

COMMITTEE ON HUMAN SERVICES

TESTIFIER SIGN-UP SHEET

LATE

If you did not submit written testimony *at least 24 hours* before today's hearing and would like to testify, please sign-up on this sheet.
Testifiers will be taken in the order signed in.

BILL NO: 1327

NAME	ORGANIZATION	POSITION (SUPPORT/OPOSE)
Rachael Wong	DHS	Comments
Neal Palafox		Support
Jeffrey Acido		S
Clark Graham	Ship Hoops	S
Fawn Jade Koopman		S
Michelle Ching		S
Deanna Espinas	HI coalition for Immigration Rights	S
Barbara Tom	Nations of Micronesia, Chair	S
Kelli Buenconsejo		S
Kelsey Amos		S
Danielle Vassalotti		S
Randy Compton		S
Namelyina Kintin		S
Julia Morgan		S

DAVID Y. IGE
GOVERNOR



RACHAEL WONG, DrPH
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P.O. Box 339
Honolulu, Hawaii 96809-0339

February 9, 2015

LATE

TO: The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Housing

The Honorable Josh Green, M.D., Chair
Senate Committee on Health

The Honorable Gilbert Kahele, Chair
Senate Committee on Tourism and International Affairs

FROM: Rachael Wong, DrPH, Director

SUBJECT: **S.B. 1327 - RELATING TO HEALTH CARE**

Hearing: Tuesday, February 10, 2015; 1:15 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of the bill is to require the State to pay costs assessed on low-income, work-eligible, Compact of Free Association residents and other lawfully present legal permanent residents who receive health care through the Hawaii Health Connector and would otherwise be eligible for Medicaid except for their citizenship status; requires the Department of Human Services to engage in community outreach; and appropriates funds.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure, and offers strong cautionary comments. The proposed measure is more complex to implement than it may appear at a policy level, may adversely impact DHS' priorities as identified in the Executive budget, and would likely require the DHS to divert scarce resources to create a new and complex program that is beyond the current mandated priorities of

the Department. Also, the bill as currently proposed may create further inequities, in that certain public benefit recipients who are eligible for both Medicaid and Medicare would not be eligible to receive similar co-payment assistance for their prescriptions drugs by virtue of the fact that they are eligible for Medicaid.

At this time, the DHS respectfully asks that the legislature proceed cautiously and prudently, as the DHS has not had sufficient time to comprehensively outline the administrative burden to implement this new program to pay for co-payments or other deductibles of those who have income less than one hundred percent of the federal poverty level and who, but for their citizenship, would have been eligible for Medicaid.

Preliminarily, the DHS offers the following comments:

- In addition to the state-only appropriation to pay for the deductible and co-pay costs, the legislature would have to appropriate state-only funds to the DHS to administer the program. Associated costs would include additional positions, as well as contract costs for an entity to verify eligibility of the claimant, eligibility of the services claimed (since not all services are covered by Medicaid, a determination would have to take place for Medicaid reimbursable service, for example, in vitro fertilization procedures are not covered by Medicaid, but may be available through coverage obtained through the Hawaii Health Connector), make the health costs payments, and monitor the contract.
- The proposed program would not be an additional component of the Premium Assistance Program and therefore is not something that can be added on to an existing program. The Premium Assistance Program will be funded by state-only funds, and will entail fixed monthly amounts paid directly to the health insurance plans (and not to eligible individuals).

- It is further anticipated that certain eligible individuals may qualify for federal tax subsidies for premium assistance. (Currently, there are no federal funds available for co-payments.)
- Additionally, the DHS informs the committee that there exists a group of dual-eligible Medicaid and Medicare recipients, who are currently required to pay for their prescription co-pays that are not covered by Medicaid. These dual-eligible recipients would not be eligible to apply for the proposed co-pay assistance for their prescription medications because they are Medicaid eligible.
- There may also be constitutional, private health information and other issues that exist, and the DHS will respectfully defer to the Department of the Attorney General's testimony regarding any of these additional issues.

