



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Higher Education
Thursday, February 6, 2025 at 3:05 p.m.

By

T. Samuel Shomaker, MD, Dean, and
Kelley Withy, MD, Professor, Department of Family Medicine and Community Health,
Hawai'i/Pacific Basin Area Health Education Center (AHEC) Director

John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

SB 1107 – RELATING TO HEALTH

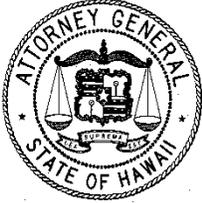
Chair Kim, Vice Chair Kidani, and Members of the Committee:

Thank you for the opportunity to provide COMMENTS on SB 1107 which would establish a medical education liaison position within the University of Hawai'i John A. Burns School of Medicine (JABSOM) to support programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance.

JABSOM supports the intent of SB 1107 and appreciates the efforts of programs that bolster medical education and help to improve healthcare delivery especially to underserved and remote communities in Hawai'i. Project Extension for Community Healthcare Outcomes (ECHO) is an independent organization operating under the umbrella of the State Rural Health Association a nonprofit entity that receives federal funding. The administrative functions of ECHO are performed by the State Rural Health Association which subcontracts with JABSOM for a minimal amount to provide topic expertise, recruit speakers, and facilitate weekly meetings, among other functions.

In order for JABSOM to perform the tasks outlined in the bill, a dedicated full-time staff position, which is state-funded, would be required. This would enable the medical education liaison to concentrate on building relationships with healthcare partners throughout the state, planning and organizing educational training opportunities as well as collecting and analyzing outcome data. Importantly, the medical liaison would also be able to coordinate mentorships between practicing providers and providers newly entering the profession.

Thank you for this opportunity to testify.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:
S.B. NO. 1107, RELATING TO HEALTH.

BEFORE THE:
SENATE COMMITTEE ON HIGHER EDUCATION

DATE: Thursday, February 6, 2025 **TIME:** 3:05 p.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Candace J. Park, Deputy Attorney General

Chair Kim and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill adds a new section to chapter 304A, Hawaii Revised Statutes, that establishes within the University of Hawai'i at Manoa John A. Burns School of Medicine a full-time medical education liaison position. The medical education liaison would be responsible for supporting programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance. The bill appropriates funds for these purposes.

Article X, section 6, of the Hawai'i Constitution gives the Board of Regents of the University of Hawai'i "exclusive jurisdiction over the internal structure, management, and operation of the university." Section 6 further provides: "This section shall not limit the power of the legislature to enact laws of statewide concern. The legislature shall have the exclusive jurisdiction to identify laws of statewide concern." We recommend an amendment that adds a statement identifying this bill as a law of statewide concern.

Article VII, section 4, of the Hawai'i Constitution requires that "no grant of public money or property shall be made except pursuant to standards provided by law." Section 4 of the bill (page 3, line 20, through page 4, line 7) makes an appropriation "to support programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance." If the intent of this bill is to provide support for these programs in the form of grants, we

recommend that this bill be amended to insert appropriate standards for the provision of public funds. Examples of existing statutes that provide standards for agencies to issue grants are part II of chapter 9 and sections 10-17, 210D-11, and 383-128, Hawaii Revised Statutes.

We have attached draft standards to this testimony as a sample to work from. These standards could be inserted on page 3, line 11, as a new section 3, with subsequent sections appropriately renumbered.

Thank you for the opportunity to provide these comments.

POSSIBLE STANDARDS FOR THE GRANTS IN THIS BILL

SECTION 3. Applications for grants for programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance shall be made to the university of Hawaii and contain any additional information required by the university of Hawaii. At a minimum, the applicant shall:

