

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

January 30, 2017

TO: The Honorable Senator Josh Green, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 374 Relating to Medicaid**

Hearing: January 30, 2017, 2:45 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to testify and provides comments.

PURPOSE: The purpose of the bill is to provide enhanced Medicaid payments to long-term care facilities that accept and care for medically-complex patients awaiting discharge from an acute care hospital, to help place patients in the most appropriate setting of care, and to open up hospital beds for acute patients.

We agree with the intent of the bill to provide care for our Medicaid beneficiaries in the most appropriate setting, and that waitlisted patients in acute care facilities can face barriers to being transferred from the hospital to another community-based facility due to their complex health needs. We also recognize that changing the reimbursement method by using an add-on to the base rate is one potential method to address the issue. We are concerned that passage of this measure not impact the Executive office's budget priorities.

There are many details that need to be clarified or modified to more effectively accomplish the intent of the bill. It is unclear who or what entity would be responsible for

making the assessment of the need for the level of care, or who or what entity would request such a review. Currently, the level of care assessment for long-term care services is done by an independent party to the acute care and the nursing facilities.

The nursing facility rates are currently acuity based using a prospective payment system. The rate is updated every six months to account for the acuity level of the nursing facilities' residents. The impact of the add-on payment on the current acuity based payment would need to be determined.

Additionally, we respectfully suggest analyses be done regarding the adequacy of the 40% add-on payment in order to ensure the most efficient and effective use of Medicaid state and federal dollars. However, some additional clarity on the details as well as additional time to gather the disparate data is needed in order to assess the value and financial impact of the 40% add-on payment.

The long-term care nursing facilities are only one type of setting where Medicaid enrollees are discharged from acute-care settings. The definition of long-term care facility referenced in the bill (section 349-21, Hawaii Revised Statutes) includes Adult Residential Care Homes, but not Community Care Foster Homes (CCFH). However, many more Medicaid beneficiaries are discharged from the hospital to CCFHs than to Adult Residential Care Homes. We would suggest that the entire range of settings be considered in addressing the intent of the bill.

In addition, we respectfully seek clarification of the following technical issues:

- Section (b) lists 6 qualifying conditions for the Medicaid beneficiary to have in order to qualify for the add-on payment. Section (c) (2) also lists qualifying conditions. However, the qualifying conditions are different, and
- Section (b) qualifying conditions lists include “(1) A moderately severe to very severe medical or physical health conditions”. However, there is not an already agreed-upon definition of “moderately severe to very severe medical or physical health condition”. This would need to be clarified in order to implement.

Thank you for the opportunity to testify on this bill.

January 30, 2017

The Honorable Josh Green, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Human Services

The Honorable Rosalyn Baker, Chair
The Honorable Clarence Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 374 – Relating to Medicaid

Dear Chair Green, Chair Baker, Vice Chair Chang, Vice Chair Nishihara, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 374, relating to add-on payments to the Medicaid base rate for Medicaid enrollees with medically complex conditions who are receiving care at long-term care facilities. HMSA appreciates the Committees' intent to address the expressed challenge of placing medically complex patients in long-term care environments. We do have concerns that clarification is needed for some elements of the Bill, and we offer comments.

HMSA would ask the Committees to consider clarifying in Section 2(b)(1) (page 3, lines 11-16) and (5) (page 4, lines 1-2) respectively on what qualifies as "moderately severe" and "severe" conditions. Without this clarification, conflicts may arise regarding when the add-on payment should apply. In addition, we ask the Committees to offer further clarity on (b)(2) (page 3, lines 17-18) with regard to how drug costs are measured; as written we believe there could be confusion as to when this cost is calculated (e.g., when administered in the hospital, after discharge, etc.).

We additionally ask the Committees to consider providing adequate lead-time for plans to operationalize the statutory changes

Thank you for allowing us to testify on SB 374. The Committees' consideration of these suggestions is appreciated.

Sincerely,



Mark K. Oto
Director, Government Relations.



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

Senate Committee on Human Services
Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

January 30, 2017
Conference Room 016
2:45 p.m.
Hawaii State Capitol

Testimony Supporting Senate Bill 374, Relating To Medicaid.
Establishes an add-on payment of forty per cent to the medicaid base rate for medicaid enrollees at long-term care facilities that have medically complex conditions requiring higher level of care. Appropriates funds for fiscal years 2018 and 2019 to cover increased costs.

