



HAWAI‘I CIVIL RIGHTS COMMISSION

830 PUNCHBOWL STREET, ROOM 411 HONOLULU, HI 96813 · PHONE: 586-8636 FAX: 586-8655 TDD: 568-8692

March 3, 2021, 10:35 a.m.
Rm. 211 and videoconference

To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members of the Senate Ways and Means

The Honorable Karl Rhoads, Chair
The Honorable Jarrett Keohokalole,, Vice Chair
Members of the Senate Committee on judiciary

From: Liann Ebesugawa, Chair
and Commissioners of the Hawai‘i Civil Rights Commission

Re: S.B. No. 1285, S.D.1

The Hawai‘i Civil Rights Commission (HCRC) has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment, housing, public accommodations, and access to state and state funded services. The HCRC carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5.

S.B. No. 1285, S.D.1, requires any hospital that serves a community including more than 500 Compact of Free Association (COFA) benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

The HCRC supports the intent of S.B. No. 1285, S.D.1. The HCRC notes that Pacific islander communities in Hawai‘i have been affected by COVID-19 at higher numbers than any other community of color in the State. The bill will aid health care workers better reach and

serve the COFA community. Section 2, (2) of S.B. 1285, S.D.1, also requires hiring of interpreters. Language access is already mandated, so interpreting services must be offered even if a facility serves less than 500 COFA benefit recipients.

Decreasing infection rates for disproportionately affected communities will advance the broader public health interest in stopping the spread of the pandemic.

The HCRC supports the intent of S.B. No. 1285, S.D.1.



Hale Makua
WAILUKU

REHAB & NURSING



March 3, 2021 at 10:35 am

Via Videoconference

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Jarrett Keohokalole

From: Corey Crismon
Administrator
Hale Makua Wailuku Rehab and Nursing

Re: Submitting Comments
SB 1285 SD 1, Relating to Medical Facilities

Thank you for the opportunity to provide **comments** on this bill, which requires any hospital that serves a community including more than 500 persons who are residents from the Compact of Free Association nations to establish a program of diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers (CHWs) to effectively communicate with and provide culturally sensitive services to the community.

We appreciate the intent of this measure, which is to ensure that all residents have access to culturally competent care. This pandemic has affected the Pacific Islander community disproportionately, with an outsized number of cases of COVID-19 presenting in residents from the compact nations compared to their population numbers. As providers who are engaged in and invested in improving the health of our communities, our members are working with community partners to address disparities in care.

We are concerned, however, that requiring all hospitals to hire interpreters and CHWs to improve communication would require significant funding and could require an appropriation. We would also note that, as written, the draft does not specifically require translational services and training for COFA residents—the requirements in the bill instead apply to all patients who go to a hospital that is in a community with more than 500 COFA residents. Thus, as written, the bill seems to apply broadly to the entire patient population of a provider.

Further, on translational services, we would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Translation services for spoken and written materials can be provided in-person, by phone, or via other technological means. This bill simply states that interpreters must be hired, which would indicate that the only translation services that could be provided would need to be in-person. This would be very costly for hospitals, as they would need to have a person in the facility or on-call 24 hours a day for multiple languages related not just to residents of COFA nations but, seemingly, any patient who arrives at the facility. Similarly, CHWs would need to be on staff and would seemingly need to speak various languages proficiently. This would require significant new staffing requirements, especially at rural hospitals.

Lastly, we note that many hospitals are undertaking implicit bias training independent of any requirement from the legislature. This implicit bias training is designed to address any potential prejudice or stereotyping of an individual based on gender, sexual orientation, immigration status, English language proficiency, among other things. We would suggest that a legislative mandate might not be necessary to allow broader, clinically based training that can be targeted to each hospitals' needs.

Thank you for the opportunity to comment on this bill.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Senate Committee on Ways and Means

The Honorable Karl Rhoads, Chair
The Honorable Jarrett Keohokalole, Vice Chair
Members, Senate Committee on Judiciary

From: Colette Masunaga, Director, Government Relations & External Affairs, The Queen's Health Systems

Date: March 3, 2021

Re: Comments on SB1285, SD1: Relating to Medical Facilities.

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity offer comments and support for the intent of SB1285, SD1 which would require hospitals that serve a community with more than 500 COFA benefit recipients, to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to communicate with and provide culturally sensitive services to the community.

A majority of Queen's COFA patients are seen at the Queen Emma Clinic (QEC) for outpatient and primary care services. Our QEC embodies the mission of The Queen's Health System, which is to provide quality health care services to all, regardless of ability to pay. QEC provided services to over 700 COFA patients in FY2020; with the majority being Chuukese and Marshallese speakers. We continue to expand and improve our offering of formal interpreters for Limited English Proficiency (LEP) patients and in documentation of those patients needing an interpreter to improve clinical care and reduce ED visits and hospitalizations.