Thank you for the opportunity to offer comments on this bill.

LATE

COMMITTEE ON HUMAN SERVICES AND HOUSING

Senator Suzanne Chun Oakland, Chair

Senator Josh Green, Vice Chair

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Glenn Wakai, Vice Chair

COMMITTEE ON TOURISM AND INTERNATIONAL AFFAIRS

Senator Gilbert Kahele, Chair

Senator J. Kalani English, Vice Chair

Measure: SB 1327 Relating to HealthCare

Date: Tuesday Feb 10th

Time: 115 PM

Place: Conference Room 016

From: Neal A. Palafox MD, MPH, Sheldon Riklon MD, Wilfred C. Alik MD

Re: In Strong Support of SB1327

Committee Chairs and Vice Chairs—Thank you for taking the time to carefully assess the merits of SB1327.

This testimony represents the views of Drs. Palafox, Riklon, and Alik. Although Dr. Palafox and Dr. Riklon are full time faculty at the Department of Family Medicine and Community Health at the John A. Burns School of Medicine, and Dr. Alik is the Chief of Service at the Kaiser Hilo Clinic, the perspectives here are personal and that of physicians. We do not represent the views of the institutions where we are employed.

With regards to expertise in this area: Dr. Riklon and Dr. Alik were born and raised in the Republic of the Marshall Islands, trained at the John A. Burns School of Medicine, making them the only two US trained Marshallese MD's worldwide. Dr. Palafox has lived in the Republic of the Marshall Islands for nearly a decade, and has worked with all the health care systems in the US Pacific Compact Nations over the past 30 years. The perspective in the testimony is drawn from first hand clinical experience with the Compact of Free Association (COFA) peoples in their home nations and in Hawaii. Dr. Riklon is the current Chair of the Micronesian Health Advisory Council in Hawaii and Dr. Alik was the previous Chair. We are in strong support of SB1327.

The Micronesian COFA community has been proactively working with Director Rachel Wong, the Hawaii Connector leadership, and the Department of Human Services Staff to ensure that the Connector truly connects with the COFA community. The COFA community wishes to make the effort succeed to a.) alleviate the state Quest costs, and b.) provide a robust health care insurance coverage for this population.

Even if Hawaii's Basic Healthcare Hawaii (BHH) COFA residents are successfully transferred to the Hawaii Connector, Hawaii will not succeed in its goal to save the State \$27 million and to provide adequate health insurance for this population. The Affordable Care Act (ACA) Health Exchanges, which includes Hawaii's Health Connector, were designed and intended to make health insurance affordable. The Hawaii Connector Silver Insurance Plans (insurance plans for those below 100% FPL) are NOT affordable for the COFA BHH population.

Through the ACA and HI Connector, 94% of costs for the Premium Assistance Silver Plans will be covered by the US Federal Government, largely through tax credits. Six percent (6%) of the insurance premium cost will be passed on to the insured individual via outpatient visit co-pays, co-insurance costs, portions of hospital bills, and medication co-pays. Whereas individuals with a good income would be able to pay these copay/co-insurance costs, the COFA residents who are below 100% of the Federal Poverty Level (FPL) will NOT be able to make these payments. They do not have the disposable income to accommodate these costs, and thereby they will NOT be able to access the health care system to prevent and manage their health needs.

In other testimony, that by Dr. Derauf and others, scientific and epidemiologic evidence has demonstrated that people without true access and preventive care will eventually have a major financial consequences for the state and health care facilities because of late diagnoses, end stage diabetes, heart complications, strokes, high utilization of hospital services, advanced cancers, and emergency room visits. This evidence will not be revisited here.

US Citizens and other legally present residents (LPR) who have resided in the US for five years, and who are 100% below the US FPL are eligible for Federal or State Medicaid programs. COFA migrants are not. Although the ACA Connector has programs for people living below the 100% FPL, these programs are unlikely to achieve their goal for COFA migrants because of the built-in barrier to health access in the 6% costs borne by the individual.