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony in support of S.B. 374 that provides for add-on payment of forty per cent to the Medicaid base rate for Medicaid enrollees at long-term care facilities that have medically complex conditions requiring higher level of care.

This measure attempts to address the issue of wait-listed patients that are occupying beds in acute care hospitals until a community long-term care provider can be found that can accommodate their complex medical issues. For HHSC's facilities, the wait-list issue has a significant negative impact on Maui Memorial Medical Center's financial performance. Maui Memorial Medical Center can have anywhere between 30-50 wait-listed patients per day. It is estimated that the lost revenue from holding these patients in the hospital rather than filling the beds with true acute care patients is approximately \$15 million per year. Any measure that encourages more facilities to treat sub-acute patients with complex medical conditions would greatly benefit Maui Memorial Medical

Center and reduce the amount of money that the taxpayers of the State of Hawaii would have to pay to subsidize that facility.

Thank you for the opportunity to testify before this committee. We would respectively recommend the Committee's support of this measure.

Comments: This is one of the most thoughtful, insightful bills we have seen in some time. We have been advocating for a provision for a differentiated rate payment for years. It is interesting to note the study which references that 38 states have a similar provision because for years we had been told by prior administrations that it was not possible. We have had a long history of working with this "challenging patient" group and served on a Legislative Task Force years ago that sought to address this. We see these clients at our office. There is no doubt that the waitlist and the backlog that occurs at hospitals results from a simple basic truth. In our free market system of individually and family owned community care homes, operators are free to pick and choose who they wish to accept into their home. It is an easy confluence of human nature and economics that in most cases, for the same base rate of pay, the operator will choose the patient who is the easiest to care for. As a result, individuals with more complex medical needs or behavioral issues are often unable to find a care home that will accept them. Since the hospitals cannot inappropriately discharge them, these people languish in the hospitals when they don't need to be there, at a huge economic cost to the facility. The only way in our present system to place them in the community is to properly incentivize the operators so that they can recoup the cost to them of providing care and basically make it "worth their while" to do so. Otherwise, this problem will never get solved and these individuals will continue to live in hospitals which in turn will continue to lose money and run the risk of a shortage of beds to serve those who really need to be there.

Louis Erteschik, Esq.

Executive Director

Hawaii Disability Rights Center

1132 Bishop Street

Suite 2102

Honolulu, HI 96813


Phone: 808-949-2922 Ext. 211



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Josh Green, Chair
The Honorable Stanley Chang, Vice Chair
Members, Committee on Human Services

The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health


From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: January 27, 2017

Hrg: Senate Committees on Human Services and Commerce, Consumer Protection, and Health
Joint Hearing; Monday, January 30, 2017 at 2:45PM in Room 016

Re: **Support for SB 374, Relating to Medicaid**

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems. I would like to express my **support** for SB 374, Relating to Medicaid. This bill would provide enhanced Medicaid payments to long-term care (LTC) facilities that accept and care for medically-complex patients awaiting discharge from an acute care hospital.

At Queen's we are committed to providing care for Hawaii's most underserved. We concur with the testimony from the Healthcare Association of Hawaii. By providing an add-on payment to base rates for these complex patients, the State would help to encourage the transfer of medically complex patients to LTC facilities. At The Queen's Medical Center – Punchbowl (QMC-Punchbowl), Medicaid patients accounted for a total of 5,484 days on the waitlist with 53 percent considered to be medically-complex patients.

Waitlisted patients are very costly for the health care system since patients are receiving care in the most expensive setting. It also means that patients needing an acute level of care may not be able to access a hospital bed if census is full and waitlisted patients occupy acute care beds. QMC-Punchbowl experiences an average daily census (ADC) of 94 percent (80 percent is the efficient ADC level). In 2016, QMC-Punchbowl reached capacity multiple times requiring us to go on divert for 153 days or 42 percent of the entire year. At the same time the number of Emergency Department (ED) holds at QMC-Punchbowl, defined as an individual waiting more than four hours to be hospitalized, averaged 11.43 holds a day last year. Waitlisted patients directly impact the availability of acute care beds. Therefore, providing this add-on payment to LTC facilities will help to alleviate the transfer waitlist bottleneck at hospitals and free up more beds for patients needing an acute level of care.

I commend the legislature for introducing this measure and ask you to support it. Thank you for your time and attention to this important issue.

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.