We would note that under Title VI of the Federal Civil Rights Act of 1964, hospitals are required provide language access services. Queen's Patient Relations Department provides interpreters for patients in many foreign languages as well as in American sign language. We also utilize the MARTTI (My Accessible Real-Time Trusted Interpreter) system, which is a HIPAA compliant

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

and allows for two-way video and audio wireless connection to a skilled, certified medical interpreter. The proposed measure would require hospitals to only hire interpreters and does not take into account the alternative means for delivering translation. We are concerned about the availability of qualified speakers to cover hospital operations 24/7 for multiple languages beyond those for COFA patients.

Queen's supports the utilization of community health workers to build trusted relationships and rapport with patients. However, the limiting language of the bill does not take into account the diversity of caregivers currently engaged in care coordination, navigation, and facilitation of access services and improve the quality and cultural competence of service delivery.

Queen's concurs with the testimony provided by the Healthcare Association of Hawai'i and thanks the committee for the opportunity to offer comments on this measure.

Testimony of
Jonathan Ching
Government Relations Manager

Before:
Senate Committee on Ways and Means
The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair

Senate Committee on Judiciary
The Honorable Karl Rhoads, Chair
The Honorable Jarrett Keohokalole, Vice Chair

March 3, 2021
10:35 a.m.
Via Videoconference

Re: SB 1285 SD1, Relating to the Telehealth

Chair Dela Cruz, Chair Rhoads and committee members, thank you for this opportunity to provide testimony on SB 1285 SD1, which requires any hospital that serves a community including more than five hundred COFA benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

Kaiser Permanente Hawai'i offers the following COMMENTS on SB 1258 SD1

Kaiser Permanente Hawai'i is Hawai'i's largest integrated health system that provides care and coverage for approximately 260,000 members. Each day, more than 4,400 dedicated employees and more than 600 Hawai'i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai'i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

While we support the intent of SB 1258 SD1, we are concerned that if enacted in its current form, it would not meet the intended purpose.

Access to healthcare is essential to everyone's health and well-being. Those with Limited English Proficiency and people with disabilities typically face significant barriers in obtaining healthcare due to limited access. This may hinder the level of care and services they receive. Under certain circumstances, they may be denied health care services altogether. Effective communication using Interpreter Services and Translations Services are essential to providing clear communication—a

critical element for access to healthcare. At Kaiser Permanente, we are committed to providing culturally competent care and equal access to health care for all members and their companions with disabilities.

We would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Thus, at Moanalua Medical Center, we already have a Language Assistance program; however, while we were able to partner with community interpreters to address needs for our COFA recipients during the COVID surge in 2020, there have been challenges to consistency in meeting this need given there is not enough interpreters that are certified translators to serve our COFA recipients. Adding additional regulatory requirements would not address lack of qualified individuals to provide these services and could exacerbate the issue.

Furthermore, we are concerned that SB 1258 SD1 does not allow for other means of translation besides interpreters, such as other translation methods, via phone or other technological means. Furthermore, we are concerned about the availability and fiscal impact of having qualified speakers to cover hospital operations 24/7 for multiple languages beyond those for COFA patients for any patient who arrives at the facility.

Mahalo for the opportunity to testify on this important measure.



March 3, 2021 at 10:35 am
Via Videoconference

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Jarrett Keohokalole

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: Submitting Comments
SB 1285 SD 1, Relating to Medical Facilities

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities, and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide **comments** on this bill, which requires any hospital that serves a community including more than 500 persons who are residents from the Compact of Free Association nations to establish a program of diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers (CHWs) to effectively communicate with and provide culturally sensitive services to the community.

We appreciate the intent of this measure, which is to ensure that all residents have access to culturally competent care. This pandemic has affected the Pacific Islander community disproportionately, with an outsized number of cases of COVID-19 presenting in residents from the compact nations compared to their population numbers. As providers who are engaged in and invested in improving the health of our communities, our members are working with community partners to address disparities in care.

We are concerned, however, that requiring all hospitals to hire interpreters and CHWs to improve communication would require significant funding and could require an appropriation. We would also note that, as written, the draft does not specifically require translational services and training for COFA residents—the requirements in the bill instead apply to all patients who go to a hospital that is located in a community with more than 500 COFA residents. Thus, as written, the bill seems to apply broadly to the entire patient population of a provider.

Further, on translational services, we would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Translation services for spoken and written materials can be provided in-person, by phone, or via other technological means. This bill simply states that interpreters must be hired, which would indicate that the only translation services that could be provided would need to be in-person. This would be very costly for hospitals, as they would need to have a person in the facility or on-call 24 hours a day for multiple languages related not just to residents of COFA nations but, seemingly, any patient who arrives at the facility. Similarly, CHWs would need to be on staff and would need to speak various languages proficiently. This would require significant new staffing requirements, especially at rural hospitals.

Lastly, we note that many hospitals are undertaking bias and inclusion training independent of any requirement from the legislature. This training is designed to address any potential prejudice or stereotyping of an individual based on gender, sexual orientation, immigration status, English language proficiency, among other things. We would suggest that a legislative mandate might not be necessary in order to allow more broad, clinically-based training that can be targeted to each hospitals' needs.

Thank you for the opportunity to comment on this bill.

