



Hawai'i Primary Care Association

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Senate Committee on Health

The Hon. David Y. Ige, Chair

The Hon. Josh Green, MD, Vice Chair

Testimony in Support of Senate Bill 2490

Relating to Community Health Centers

Submitted by **Beth Giesting, Chief Executive Officer**

February 5, 2010, 2:55 p.m., Room 016

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 exceeds 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.