January 30, 2017 at 2:45 PM
Conference Room 016

Senate Committee on Human Services

To: Chair Josh Green
Vice Chair Stanley Chang

From: Kurt Akamine
Vice President

Re: **Testimony in Support**
SB 374, Relating to Medicaid

Ohana Pacific Management Company, Inc. (OPMC) which owns and operates five post-acute care facilities servicing more than 500 patients on Oahu and Kauai as well as an adult day health program and home health agency on Kauai.

OPMC is the largest privately owned post-acute health care provider in the state and strives to provide the highest quality of post-acute care to the Hawaii population. Our foundation for delivery of care encompasses many aspects but quality is the main driver.

Ohana Pacific Management Company would like to thank the committee for the opportunity to **support** SB 374. This legislation seeks to alleviate the bottleneck between acute care hospitals and long-term care (LTC) facilities when waitlisted patients cannot be placed in the most appropriate setting of care due to cost concerns. All too often, patients end up residing in a hospital for many months because the cost of caring for that patient in a LTC facility is much higher than what the facility would receive in reimbursements from the Medicaid program. To address this issue, this measure would provide an add-on payment that would amount to 40 percent of the base rate, or approximately \$100 per day, to help LTC facilities cover the costs of caring for waitlisted patients with complex conditions. A similar add-on payment is available in 38 other states to encourage LTC facilities to accept costly and complex patient who might otherwise reside in a hospital.

Waitlisted patients are individuals who have recovered sufficiently to no longer need the acute level of care that a hospital provides but who cannot be transferred from a hospital to another facility. The predominant reason that this transfer cannot be made is that a patient has a complex medical need, such as septicemia or behavioral health or substance abuse issues, that require more intensive services. These patients are often too costly to treat because the gap between costs and the reimbursement from Medicaid is too wide.

By providing an add-on payment to base rates for these complex patients, the state would help to encourage the transfer of medically complex patients to LTC facilities. Without it, the current bottleneck that occurs between the hospital and the LTC facility will likely get worse since the level of reimbursement will increasingly fall short of the cost of providing needed services. Further, costs to the

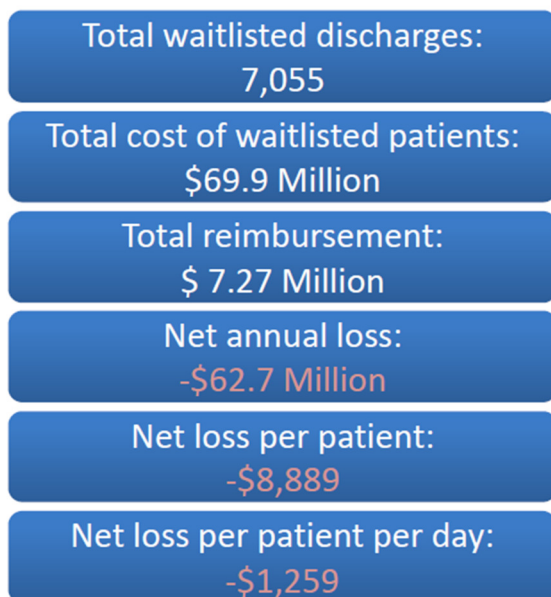
health care system will increase as patients continue to receive care in high-cost, less-appropriate settings of care.

The costs incurred by hospitals for caring for waitlisted health care patients is concerning. A 2014 report by the Hawaii Health Information Corporation found that there were 7,055 patients who were waitlisted in Hawaii hospitals in 2011. The costs to hospitals of taking care of those patients was \$1,259 per day, with a net annual loss of approximately \$60 million. Further, patients who need acute care services may not be able to access a hospital bed if it is taken up by an individual who no longer meets that level of care but cannot be moved to an appropriate facility. Further statistics on the issue can be found in **Figure 1**, which borrows from a report issued by the Hawaii Health Information Corporation in 2014.

The estimated cost of providing this add-on payment would be approximately \$4 million in state general funds, which would be matched by about \$4 million in federal funds. This sum is just a fraction of the costs that hospitals incur caring for these patients because patients will be placed in a lower-cost (and more appropriate) setting of care. Further, acute care facilities will no longer lose potential revenue because they are unable to provide a bed for a patient needing acute care. The compounding costs of waitlisted patients residing in hospitals can be mitigated with this funding, helping to make sure that patients receive quality care while saving costs.

