the costs of the emergency room at Wai'anae Coast Comprehensive Health Center.
- Section 14, which would continue funding for the Immigrant Health Initiative, a program that cost just \$550,000 and served 1,667 low income immigrants last year.
- Section 15, which would restore \$600,000 funding for the "Keiki Care" program.
- Sections 20-23, which would restore funding for Outstationed Eligibility Workers at community health centers and pay for outreach in high risk communities to ensure that vulnerable individuals are linked to public benefits for which they are eligible. These workers find the uninsured who are eligible for Med-QUEST and other programs and assist them to submit complete applications so they can get needed health care. Given the drastic cuts in MQD staffing, this community-based service is needed more than ever.
- Section 27, which would restore adult dental services to Med-QUEST beneficiaries. In last year's legislative budget, the State cost was estimated to be \$3.1 million, which would attract a federal match of \$4.2 million.
- Section 28, which would ensure adequate funds for Medicaid for next year. Without adequate funding, cuts to Medicaid may leave many more economically strapped Hawaii residents with no access to full health care. This will result in personal peril and additional strains on the network of community health centers and hospitals which would be left to cope with significantly greater uncompensated care. Cuts to the State Medicaid budget are magnified in lost federal revenues and an overall depletion of economic support for Hawaii's health care industry.

Thank you for the opportunity to support this measure and for considering the needs of the growing number of uninsured residents of Hawaii, as well as many other people who are more vulnerable than ever during this unsettling time.

# **Bill Status Report**

**Friday, February 12, 2010**

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Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

## SB 2490 SD1 Relating to Community Health Centers

Companion:

[HB 1931](#)

[SB 2490 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HTH, WAM

**Hearing:** [02/05/2010](#)

Introduced by:

IGE, BAKER, GREEN, NISHIHARA, Espero

**Status:** Passed with amendments; referred to WAM

### SUMMARY

Appropriates moneys from the community health centers special fund to be used by community health centers in the State. Directs the administration and the department of health to release funds to the community health centers.

### DETAILS

This bill appropriates an unspecified amount from the community health centers special fund. The bill also requires the Governor to release (unspecified amount) all of the cigarette tax revenues collected and deposited into the community health centers special fund for the operation of community health centers.

### HPCA POSITION

The Hawai'i Primary Care Association strongly supports this measure, which would ensure that the cigarette tax funds identified for the use of community health centers (CHCs) are fully expended for that purpose.

They serve the "underserved," a population that is increasing not just among traditional groups – the uninsured, Medicaid enrollees, the impoverished, the homeless, Native Hawaiians, and immigrants or migrants – but also in rural areas across the state where the shortage of providers puts all community residents into the underserved category.

Although the purpose of creating the community health center special fund was to provide additional stable resources to build CHC capacity, last year it was used to supplant general funds that had previously been available to health centers to serve the uninsured and preserve access to emergency room services in Wai'anae and primary care services in Hana. Given the value of the CHC delivery model, Hawaii's poor economy, reductions in public services, population growth, and provider shortages, community health centers are needed in Hawai'i more than ever:

- Uninsured visits to CHCs grew by 7% over the course of the past year. The visit volume exceeded the number subsidized by DOH. This year at least one CHC has already exhausted its allotment for FY 2010.
- When DHS dropped adult dental coverage as a Med-QUEST benefit, the result was an additional 100,000+ people who were unable to afford essential dental care, services which might be provided by CHCs if resources were available to expand capacity and cover operating costs.
- When DOH slashed its in-house capacity to provide mental health services, it left thousands of people with nowhere to turn for help except community health centers which are struggling with the severity of the conditions of these patients and limits of their own and other community resources.
- Community health center patients increased by 42% over the past five years, with an even greater growth (62%) at neighbor islands CHCs.
- The patient-centered CHC model of care addresses the health and access problems of the most vulnerable, provides high quality care, and saves a lot of money (\$128 million in 2008). Additional funds would help CHCs build capacity to do more and save more.
- As appropriate to the source of this special fund, CHCs could and should be expanding their tobacco cessation programs since their target groups are also the most likely to smoke. Money has never been available to adequately address these needs.

We all urge you to pass this measure and ensure that funds that should be available for these critically needed programs are appropriated and released. Thank you for this opportunity to testify in support of this very important bill.

### AMENDMENT(S)

SD1: effective date July 1, 2010.

# Bill Status Report

Friday, February 12, 2010

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Support:

Oppose:

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## SB 2494 SD1 Relating to Insurance

Companion:

[SB 2494 Bill Status](#)

[Click Here to View Testimonies](#)

**Referral:** HTH, CPN

**Hearing:** [02/05/2010](#)

Introduced by:

IGE

**Status:** Passed with amendments; referred to CPN

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### SUMMARY

Requires health insurers and like entities to offer at least the same drug coverage to the insured that the insured had under the insured's previous policy with a different insurer or like entity.

### DETAILS

Requires health insurers and like entities to offer at least the same drug coverage to the insured that the insured had under the insured's previous policy with a different insurer or like entity.