Problem solving the cost: The price tag to subsidize the copays and coinsurance costs in SB1239 is estimated to be 8 million dollars. A more realistic cost, assuming the worst case scenario, can be derived through determining the maximum out of pocket costs (\$750.00) for each of the 7500 COFA BHH per enrollees per annum. The worst case scenario cost is \$5.6 million dollars annually. If we assume that only half of these individuals will reach the maximum out of pocket costs, the actual cost will be closer to 4 million annually. Paying \$4 million to \$5.6 million dollars annually to avoid the \$27 million dollar State BHH Quest cost is a wise investment. Should this investment not be made, the cost to the State Government, all of Hawaii's people, and the health care system will far surpass the \$5.6 million investment.

Where to get the financing:

Hawaii receives about \$11 million dollars annually from the US Federal Government to offset Hawaii's Compact Impact. If \$5 million annually from the Compact Impact funding were utilized to subsidize the 6% out of pocket costs for the COFA enrollees the State finance and health care access goals would be met. Further, we agree that \$500,000 from the Compact Impact settlement should be used annually for outreach as recommended by SB1239.

This solution would create a robust Federal funding resolution for health care insurance coverage for the COFA migrants. US Federal tax subsidies would offset the 94% Connector Premium Plan costs and the other 6% would be borne by direct Federal Compact Impact funds.

Evaluation: To better understand and plan for future costs and impacts of terminating BHH, there should be a financial, management, and operations impact evaluation of the Connector as it relates to the finances and health of COFA enrollees. This proposed evaluation would cover the time period between January 1, 2015 and May 30, 2016. It should be submitted to the Administration and Legislature by October 15, 2016. The cost of such an evaluation will be determined by its scope and would likely be in the \$100,000.00 range.

Recommendations:

1. Cover the 6 % out of pocket costs for qualified COFA enrollees to ensure the utility and purpose of the ACA HI Connector
2. Consider drawing all or part of the 6% share of the COFA enrollees insurance costs from the existing Federal Compact Impact funding.
3. Invest in an evaluation plan and process as defined above for better management and understanding the true costs of the BHH termination plan. The cost may be borne by Compact Impact funds and or insurance partners.

SB1327 is ABSOLUTELY necessary. Thank you for this opportunity to testify.

Neal A. Palafox, MD, MPH

Sheldon Riklon, MD

Wilfred Alik, MD

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 09, 2015 8:03 PM
To: HSH Testimony
Cc: jeffrey.acido@gmail.com
Subject: Submitted testimony for SB1327 on Feb 10, 2015 13:15PM

SB1327

Submitted on: 2/9/2015

Testimony for HSH/HTH/TSI on Feb 10, 2015 13:15PM in Conference Room 016

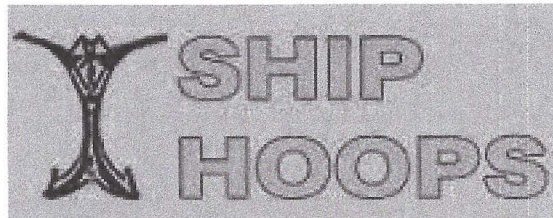
Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Acido	Individual	Support	No

Comments: Aloha, I am in support of this bill simply because of my christian values. It is always the most vulnerable, the least amongst us, that our laws should protect. I want to say that my taxes should be put to ease the pains of being displaced from home, where that may be. The people that this bill will help are good people who but circumstances in history have put them in unfair position. I remember my own people, filipinos, coming to this country and state, being stripped over night of their right to live a healty life, because of a law, the tydings mcduffee act. I do not wish this unfair law to inflict suffering the same way it did to Filipinos in the past. I know this bill does not only affect COFA folks, Micronesian folks, but filipinos as well. It affects many people, and it is my christian duty, my moral obligation, and my life imperative that I live to a just law--and this bill would make that so. please help our brothers and sisters live a life away from the fear of being sick. I know it is difficult because of the political pressure and racial climate to help those who are most in need, but I ask you to find the courage in your heart, the voice of your ancestors, to help a people who was once us! love each other, jeffrey tangonan acido

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LATE



February 10, 2015

TO: HSHtestimony@capitol.hawaii.gov, HUS testimony@capitol.hawaii.gov

CC: Joakim "Jojo" Peter

FM: Clark Graham, Acting Director, SHIP-HOOPS, Inc.