Wednesday, March 03, 2021 at 10:35am
Via Video Conference

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair
Senator Jarrett Keohokalole, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of Intent, with Comments
SB 1285 SD1 Relating to Medical Facilities**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

We write in support of the intent of SB 1285 SD1 and would like to share comments and concerns regarding SB 1285 SD1 which requires that any hospital or other medical facility that serves a community including more than 500 COFA benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

We acknowledge that the Pacific Islander community has been most affected by COVID-19 and suffer from health disparities at significantly higher rates than other populations across our islands. We also acknowledge that a contributing factor to these concerning health outcomes include access issues which include challenges related to cultural and language barriers resulting in racism and discrimination.

HPH – like all hospitals that contract with Medicare - adheres to all Medicare Conditions of Participation [45 CFR Part 92] and Joint Commission Hospital Accreditation standards relating to assuring language access to patients. At Kapi'olani Medical Center where we provide care to the largest number of COFA beneficiaries, we have policies beginning

from 1986 and that were most recently updated in 2020 to ensure we are meeting patient expectations of providing language access. Additionally HPH has developed a system-wide policy for language accommodation and provides 24 hour/365 day access to language access services through multiple vendors in more than 15 languages including Chuukese and Marshallese.

At the root of racial discrimination are often implicit biases shared by employees with employers having a shared responsibility with others to address. We also acknowledge that these barriers exist widely across our local community and within all workplace settings including health care settings towards that effort, HPH has embraced the values of addressing health equity and in our community partnership as one of our guiding principles to drive our community engagement strategies.

As care providers, we acknowledge that implicit bias exists in all levels in society. HPH along with many other employers acknowledge that the implicit biases that currently exists in our community will therefore also exist in employer settings, including ours as a health care provider. We have already begun initial conversations with community partners such as University of Hawai'i and the John A. Burns School of Medicine who have in place an exemplary program that is evidence based. We will be incorporating our implicit bias training into our required employee training modules by summer 2021.

We also have a comment regarding language under Section 1 (2) that would require that hospitals specifically hire "community health workers" to address the issues raised in SB 1285. Hawai'i Pacific Health has a number of community health workers on its care team, however we also recognize that other types of care workers in addition to "community health care workers" are also utilized to bridge the language and cultural gap experienced by COFA beneficiaries. We ask that the language not limit the type of care worker that hospitals can hire to address these issues.

- We therefore ask that the specific reference of the type of worker Section 1(2) be broadened to enable other types of employees to meet the intent of this legislation.

Thank you for your time and consideration of our comments. We look forward to engaging in further productive discussion on this matter as part of ongoing commitment to addressing health equity.

SB-1285-SD-1

Submitted on: 3/1/2021 5:42:05 PM

Testimony for WAM on 3/3/2021 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Max Castanera	Individual	Support	No

Comments:

Aloha mai kakou,

My name is Max Pono Castanera, I am a fourth-year medical student at JABSOM - two short months away from graduating and receiving my M.D. - and **I strongly support the passing of SB 1285.**

The goal of this policy is to improve the quality of care received by COFA citizens at Hawaii hospitals. It is well established that targeted public health measures are effective in creating health equity especially in marginalized communities.

The COVID-19 pandemic has illustrated the perils of inequitable healthcare allocation specifically for this population. In August 2020, Non-Hawaiian Pacific Islanders (which largely includes COFA citizens) experienced 30% of COVID-19 cases even though they make up only 4% of the total population. This was multifactorial in cause, however improved communication and resource allocation to these communities would have drastically narrowed the disparity. Higher COVID cases in these communities compounded to increase overall cases in the state and proportionally, overall mortality and economic losses.

Upfront investments in improving the hospital care received by COFA citizens will be beneficial not only from a health outcome standpoint but also a financial standpoint. The better the care is at a hospital (and the coordination at discharge), the less likely patients will have to be re-admitted, saving money and hospital bed-space.

I humbly ask for this investment in our communities and even more importantly to show our Pacific brothers and sisters of Micronesia that they are **worthy** of this investment. In contrast, we all know that recent decisions to de-invest in this population (i.e. disqualifying COFA citizens from state-funded Medicaid) has had profoundly negative impacts on Hawaii's financial and public health outcomes.

Mahalo nui for your time and consideration.

SB-1285-SD-1

Submitted on: 3/2/2021 10:23:49 AM

Testimony for WAM on 3/3/2021 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Max Nakamoto	Individual	Support	No

Comments:

Dear honorable members of the Senate,

I strongly support SB1285. My name is Max Nakamoto, and I am a first-year medical student at the John A. Burns School of Medicine at the University of Hawaii (although my stance does not reflect the views of this institution).

Having worked with countless COFA individuals at homeless shelters and clinics, the obstacles faces by COFA individuals in the healthcare system have become apparent to me. While I cannot speak as a licensed provider, I can attest to having directly witnessed some of the discriminatory practices (both formal and in everyday converstations and vehaviors) experienced by COFA individuals in large hospital settings and small clinics alike.

Enforcing mandatory diversity training and promoting the use of trained interpreters would go a long way in beginning to break down the barriers and hardships experienced by COFA individuals in the healthcare system.

Sincerely,

Max Nakamoto