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### HPCA POSITION

Monitor.

### AMENDMENT(S)

SD1: defective date 2050.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2598 SD1 Relating to Insurance

Companion:

[SB 2598 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HMS, CPN  
**Hearing:** [02/04/2010](#)

**Status:** Passed with amendments; referred to CPN

Introduced by:  
BAKER, CHUN OAKLAND, ENGLISH, ESPERO,  
FUKUNAGA, HOOSER, IGE, IHARA, NISHIHARA,  
SAKAMOTO, TSUTSUI

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### SUMMARY

Requires health insurers to promptly pay claims for services to medicaid recipients, by repealing the exemption for medicaid claims from the clean claims law.

### DETAILS

This bill provides relief to health care providers by repealing the exemption afforded to health plans contracted by the State under Medicaid from the clean claims law. The clean claims law requires health plans to pay providers on a timely basis when uncontested claims are submitted.

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### HPCA POSITION

Monitor.

### AMENDMENT(S)

SD1: requires the State to pay interest on delayed payments, unless certain circumstances apply; defective date 2050.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2645 Relating to Health Care

Companion:

[SB 2645 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HMS/CPN, WAM

**Hearing:** [02/09/2010](#)

Introduced by:  
GREEN, CHUN OAKLAND, Baker, Ige

**Status:** Deferred (dead)

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### SUMMARY

Waives the medical licensing fees for physicians licensed to practice medicine and prescribe prescription medication in the State of Hawaii, provided that no less than twenty per cent of their patient case load is Medicaid or Medicaid-like patients.

### DETAILS

Waives the medical licensing fees for physicians licensed to practice medicine and prescribe prescription medication in the State of Hawaii, provided that no less than twenty per cent of their patient case load is Medicaid or Medicaid-like patients.

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### HPCA POSITION

### AMENDMENT(S)

Monitor.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

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## SB 2931 SD1 Relating to the Department of Health

Companion:

[SB 2931 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HTH/HMS, WAM

**Hearing:** [02/04/2010](#)

Introduced by:  
CHUN OAKLAND

**Status:** Passed with amendments; referred to WAM

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### SUMMARY

Requires the Department of Health to develop a four-year state plan relating to the delivery of mental health and substance abuse service in each geographic service area with specific emphasis on special populations.

### DETAILS

Requires the Department of Health to develop a four-year state plan relating to the delivery of mental health and substance abuse service in each geographic service area with specific emphasis on special populations.

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### HPCA POSITION

None.

### AMENDMENT(S)

SD1: requires the Department of Health to submit to the Legislature a copy of all reports written and submitted by the Alcohol and Drug Abuse Division, the Adult Mental Health Division, and the Child and Adolescent Mental Health Division to the federal government pursuant to United States Code, Title 42, section 300x-1.

Support:

Oppose:

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# Bill Status Report

Friday, February 12, 2010

## SB 2934 Relating to Medicaid

Companion:

[SB 2934 Bill Status](#)  
[Click Here to View Testimonies](#)

**Referral:** HMS/TIA, WAM

**Hearing:** [02/09/2010](#)

Introduced by:  
CHUN OAKLAND

**Status:** Passed as is; referred to WAM

### SUMMARY

Appropriates general funds to pay for QUEST coverage for citizens of compact of free association nations.

### DETAILS

This bill appropriates an unspecified amount of general funds to provide health care coverage for COFA migrants in the QUEST program.

### HPCA POSITION

### AMENDMENT(S)

The Hawai'i Primary Care Association strongly supports this measure which would ensure continuing Medicaid eligibility for migrants under the Compacts of Free Association (COFA). There are compelling humanitarian, legal, and economic reasons to continue to ensure that COFA migrant adults get all the health care they need.

The Department of Human Services is proposing to terminate access to Medicaid for this group, substituting a limited benefit program with limited enrollment. It is clear that both COFA migrants who are beneficiaries of such a program and the providers of care to them will be negatively affected. For the migrants, many of whom come here for health care because it is not available to them otherwise, the proposed limited benefits will cover but a fraction of what they need. Because of the enrollment cap, it likely that not all migrants will have access even to the limited services in the proposed basic state program.

We are also concerned about the financial effect on community health centers (CHCs) if migrants are no longer Medicaid-eligible. CHCs are by far the most likely providers of care to migrants because they specialize in language and cultural access and provide a host of other support, management, and coordination services that migrants are likely to need in order to get better. These services are costly to the health center but save the Department and hospitals a considerable amount of money. Medicaid does pay a higher rate to health centers in recognition of this but the proposed rates for the limited benefit plan would not. Health centers will be in jeopardy of losing millions of dollars as they serve this special population.

We do acknowledge the considerable financial burden that this places on the State and, like the Legislature and Administration, continue to advocate with the federal government to take responsibility for the affects of the Compact on our state.

We urge you to pass this measure and restore this essential health service. Thank you for this opportunity to testify in support of this very important bill.

Support:

Oppose: