

THE QUEEN'S HEALTH SYSTEMS

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-5900

Representative Ryan I. Yamane, Chair
Representative. Dee Morikawa, Vice Chair
COMMITTEE ON HEALTH

February 3, 2012 – 9:00 a.m.
State Capitol, Conference Room 329

Comments on HB 2665, Relating to Stroke Treatment

Chair Yamane, Vice Chair Morikawa and Members of the Committee,

My name is Karen Seth, Director, Neuroscience Institute and Ancillary Services, of The Queens Medical Center. We would like to provide comments on HB 2665, as it is currently presented.

The Stroke Center at The Queen's Medical Center has been the only The Joint Commission (TJC) certified Primary Stroke Center in the State of Hawaii since 2004. Currently, TJC Primary Stroke Center certification is the only nationally recognized certification process for medical centers seeking certification. "The Joint Commission's Certificate of Distinction for Primary Stroke Centers recognizes centers that make exceptional efforts to foster better outcomes for stroke care."(1)

Queen's has also been instrumental in working with the American Stroke Association, the Hawaii State Department of Health (DOH), the Hawaii Neurological Association and other hospitals and local organizations over the last fifteen years to strengthen the State's stroke system of care, including actively participating in a stroke coordinator collaborative established by the American Stroke Association. We have been heavily involved with professional and community stroke education and outreach efforts, such as sharing best practices at workshops about how other hospitals can become certified as a TJC Primary Stroke Center. Queen's is also the hub hospital for the **The Hawaiian Islands Regional Stroke Network**, which is funded by a grant from the DOH Neurotrauma Supports Fund. This network would increase public education about the recognition of stroke symptoms and the need to call 911 and increase patient access to expert stroke consultation through the establishment of a telemedicine-based regional stroke network.

There is a need to facilitate the development of stroke treatment capabilities and improve the access to stroke care across the State. However, more conversation needs to happen on the best way of achieving these critical goals. A plan for continuous improvement of quality of care and coverage for telemedicine services is important to include in the measure. There is already a national program in place to designate hospitals as stroke centers so that may not need to be a necessary component of the measure.

Thank you for the opportunity to testify.

Literature cited:

1. http://www.jointcommission.org/certification/primary_stroke_centers.aspx

MCCORRISTON MILLER MUKAI MACKINNON LLP

ATTORNEYS AT LAW

PETER J. HAMASAKI
ATTORNEY

DIRECT #:
PHONE - (808) 529-7333
E-MAIL - HAMASAKI@M4LAW.COM

February 1, 2012

Honorable Ryan Yamane, Chair
Honorable Dec Morikawa, Vice Chair
Committee on Health
House of Representatives
State Capitol
415 South King Street
Honolulu, Hawaii 96813

Re: H.B. No. 2665, RELATING TO STROKE TREATMENT

Dear Chair Yamane, Vice Chair Morikawa, and Committee Members:

On behalf of the American Family Life Assurance Company of Columbus (AFLAC), we respectfully submit the following written comments on H.B. No. 2665, relating to stroke treatment, which is to be heard by your Committee on Health on February 3, 2012.

Our comments are limited to Sections 3 and 4 of the bill, which require that each insurer offering a "health care plan" provide coverage for telemedicine services relating to stroke treatment.

We note that Parts I and II of chapter 431:10A, Hawaii Revised Statutes, apply to "accident and health or sickness insurance." See Haw. Rev. Stat. §431:10A-101 ("This part shall apply to all policies of accident and health or sickness insurance delivered or issued for delivery in this State . . ."); §431:10A-201 ("Blanket disability insurance policy" means any policy or contract of accident and health or sickness insurance . . .; "Group disability insurance" means that form of accident and health or sickness insurance covering groups of persons . . .").

The term "health care plan" is not used to define the types of insurance subject to Parts I and II of chapter 431:10A, Hawaii Revised Statutes. Accordingly, if the intent is to mandate telemedicine coverage in insurance policies under Parts I and II of chapter 431:10A, Hawaii Revised Statutes, the term "health insurance" should be substituted for "health care plan."

The use of consistent terminology is important because there are other statutory provisions, particularly section 431-10A-102.5, Hawaii Revised Statute, which are dependent upon the use of the correct terminology in referring to the types of insurance regulated chapter 431:10A, Hawaii Revised Statutes.

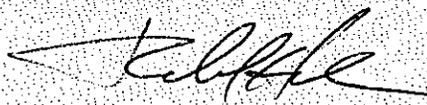
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For the foregoing reasons, we respectfully request that the term "health care plan" in Sections 3 and 4 of the bill be replaced with "health insurance" to conform to the terminology of Parts I and II of chapter 431:10A, Hawaii Revised Statutes.

Thank you for your consideration of the foregoing.

Very truly yours,

MCCORRISTON MILLER MUKAI MACKINNON LLP



Peter J. Hamasaki