Thank you for your consideration of this important matter and we humbly request your support of this measure.

Figure 1
Acute Care Waitlisted Patients in Hawaii 2006-2011
Report by the HHIC – March 5, 2014





January 30, 2017 at 2:45 PM
Conference Room 016

Senate Committee on Human Services

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Josh Green
Vice Chair Stanley Chang

Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

From: Paige Heckathorn
Senior Manager, Legislative Affairs
Healthcare Association of Hawaii

Re: **Testimony in Support**
SB 374, Relating to Medicaid

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 160 member organizations who represent almost every aspect of the health care 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.

The Healthcare Association of Hawaii would like to thank the committees for the opportunity to **support** SB 374. This legislation seeks to alleviate the bottleneck between acute care hospitals and long-term care (LTC) facilities when waitlisted patients cannot be placed in the most appropriate setting of care due to cost concerns. All too often, patients end up residing in a hospital for many months because the cost of caring for that patient in a LTC facility is much higher than what the facility would receive in reimbursements from the Medicaid program. To address this issue, this measure would provide an add-on payment that would amount to 40 percent of the base rate, or approximately \$100 per day, to help LTC facilities cover the costs of caring for waitlisted patients with complex conditions. A similar add-on payment is available in 38 other states to encourage LTC facilities to accept costly and complex patient who might otherwise reside in a hospital.

Waitlisted patients are individuals who have recovered sufficiently to no longer need the acute level of care that a hospital provides but who cannot be transferred from a hospital to another facility. The predominant reason that this transfer cannot be made is that a patient has a complex medical need, such as septicemia or behavioral health or substance abuse issues, that require more intensive services. These patients are often too costly to treat because the gap between costs and the reimbursement from Medicaid is too wide.

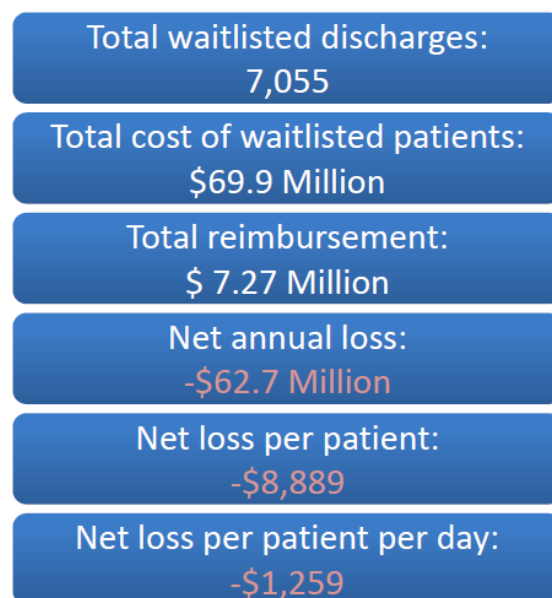
By providing an add-on payment to base rates for these complex patients, the state would help to encourage the transfer of medically complex patients to LTC facilities. Without it, the current bottleneck that occurs between the hospital and the LTC facility will likely get worse since the level of reimbursement will increasingly fall short of the cost of providing needed services. Further, costs to the health care system will increase as patients continue to receive care in high-cost, less-appropriate settings of care.

The costs incurred by hospitals for caring for waitlisted health care patients is concerning. A 2014 report by the Hawaii Health Information Corporation found that there were 7,055 patients who were waitlisted in Hawaii hospitals in 2011. The costs to hospitals of taking care of those patients was \$1,259 per day, with a net annual loss of approximately \$60 million. Further, patients who need acute care services may not be able to access a hospital bed if it is taken up by an individual who no longer meets that level of care but cannot be moved to an appropriate facility. Further statistics on the issue can be found in **Figure 1**, which borrows from a report issued by the Hawaii Health Information Corporation in 2014.

The estimated cost of providing this add-on payment would be approximately \$4 million in state general funds, which would be matched by about \$4 million in federal funds. This sum is just a fraction of the costs that hospitals incur caring for these patients because patients will be placed in a lower-cost (and more appropriate) setting of care. Further, acute care facilities will no longer lose potential revenue because they are unable to provide a bed for a patient needing acute care. The compounding costs of waitlisted patients residing in hospitals can be mitigated with this funding, helping to make sure that patients receive quality care while saving costs.

Thank you for your consideration of this important matter and we humbly request your support of this measure.