RE: TESTIMONY in SUPPORT OF SB1327 , 2/10/15, 1:15p.m.&

TESTIMONY in SUPPORT OF HB1239 2/13/15, 8:30 a.m.

Testimony in support of SB1327 and HB1239

I only learned of the February 10 and 13 hearings today, February 10, 2015 at 4:15 p.m. Chuuk time. I am writing this evening and hope it will reach you and become part of the record. Thank you for allowing me the opportunity to speak on behalf of COFA citizens residing in the State of Hawaii.

I am a U.S. citizen and long time resident of Chuuk, Micronesia. I came with the first Peace Corps group in 1966 and have lived, worked, raised my family in Chuuk.

Just a couple of weeks ago an article in *USA Today* discussed the sad reality that middle income Americans were deferring medical examinations and procedures because their deductible was too costly. These hard working average American citizens have decided to roll the dice, waiting to get advised medical exams and treatment because of the high cost they incur. They simply cannot afford it. Today health care is a problem for everyone.

In the 1800's my Irish ancestors decided to leave their native land. With no hope of a job, no land, famine, and other issues, they were left with no choice but to seek a better life in America. So too did individuals of Japanese, Chinese, European and American ancestry venture to Hawaii for similar reasons.

Imagine now you are a COFA citizen who came to Hawaii, and other U.S. states seeking opportunity: a job, better education for your children, perhaps better health services, a chance to start over. A COFA citizen has a legal right to be in the

United States. He is not an illegal immigrant. His right is guaranteed under a Compact of Free Association (COFA).

A Chuukese mother arrives in Hawaii, like other nationalities have for so long, and like all other immigrants before her, she struggles with the language, she may only be able to secure an entry level unskilled and lower paying job with little status, and her child are in need of assistance.

These COFA citizens are in need of health care, which should be a right, and is one of the Rights of a Child promulgated by the United Nations. But they are, like the middle income Americans and others, faced with the extremely high cost of medical services.

While these COFA citizens reside in Hawaii, their COFA relatives and friends serve in the U.S. Armed Forces and have the highest percentage of deaths and injury in recent U.S. military engagements: higher than Guam, Hawaii or the other 49 states.

We permit and welcome them to shed blood for America, but Hawaii may not provide needed health care to the parent of a COFA child, thereby threatening the well being of a minor.

I am certain I speak for many when I say that I find this unacceptable and in contrast to the inscription that appears on the Statue of Liberty, that greeted my ancestors who entered the United States via Ellis Island.

At the same time I sympathize with Hawaii residents who feel the burden of health care for COFA citizens is high. Every Hawaiian congressperson needs to raise this issue with the President, the House and Senate. This challenge being faced by Hawaii is a national matter and Hawaii requires the support of the national government.

But, the State of Hawaii **must not** deny fair and reasonable health coverage to these COFA mothers, fathers, brothers and sisters who have come to America for a better life. They are entitled to reasonable health care and this problem cannot be solved by denial of basic human rights.

If I might paraphrase a comment made in *The Newsroom* TV series. "These people who come to our shores seeking a better life, deserve a label better than '*COFA citizens*', and talked about like we speak of gum on our shoe."

I ask that you consider this: what is one to do who is legally able to come to Hawaii, or Texas, Oregon, Washington, Arkansas or Missouri, only to find themselves unable to provide for basic services such as health care?