- (1) Be licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
- (2) Provide a detailed plan outlining the scope, objectives, and projected impact of the project or projects and a clear breakdown of how grant funds will be utilized;
- (3) Agree to use state funds exclusively for the purposes of these programs;
- (4) Indicate capability to properly use the grant for the purpose of these grant programs. [Specific applicant qualifications should be described for the different types of grants.];
- (5) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability, or any other characteristic protected under applicable federal or state law;
- (6) Agree not to use state funds for purposes of entertainment or perquisites;
- (7) Comply with other requirements as the university of Hawaii may prescribe;
- (8) Comply with all applicable federal, state, and county statutes, rules, and ordinances;
- (9) Agree to indemnify and save harmless the State of Hawaii and its officers, agents, and employees from and against any and all claims arising out of or

resulting from activities carried out or projects undertaken with funds provided hereunder and procure sufficient insurance to provide this indemnification if requested to do so by the university of Hawaii; and

- (10) Agree to make available to the university of Hawaii all records the applicant may have relating to the grant, to allow state agencies to monitor the applicant's compliance with this section.

SB-1107

Submitted on: 2/4/2025 3:33:42 PM

Testimony for HRE on 2/6/2025 3:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Testifying for Hep Free Hawaii	Support	Written Testimony Only

Comments:

Dear Chair Kim , Vice Chair Kidani and members of the committee

As written, the language supporting the liaison position at JABSOM is likely to add a needless layer of bureaucracy and won't further the development of meaningful ECHO programs in the state. It is important to note that the *current* Med-Quest contract includes language that commits the contract vendors

1. to work collaboratively with Project ECHO® programs,
2. to promote Project ECHO® to providers, and
3. to support the evaluation of Project ECHO® programs.

These commitments have barely been manifested. For SB1107, an approach that builds on the existing contract language for Med-Quest providers could be more effective.

One way to reconcile a results-oriented approach with the existing bill and its focus on the liaison position is to repurpose the liaison role. I recommend shifting the bill's focus from direct program management to supporting and facilitating the *incentivized* ECHO model. Here's how you can amend the original bill to reflect this revised strategy:

1. Eliminate Direct Program Management from Liaison Duties:

Remove all language in the original bill that assigns the liaison direct responsibility for *organizing, implementing, or managing* ECHO programs. This includes removing or revising sections that refer to the liaison "organizing sessions," "coordinating communications *between healthcare providers and specialists,*" and "developing and implementing strategies to expand the reach of participating programs."

2. Repurpose the Liaison as a *Facilitator and Data Analyst*:

Rewrite the liaison's responsibilities to focus on:

- **Supporting Contractor Performance:** The liaison becomes the point of contact for MedQuest contractors regarding ECHO, providing guidance on meeting performance

metrics, connecting them with potential ECHO hubs, and helping them navigate the contracting process. This includes:

- "Providing support and guidance to Med-QUEST contractors in meeting performance metrics related to Project ECHO."
 - "Facilitating connections between Med-QUEST contractors and established Project ECHO hubs."
 - "Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs."
- **Data Collection and Analysis:** The liaison becomes responsible for collecting and analyzing data on ECHO program outcomes, including the performance metrics established in the Med-QUEST contracts. This data will inform Med-QUEST's decisions regarding contractor reimbursement and program improvement. This includes:
 - "Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts."
 - "Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature."
 - **Stakeholder Communication:** The liaison facilitates communication between contractors, ECHO hubs, Med-QUEST, and other stakeholders. This includes:
 - "Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders."
 - **Resource Dissemination:** The liaison can disseminate information about best practices in ECHO implementation, available resources, and funding opportunities.

3. Amend the Appropriation:

The appropriation should be tied to the *revised* duties of the liaison, emphasizing their role in supporting the incentivized ECHO model. The language should reflect the shift in focus from direct program management to facilitation and data analysis.

4. Clarify Roles in the Bill:

The bill should clearly delineate the roles of:

- **Med-QUEST:** Responsible for setting performance metrics, contracting with providers, overseeing the program, and making reimbursement decisions based on data.
- **Contractors:** Responsible for meeting performance metrics related to ECHO, working with hubs, and reporting data to the liaison.
- **ECHO Hubs:** Responsible for developing and delivering ECHO programs.
- **Liaison:** Responsible for supporting contractors, collecting and analyzing data, facilitating communication, and providing reports.

Example Language for Revised Liaison Duties:

"§304A- Medical education; liaison. (a) ...

