

# **HCR 208, HD 1**

**STRONGLY URGING THE UNITED STATES CONGRESS AND THE UNITED STATES DEPARTMENT OF THE INTERIOR TO RESTORE FEDERAL HEALTHCARE FUNDING FOR U.S. RESIDENTS PRESENT UNDER THE COMPACTS OF FREE ASSOCIATION, IN RECOGNITION OF THEIR UNIQUE HISTORIC AND ONGOING SACRIFICES AND CONTRIBUTIONS TO THE UNITED STATES OF AMERICA AND TO THE WORLD**

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HAWAII GOVERNMENT EMPLOYEES ASSOCIATION  
AFSCME Local 152, AFL-CIO

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The Twenty-Eighth Legislature, State of Hawaii  
The Senate  
Committee on Public Safety, Intergovernmental Relations and Military Affairs

Testimony by  
Hawaii Government Employees Association  
April 20, 2015

H.C.R. 208, H.D. 1 - STRONGLY URGING THE  
UNITED STATES CONGRESS AND THE UNITED  
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The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO supports the purpose and intent of H.C.R. 208, H.D. 1. This concurrent resolution urges the United States Congress and the federal Department of the Interior to provide additional federal aid to and reimburse the State of Hawaii for health care assistance expenses rendered to migrants from the Compact of Free Association (COFA) nations. Many COFA migrants come to Hawaii with serious medical conditions.

When the compacts were executed, Congress realized there might be a significant effect on the states where COFA citizens migrated. It was the intent of Congress that these compacts would not have detrimental consequences on the states and localities where they settled. Unfortunately, the State of Hawaii has reported increasing costs for health care services provided to COFA migrants. Enactment of federal legislation in 1996 prevents migrants from COFA nations from receiving federally funded medical assistance.

The federal government must address the issue of additional federal financial support for the state to continue providing health care assistance to COFA migrants. Considering our limited resources, it is particularly important that the federal government provide additional federal aid to offset these costs of providing health care to this population.

We appreciate the opportunity to testify in support of H.C.R. 208, H.D. 1.

Respectfully submitted,

Randy Perreira  
Executive Director





**HPCCA**

HAWAII PRIMARY CARE ASSOCIATION

**House Committee on Human Services**  
The Hon. Dee Morikawa, Chair  
The Hon. Bertrand Kobayashi, Vice Chair

**Testimony on HCR 208**  
**Submitted by Nani Medeiros, Public Affairs and Policy Director**  
**March 19, 2015, 8:45 am, Room 329**

The Hawai'i Primary Care Association, which represents community health centers in Hawai'i, strongly supports HCR 208, urging the United State Department of the Interior to provide further federal aid for expenses related to health care assistance to migrants under the Compact of Free Association.

Under the Compacts of Free Association (COFA), individuals from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau are granted legal migrant status in Hawaii. However, due to recent changes they are no longer eligible to receive Medicaid benefits and must instead enroll in the state health insurance exchange. Under the exchange, they are viewed as living at 100% of the federal poverty level (FPL), regardless of actual income, and made to cover any existing lapses in insurance premium, copayment amounts, or deductibles. In Hawaii there are approximately 7,500 COFA migrants, many of whom live well below 100% FPL and will be unable to cover these additional costs.

This bill is of special import to the HPCCA because a large majority of COFA migrants receive primary care from community health centers. Many of these patients tend to have co-occurring chronic and communicable diseases as well as linguistic and cultural barriers to care. Any additional burdens imposed upon this population, such as further financial expense, will only serve to jeopardize their ability to access care when needed.

It is the concern of the HPCCA that without additional aid, (1) the mortality and morbidity rates of the COFA population will rise, (2) emergency department care for this population will rise, or (3) the amount of uncompensated care provided at community health centers will grow to a burdensome level, in many cases threatening the sustainability of providing quality care.

For these reasons, we strongly support HCR 208 and thank you for the opportunity to testify.