Certainly the COFA people are treated by many as the least among immigrants to Hawaii. My late son, a Chuukese who grew up in Chuuk, graduated from Xavier High School (XHS) at 15, then attended and graduated from Punahou in Honolulu, and later the College of the Holy Cross. His first job after college was in Hawaii where he taught at a middle school attended by many COFA and other Pacific Island students.

While living there he found it impossible to rent a decent apartment. He finally realized that he was being treated differently because he was a Chuukese. When I advised him to use two good family friends as references, both well known lawyers in Honolulu, he refused saying, "I will not do it Dad. I have a right to rent a decent place, but I will seek no special treatment. I am a Chuukese and a Chuukese has the right to live in a decent apartment!"

He never did get that apartment... He was treated differently!

Later when training for the 2012 Olympics in Honolulu, a photo was taken of him at Koko Head standing on the metal grating at the very top, where he and other wrestlers ran to get in shape. That was his Facebook photo. Next to that photo he wrote a statement well known here in the islands. Keitani said, ***"I AM CHUUKESSE AND I AM A BURDEN... on those who are ignorant!"***

Chuukese and other COFA citizens are often treated as the least important members of the community in which they live. But, "in that ye do it unto the least of these my brethren, ye do it unto me."

I ask that those responsible for health care in Hawaii support and pass SP1327 and HP1239 that provides reasonable health care to COFA migrants and *"promotes the health and economic interests of our state"* (Joakim Peter).

We will all be better for such a decision! Thank you very much for not treating COFA citizens differently, for not viewing COFA people as ***"A BURDEN"*** and for supporting and passing SP1327 and HP1239!

Majalo nui loa!

Respectfully written,
Clark Graham
Acting Director
SHIP-HOOPS, Inc.
P.O. Box 1704
Chuuk, FM 96942
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LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 09, 2015 9:36 PM
To: HSH Testimony
Cc: fawnjade712@gmail.com
Subject: Submitted testimony for SB1327 on Feb 10, 2015 13:15PM

SB1327

Submitted on: 2/9/2015

Testimony for HSH/HTH/TSI on Feb 10, 2015 13:15PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Fawn Jade Koopman	Individual	Support	No

Comments: I stand in strong support of SB1327. This measure ensures our indigent COFA residents will have continued access to life-saving healthcare, and reduce the short and long term fiscal impacts of healthcare discrimination on our state, its healthcare infrastructure, and our local economy. Further, this bill will reduce the inestimable economic impacts of public health issues that may arise from categorically restricting access to healthcare for a health-vulnerable group. Thank you for this opportunity to testify.

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To: HSH Testimony
Cc: mkyching@gmail.com
Subject: *Submitted testimony for SB1327 on Feb 10, 2015 13:15PM*

SB1327

Submitted on: 2/9/2015

Testimony for HSH/HTH/TSI on Feb 10, 2015 13:15PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Ching	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 09, 2015 10:45 PM
To: HSH Testimony
Cc: espihawaii@juno.com
Subject: Submitted testimony for SB1327 on Feb 10, 2015 13:15PM

SB1327

Submitted on: 2/9/2015

Testimony for HSH/HTH/TSI on Feb 10, 2015 13:15PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Deanna Espinas	Hawaii Coalition for Immigrant Rights/Immigration Reform	Support	No

Comments: This bill provides meaningful and equal access to healthcare for COFA community members who came to Hawaii to seek a new life for themselves and their families (as did my parents and grandparents). Many in our COFA community struggle to survive and face discrimination in housing, education, employment, etc. I support this bill because it speaks to the needs of our newest group of immigrants. This bill recognizes their contribution to our community and the importance of basic health care for all immigrants in our State. Thank you for this opportunity to submit my testimony.