(b) The medical education liaison shall be responsible for *supporting and facilitating the implementation of Project ECHO programs through Med-QUEST contractors and analyzing data related to program outcomes*. The liaison's responsibilities shall include:

(1) Providing support and guidance to Med-QUEST contractors in meeting performance metrics related to Project ECHO;

(2) Facilitating connections between Med-QUEST contractors and established Project ECHO hubs;

(3) Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs;

(4) Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts;

(5) Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature;

(6) Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders; and

(7) Disseminating information about best practices in ECHO implementation, available resources, and funding opportunities."

By making these changes, the original bill can be reconciled with a results-driven approach. The liaison position becomes a valuable asset in supporting the *incentivized* ECHO model, ensuring accountability and facilitating communication rather than becoming a redundant layer of program management.



**Testimony to the Senate Committee on Higher Education
Thursday, February 6, 2025; 3:05 p.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: SENATE BILL NO. 1107, RELATING TO HEALTH.

Chair Garrett, Vice Chair Amato, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 1107, RELATING TO HEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would establish and fund a medical education liaison position, and appropriate funds to support programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance.

The State of Hawaii is experiencing a severe shortage of health care professionals in the workforce, especially in rural areas. Recent studies note that the current shortage of physicians is at 20% of the total full-time equivalent positions throughout the State. The shortage is especially severe in the fields of primary care, infectious diseases, colorectal surgery, pathology, general surgery, pulmonology, neurology, neurosurgery, orthopedic surgery, family medicine, cardiothoracic surgery, rheumatology, cardiology, hematology/oncology, and pediatric subspecialties of endocrinology, cardiology, neurology, hematology/oncology, and gastroenterology.

The HPCA believes that provision of additional resources for the John A. Burns School of Medicine will greatly enhance the educational opportunities for future physicians. This is critical because the shortage of doctors in Hawaii is dire.

Testimony on Senate Bill No. 1107
Thursday, February 6, 2025; 3:05 p.m.
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Primary care physicians are especially in short supply. This is especially critical because primary care serves as the portal entry for a patient's interaction with the health care system. Primary care physicians diagnose and refer the patient to the proper specialist for appropriate care, as well as provide preventative and wellness care to mitigate the need for more intensive services later in life.

Providing additional resources to strengthen primary care in the State is not only cost-effective, but proactive in improving the health care outcomes of our residents.

Accordingly, the HPCA urges your favorable consideration of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

SB-1107

Submitted on: 2/4/2025 3:31:55 PM

Testimony for HRE on 2/6/2025 3:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Anika Martin	Individual	Support	Written Testimony Only

Comments:

Dear Chair Kim , Vice Chair Kidani and members of the committee

As written, the language supporting the liaison position at JABSOM is likely to add a needless layer of bureaucracy and won't further the development of meaningful ECHO programs in the state. It is important to note that the *current* Med-Quest contract includes language that commits the contract vendors

1. to work collaboratively with Project ECHO® programs,
2. to promote Project ECHO® to providers, and
3. to support the evaluation of Project ECHO® programs.

These commitments have barely been manifested. For SB1107, an approach that builds on the existing contract language for Med-Quest providers could be more effective.

One way to reconcile a results-oriented approach with the existing bill and its focus on the liaison position is to repurpose the liaison role. I recommend shifting the bill's focus from direct program management to supporting and facilitating the *incentivized* ECHO model. Here's how you can amend the original bill to reflect this revised strategy:

1. Eliminate Direct Program Management from Liaison Duties:

Remove all language in the original bill that assigns the liaison direct responsibility for *organizing, implementing, or managing* ECHO programs. This includes removing or revising sections that refer to the liaison "organizing sessions," "coordinating communications *between healthcare providers and specialists,*" and "developing and implementing strategies to expand the reach of participating programs."