Figure 1
Acute Care Waitlisted Patients in Hawaii 2006-2011
Report by the HHIC – March 5, 2014





HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

(800) 554-5569 x13 • www.hapta.org • info@hapta.org

**SB 374, Relating to Medicaid
Senate HMS/CPH Committee Hearing
Monday, Jan. 30, 2017 – 2:45 pm
Room 016
Position: Support**

Chair Green and Chair Baker, and Members of the Senate HMS/CPH Committee:

I am Gregg Pacilio, PT and Board President of the Hawaii Chapter of the American Physical Therapy Association (HAPTA), a non-profit professional organization serving more than 300 member Physical Therapists and Physical Therapist Assistants. Our members are employed in hospitals and health care facilities, the Department of Education school system, and private practice. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

HAPTA supports enhanced Medicaid payments to long term care (LTC) facilities that accept and care for medically-complex patients awaiting discharge from an acute care hospital, which will help place patients in the most appropriate care setting, and will open up hospital beds for acute care patients.

Physical therapists are part of the interdisciplinary team of many long term care hospitals and see many behaviorally complex patients, which are often on medication and with psychiatric issues. These conditions lead to particularly high rates of falls that are difficult to prevent without 1:1 sitters, even with aggressive PT and interprofessional care.

Your support of SB 374 is appreciated. Thank you for the opportunity to testify. Please feel free to contact Joanne Ishikawa, HAPTA's Legislative Chair at 808-221-4001 for further information.

January 30, 2017 at 2:45 PM
Conference Room 016



Senate Committee on Human Services
Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Josh Green
Vice Chair Stanley Chang

Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

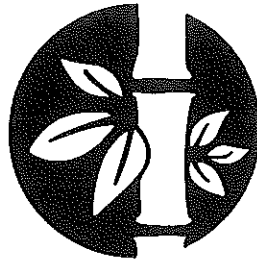
From: Dee Robinson
Administrator
One Kalakaua Senior Living

Re: Testimony in Support
SB 374, Relating to Medicaid

Thank you for the opportunity to testify in **strong support** of SB 374, which seeks to alleviate the barrier between hospitals and long-term care facilities when waitlisted patients are not able to be placed in the most appropriate care setting due to cost impediments. Most of these patients have special needs such as complex medical conditions, mental/behavioral conditions, substance abuse issues, etc. Patients remain in hospitals because long-term care facilities are not able to take these patients, because the costs of care for these medically complex needs are significantly higher than what Medicaid reimburses them for.

This measure provides for an add-on payment that would allow long-term care facilities to receive increased reimbursement for these medically complex patients. Without it, these patients will continue to stress our already struggling acute care hospitals and patients will not be afforded the opportunity to receive the care they need in the most appropriate, less costly, care setting.

Thank you for the opportunity to testify in **support** of SB 374.



Oahu Care Facility

1808 South Beretania Street • Honolulu, Hawaii 96826 • Phone (808) 973-1900

January 27, 2017 at 2:45 PM
Conference Room 016

Senate Committee on Human Services

To: Chair Josh Green
Vice Chair Stanley Chang

From: Colleen Kojima, Administrator
Oahu Care Facility

Re: **Testimony in Support**
SB 374, Relating to Medicaid

I would like to echo the testimony submitted by the Healthcare Association of Hawaii which reads as follows:

“The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 160 member organizations who represent almost every aspect of the health care 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.

The Healthcare Association of Hawaii would like to thank the committee for the opportunity to **support** SB 374. This legislation seeks to alleviate the bottleneck between acute care hospitals and long-term care (LTC) facilities when waitlisted patients cannot be placed in the most appropriate setting of care due to cost concerns. All too often, patients end up residing in a hospital for many months because the cost of caring for that patient in a LTC facility is much higher than what the facility would receive in reimbursements from the Medicaid program. To address this issue, this measure would provide an add-on payment that would amount to 40 percent of the base rate, or approximately \$100 per day, to help LTC facilities cover the costs of caring for waitlisted patients with complex conditions. A similar add-on payment is available in 38 other states to encourage LTC facilities to accept costly and complex patient who might otherwise reside in a hospital.

SB 374, Relating to Medicaid
Page Two

“Waitlisted patients are individuals who have recovered sufficiently to no longer need the acute level of care that a hospital provides but who cannot be transferred from a hospital to another facility. The predominant reason that this transfer cannot be made is that a patient has a complex medical need, such as septicemia or behavioral health or substance abuse issues, that require more intensive services. These patients are often too costly to treat because the gap between costs and the reimbursement from Medicaid is too wide.