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LATE

COMMITTEE ON HUMAN SERVICES AND HOUSING

Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

COMMITTEE ON TOURISM AND INTERNATIONAL AFFAIRS

Senator Gilbert Kahele, Chair
Senator J. Kalani English, Vice Chair

MEASURE: SB 1327 Relating to Healthcare
Date Tuesday Feb 10th
Time: 1:15PM
Place Conference Room 016

From: Barbara Tom RN

Re: Strong Support of SB1327

As a retired Public Health Nurse, I believe that policies for the community should be created to protect and ensure public health and safety. The Department of Human Services are planning to move all non-aged, blind, and disabled individuals from the Compact of Free Association over to the Hawaii Connector, into a plan which will make medical costs unaffordable for a Medicaid qualified population. It will be another barrier to access preventative care for a community that is already plagued with overwhelming health disparities.

I have been working with the community for over 30 years. Since December 2014, I have been assisting the Health Connectors to provide outreach in Waipahu to enroll these individuals onto this health plan by the February 15th deadline.

I would like to present a case, which reflects the financial burdens of many in the COFA community. Mrs. A, whose husband works at a car wash full time, earns \$900 a month to sustain her family of 4. Her expenses are rent at \$450/month, electricity at \$120/month, phone bill costs at \$55/month, food costs at \$200/month, and other costs such as school supplies and necessary toiletry items totalling \$35/month. This equates to exactly \$900 leaving her no net income to be used to pay the co-pays designated by this health care plan. If she takes even one medication, she is expected to cover a co-pay of \$10 or greater/month, which is in addition to her doctors visit co-pay of \$5.00. This will be unaffordable. When asked how she will manage to pay for her monthly MD visits and medication, she responded, "I will not

be able to go to the doctor as often and cannot afford to get my medication monthly." This is just one example of someone struggling at the poverty level who will be forced to sacrifice health for basic needs due to the financial burden of these health care copays.

Research over the past 40 years has consistently shown that requiring copays from those at, or near, poverty level, leads to a reduction in the access to care that these individuals need. This also correlates to an increase in poor health outcomes and even deaths for a community already struggling with health disparities.

Under DHS's plan, individuals near or below poverty who have chronic medical conditions such as Mrs A will be required to pay up to \$2,250 per year for medical care. Without SB 1327 and HB 1239, people will be forced to forego necessary care. Their lack of care will culminate in poor health for this vulnerable population leading to even more costly burdens. Our hospitals and medical centers will ultimately suffer the consequence of this plan as they will bare the cost of these expensive hospitalizations.

I urge you to pass SB 1327 and HB 1239. It will allow timely access to health care, avoiding the need for unnecessary expensive emergency medical interventions for our neediest population. This is a policy which will uphold public health and create a healthier state.

Respectfully,

A handwritten signature in cursive script, reading "Barbara Tom". The signature is written in dark ink and is positioned below the word "Respectfully,".

Barbara Tom
Nations of Micronesia Committee, Chair

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 10, 2015 7:02 AM
To: HSH Testimony
Cc: kelbe789@gmail.com
Subject: *Submitted testimony for SB1327 on Feb 10, 2015 13:15PM*

SB1327

Submitted on: 2/10/2015

Testimony for HSH/HTH/TSI on Feb 10, 2015 13:15PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kelli Buenconsejo	Individual	Support	No

Comments:

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From: Kelsey Amos <kmt.amos@gmail.com>
Sent: Tuesday, February 10, 2015 8:16 AM
To: HSH Testimony
Subject: TESTIMONY in SUPPORT of SB1327, 2/10/2015, 1:15 p.m.

Aloha,

I support health care for COFA residents.

1) This bill will reduce the inestimable economic impacts of public health issues that may arise from categorically restricting access to healthcare for a health-vulnerable group. From a public health standpoint, creating barriers to medical access for a particularly health-vulnerable group, to address communicable diseases, or gain precautionary or preventative care information, may have negative impacts on public health as a whole. The relatively high co-pay and cost-sharing rates charged to indigent individuals who would otherwise go to the doctor create just such a barrier, that could easily be reduced through the relatively small state investment in this bill.