2. Repurpose the Liaison as a *Facilitator and Data Analyst*:

Rewrite the liaison's responsibilities to focus on:

- **Supporting Contractor Performance:** The liaison becomes the point of contact for MedQuest contractors regarding ECHO, providing guidance on meeting performance metrics, connecting them with potential ECHO hubs, and helping them navigate the contracting process. This includes:

- - "Providing support and guidance to Med-QUEST contractors in meeting performance metrics related to Project ECHO."
 - "Facilitating connections between Med-QUEST contractors and established Project ECHO hubs."
 - "Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs."
- **Data Collection and Analysis:** The liaison becomes responsible for collecting and analyzing data on ECHO program outcomes, including the performance metrics established in the Med-QUEST contracts. This data will inform Med-QUEST's decisions regarding contractor reimbursement and program improvement. This includes:
 - - "Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts."
 - "Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature."
- **Stakeholder Communication:** The liaison facilitates communication between contractors, ECHO hubs, Med-QUEST, and other stakeholders. This includes:
 - - "Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders."
- **Resource Dissemination:** The liaison can disseminate information about best practices in ECHO implementation, available resources, and funding opportunities.

3. Amend the Appropriation:

The appropriation should be tied to the *revised* duties of the liaison, emphasizing their role in supporting the incentivized ECHO model. The language should reflect the shift in focus from direct program management to facilitation and data analysis.

4. Clarify Roles in the Bill:

The bill should clearly delineate the roles of:

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- **Contractors:** Responsible for meeting performance metrics related to ECHO, working with hubs, and reporting data to the liaison.
- **ECHO Hubs:** Responsible for developing and delivering ECHO programs.
- **Liaison:** Responsible for supporting contractors, collecting and analyzing data, facilitating communication, and providing reports.

Example Language for Revised Liaison Duties:

"§304A- Medical education; liaison. (a) ...

(b) The medical education liaison shall be responsible for *supporting and facilitating the implementation of Project ECHO programs through Med-QUEST contractors and analyzing data related to program outcomes*. The liaison's responsibilities shall include:

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- (3) Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs;
- (4) Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts;
- (5) Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature;
- (6) Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders; and
- (7) Disseminating information about best practices in ECHO implementation, available resources, and funding opportunities."

By making these changes, the original bill can be reconciled with a results-driven approach. The liaison position becomes a valuable asset in supporting the *incentivized* ECHO model, ensuring accountability and facilitating communication rather than becoming a redundant layer of program management.

Thank you for your consideration.

SB-1107

Submitted on: 2/4/2025 6:08:57 PM

Testimony for HRE on 2/6/2025 3:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Daniel Saltman	Individual	Support	Remotely Via Zoom

Comments:

Dear Chair Kim and Senate Committee on Higher Education Members,

As written, the language supporting the liaison position at JABSOM is likely to add a needless layer of bureaucracy and won't further the development of meaningful ECHO programs in the state. It is important to note that the current Med-Quest contract includes language stating that "The Health Plans shall support Project ECHO, in accordance with the Health Plan Manual, including but not limited to, paying its fair share of administrative costs to Project ECHO programs serving Hawai'i providers, as approved by DHS." Additionally, the contract commits the contracted Health Plans

1. to work collaboratively with Project ECHO® programs,
2. to promote Project ECHO® to providers, and
3. to support the evaluation of Project ECHO® programs.

These commitments have barely been manifest. For SB1107, an approach that builds on the existing contract language for Med-Quest providers could be more effective.

One way to reconcile a results-oriented approach with the existing bill and its focus on the liaison position is to repurpose the liaison role. I recommend shifting the bill's focus from direct program management to supporting and facilitating the *incentivized* ECHO model. Here's how you can amend the original bill to reflect this revised strategy:

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- **Health Plan Contractors:** Responsible for meeting performance metrics related to ECHO, working with hubs, and reporting data to the liaison.
- **ECHO Hubs:** Responsible for developing and delivering ECHO programs.
- **Liaison:** Responsible for supporting contractors, collecting and analyzing data, facilitating communication, and providing reports.

Example Language for Revised Liaison Duties:

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By making these changes, the original bill can be reconciled with a results-driven approach. The liaison position becomes a valuable asset in supporting the *incentivized* ECHO model, ensuring accountability and facilitating communication rather than becoming a redundant layer of program management.

Thank you for your consideration.

SB-1107

Submitted on: 2/5/2025 11:25:44 AM

Testimony for HRE on 2/6/2025 3:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Jason Yaris	Individual	Support	Written Testimony Only

Comments:

Dear Chair Kim , Vice Chair Kidani and members of the committee

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