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The estimated cost of providing this add-on payment would be approximately \$4 million in state general funds, which would be matched by about \$4 million in federal funds. This sum is just a fraction of the costs that hospitals incur caring for these patients because patients will be placed in a lower-cost (and more appropriate) setting of care. Further, acute care facilities will no longer lose potential revenue because they are unable to provide a bed for a patient needing acute care. The compounding costs of waitlisted patients residing in hospitals can be mitigated with this funding, helping to make sure that patients receive quality care while saving costs.”

Thank you for your consideration of this important matter and I humbly request your support of this measure.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, January 27, 2017 4:57 PM
To: HMS Testimony
Cc: louis@hawaiidisabilityrights.org
Subject: Submitted testimony for SB374 on Jan 30, 2017 14:45PM

SB374

Submitted on: 1/27/2017

Testimony for HMS/CPH on Jan 30, 2017 14:45PM in Conference Room 016

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------|---------------------------------|--------------------|--------------------|
| Louis Erteschik | Hawaii Disability Rights Center | Support | Yes |

Comments: This is one of the most thoughtful, insightful bills we have seen in some time. We have been advocating for a provision for a differentiated rate payment for years. It is interesting to note the study which references that 38 states have a similar provision because for years we had been told by prior administrations that it was not possible. We have had a long history of working with this "challenging patient" group and served on a Legislative Task Force years ago that sought to address this. We see these clients at our office. There is no doubt that the waitlist and the backlog that occurs at hospitals results from a simple basic truth. In our free market system of individually and family owned community care homes, operators are free to pick and choose who they wish to accept into their home. It is an easy confluence of human nature and economics that in most cases, for the same base rate of pay, the operator will choose the patient who is the easiest to care for. As a result, individuals with more complex medical needs or behavioral issues are often unable to find a care home that will accept them. Since the hospitals cannot inappropriately discharge them, these people languish in the hospitals when they don't need to be there, at a huge economic cost to the facility. The only way in our present system to place them in the community is to properly incentivize the operators so that they can recoup the cost to them of providing care and basically make it "worth their while" to do so. Otherwise, this problem will never get solved and these individuals will continue to live in hospitals which in turn will continue to lose money and run the risk of a shortage of beds to serve those who really need to be there.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 30, 2017 7:53 AM
To: HMS Testimony
Cc: ecabatu@hhsc.org
Subject: Submitted testimony for SB374 on Jan 30, 2017 14:45PM

SB374

Submitted on: 1/30/2017

Testimony for HMS/CPH on Jan 30, 2017 14:45PM in Conference Room 016

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|---|--------------------|--------------------|
| Elena Cabatu | East Hawaii Region of Hawaii Health Systems Corporation | Support | No |

Comments: Please accept organizational support from the East Hawaii Region of Hawaii Health Systems Corporation which includes: Hilo Medical Center and our sister Critical Access Hospitals, Hale Ho`ola Hamakua in Honoka`a and Ka`u Hospital.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 29, 2017 5:14 AM
To: HMS Testimony
Cc: bmurphy420@mail.com
Subject: *Submitted testimony for SB374 on Jan 30, 2017 14:45PM*

SB374

Submitted on: 1/29/2017

Testimony for HMS/CPH on Jan 30, 2017 14:45PM in Conference Room 016

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|--------------|--------------------|--------------------|
| Brian Murphy | Individual | Support | No |

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, January 28, 2017 2:45 PM
To: HMS Testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB374 on Jan 30, 2017 14:45PM*

SB374

Submitted on: 1/28/2017

Testimony for HMS/CPH on Jan 30, 2017 14:45PM in Conference Room 016

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------------|--------------|--------------------|--------------------|
| Javier Mendez-Alvarez | Individual | Support | No |

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, January 27, 2017 10:50 PM
To: HMS Testimony
Cc: williamrandysmith@gmail.com
Subject: *Submitted testimony for SB374 on Jan 30, 2017 14:45PM*

SB374

Submitted on: 1/27/2017

Testimony for HMS/CPH on Jan 30, 2017 14:45PM in Conference Room 016

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------|--------------|--------------------|--------------------|
| William R Smith | Individual | Support | No |

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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