2) The children of our COFA community members, many of whom are Hawai'i and U.S. citizens, are seeking to develop their skills and capacity to contribute to our economic and social health, through higher education and other job training opportunities. The need to help cover the debts that may arise from a sick parent's or family member's co-pays and cost-sharing under this bill may force such enterprising young students to forego their education and specialized training, delaying their potential socioeconomic contributions for a generation or more. Such opportunity costs will, in the long-term, likely far exceed the meager state investment proposed in this measure.

3) For COFA community members living below the poverty line, a \$750 out-of-pocket minimum expense, as required under the Obamacare plans made available to them, may mean losing the ability to afford rent, purchase groceries and basic necessities, or support a child's education. In many cases, such individuals are likely to forego accessing medical services or purchasing prescription medication until their conditions deteriorate to the point of warranting a much more expensive, and much less effective, emergency room visit. In other words, by redirecting a portion of the approximately \$27 million in cost savings that will be realized by the state, this life-saving measure will avoid forcing our sickest and most indigent community members to choose between medical care, or supporting their families

Kelsey Amos

Graduate Assistant, University of Hawai'i Mānoa
Writer/Coordinator, Purple Mai'a
Managing Editor, Hawai'i Review
Writer, inhmag.com
808-222-5247 (cell)

LATE

From: Danielle Vassalotti <dvassal5@gmail.com>
Sent: Tuesday, February 10, 2015 9:21 AM
To: HSH Testimony
Subject: TESTIMONY in SUPPORT of SB1327, 2/10/2015, 1:15 p.m

Please place my name in support of this bill.

I want to see COFA citizens, who are community members and my neighbors and friends, have access to health care when they need it. If this tax money can be used to subsidize some of the cost for those that are struggling to make ends meet, then so be it. It is better for the health of the individuals, for their families and for the public at large in Hawaii. Healthy citizens are more likely to be happy and productive citizens.

Danielle Vassalotti

From: Randy Compton <rcompton@hawaii.edu>
Sent: Tuesday, February 10, 2015 9:13 AM
To: HSH Testimony
Subject: TESTIMONY in SUPPORT of SB1327, 2/10/2015, 1:15 p.m.

Even the modest appropriation proposed by this bill is likely far more than would be necessary to ensure cost- and life-saving access to healthcare for our most health vulnerable community members. Apart from the chronically ill, most of the former Medicaid enrollees who must now sign on to the Hawai'i Healthcare Connector will likely not need medical intervention or access except in the most exigent circumstances. Thus, actual costs will likely be closer to \$2-\$3 million, with \$5 million as a safe estimate. **In any case, this is just a fraction of what the state will be saving by forcing our indigent COFA community members off of the state Med-QUEST program.**

-Randy Compton

LATE

From: Namelyina Kintin <nkintin@kkv.net>
Sent: Tuesday, February 10, 2015 9:21 AM
To: HSH Testimony
Subject: TESTIMONY in SUPORT of SB1327, 2/13/2015,8:30 a.m.

Hi I am writing in support of the insurance regarding COFA.

As an Micronesia I will like to say thank you for all the support you have gave us and to encourage you to please continue to help and support us.

Thank you

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 10, 2015 9:51 AM
To: HSH Testimony
Cc: jmmorgan@hawaii.edu
Subject: Submitted testimony for SB1327 on Feb 10, 2015 13:15PM

SB1327

Submitted on: 2/10/2015

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Submitted By	Organization	Testifier Position	Present at Hearing
Julia Morgan	Individual	Support	No

Comments: Aloha, I would like to testify in strong support of the state's efforts to care for our COFA brothers and sisters. I know that some of the arguments against these measures point to a strained local economy that cannot support this community health work. I also am aware that many of the reasons for the influx of members from the COFA Community are not the result of the actions of Hawai'i, but the actions of the United States in general, e.g., nuclear testing, environmental degradation, sea level rise due to global climate change. That being said, Hawaii, as are all the COFA Community, is a member of the greater Pacific Island community. We share similar concerns. We share similar stories. We share the sea. Now, we are being asked to share some of our wealth with those who have suffered at the hands of our government and our people. I realize this may not seem fair to us, but it is the right thing for the citizens of Hawai'i to do. At one time, many of us who are immigrants to Hawai'i fled here for a better life. At one time, many of us were in the same situation as the citizens of the COFA community that this bill is designed to support. In the spirit of this state, in the spirit of what it means to be a member of a larger community, I ask that we support the COFA community in their quest to live decent lives. Thank you for considering a few points, below, and for your efforts to hold a deeper vision of what we value in Hawai'i. 1) This bill will reduce the inestimable economic impacts of public health issues that may arise from categorically restricting access to healthcare for a health-vulnerable group. From a public health standpoint, creating barriers to medical access for a particularly health-vulnerable group, to address communicable diseases, or gain precautionary or preventative care information, may have negative impacts on public health as a whole. The relatively high co-pay and cost-sharing rates charged to indigent individuals who would otherwise go to the doctor create just such a barrier, that could easily be reduced through the relatively small state investment in this bill. 2) The children of our COFA community members, many of whom are Hawai'i and U.S. citizens, are seeking to develop their skills and capacity to contribute to our economic and social health, through higher education and other job training opportunities. The need to help cover the debts that may arise from a sick parent's or family member's co-pays and cost-sharing under this bill may force such enterprising young students to forego their education and specialized training, delaying their potential socioeconomic contributions for a generation or more. Such opportunity costs will, in the long-term, likely far exceed the meager state investment proposed in this measure. 3) For COFA community members living below the poverty line, a \$750 out-of-pocket minimum expense, as required under the Obamacare plans made available to them, may mean losing the ability to afford rent, purchase groceries and basic necessities, or support a child's education. In many cases, such individuals are likely to forego accessing medical services or purchasing prescription medication until their conditions deteriorate to the point of warranting a much

more expensive, and much less effective, emergency room visit. In other words, by redirecting a portion of the approximately \$27 million in cost savings that will be realized by the state, this life-saving measure will avoid forcing our sickest and most indigent community members to choose between medical care, or supporting their families

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SB1327

Submitted on: 2/11/2015

Testimony for HSH/HTH/TSI on Feb 11, 2015 13:15PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Tagi Qolouvaki	Individual	Support	No

Comments:

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SB1327

Submitted on: 2/10/2015

Testimony for HSH/HTH/TSI on Feb 10, 2015 13:15PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Beatriz Cantelmo	Amnesty International Honolulu Chapter	Support	Yes

Comments: Amnesty International Honolulu Chapter supports SB1327 bill. We believe that this bill is necessary to ensure continued healthcare access for the most vulnerable members of our COFA community, Hawaiian residents from the Federal States of Micronesia, Palau, and the Marshall Islands; as well as other legal permanent residents who have resided in the U.S. for less than 5 years. Without this new measure, thousands of adults and children will lose access to affordable health care insurance. Moreover, the Department of Health and Human Services will not have the necessary budgetary funds to absorb the costs associated with co-pay costs beyond what is required by the State Medicaid recipients for the upcoming 2 fiscal years. The consequences of having thousands of individuals not covered by health insurance can be catastrophic. The quality of health and life of many of our COFA residents and U.S. permanent residents will be negatively affected. Unnecessary financial burden to our health care system can be avoided. Health insurance coverage allows people to seek medical services right away, and not when their condition worsens. It also allows us to work from a place of prevention, and not intervention services. Financially, it costs more to see a patient at the Emergency room than at a regular clinic. Or to treat Diabetes, a heart condition, cancer or a bacterial infection when it is in its beginning stages. As a social justice and civil rights advocacy organization, we believe that ending the disparity gap with regards to health access and continuum of care is one of the most critical social justice, human and civil rights issues that we face today in the U.S. and in the state of Hawai'i. COFA residents, as well as U.S. permanent residents living in this country for less than five years are one of the most vulnerable groups that we must support. They deserve and should have equal access and continuum of health care as well.

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