



HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

**H.C.R. NO. 135, REQUESTING THE AUDITOR TO ASSESS BOTH THE
SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED
HEALTH INSURANCE COVERAGE FOR THE COSTS OF MEDICALLY
NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED
STATES FOR QUALIFYING PATIENTS.**

**H.R. NO. 121, REQUESTING THE AUDITOR TO ASSESS BOTH THE
SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED
HEALTH INSURANCE COVERAGE FOR THE COSTS OF MEDICALLY
NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED
STATES FOR QUALIFYING PATIENTS.**

Hearing: Wednesday, March 21, 2018, 8:30 a.m.

The Office of the Auditor **has no position** regarding H.C.R. No. 135 and H.R. No. 121, which request our office to assess both the social and financial effects of requiring insurance coverage for the costs of medically necessary transportation to the continental United States for qualifying patients, proposed by H.B. No. 687, H.D. 2, Regular Session of 2018. H.C.R. No. 135 and H.R. No. 121 also call for our office to assess “whether Section 1311(d)(3)(B) of the Patient Protection and Affordable Care Act would require the State to defray the costs of the coverage mandate imposed under H.B. No. 687, H.D. 2, if that bill were to become law” and “the social and financial effects of mending the existing definition of the term ‘qualifying patient’, as it appears in H.B. No. 687, H.D. 2, to include a provision that requires a patient be on medically-necessary extracorporeal membrane oxygenation or mechanical circulatory support (including percutaneous ventricular assist devices and intraaortic balloon pump therapies) to qualify for the mandated covered benefit proposed in the measure.” **However, we offer the following comments.**

Hawai‘i Revised Statutes (HRS) section 23-51 requires our office assess “*both the social and financial effects of the proposed mandated coverage.*” Specifically, HRS 23-51 requires

Before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and

financial effects of the proposed mandated coverage. The concurrent resolutions shall designate a specific legislative bill that:

(1) Has been introduced in the legislature; and

(2) Includes, at a minimum, information identifying the:

(A) Specific health service, disease, or provider that would be covered;

(B) Extent of the coverage;

(C) Target groups that would be covered;

(D) Limits on utilization, if any; and

(E) Standards of care.

It appears that certain parts of both resolutions, as written, are currently outside the scope of the assessment required of our office by section 23-51, HRS. Specifically, the requests that our office assess “whether Section 1311(d)(3)(B) of the Patient Protections and Affordable Care Act would require the State to defray the costs of the coverage mandate imposed under H.B. No. 687, H.D. 2, if that bill were to become law” seeks an interpretation of a statute. We would suggest that these requests are for legal opinions and would be better referred to the attorney general or a legislative research office.

Thank you for considering our testimony regarding H.C.R. No. 135 and H.R. No. 121.



March 21, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: HCR 135/ HR 121– REQUESTING THE AUDITOR TO ASSESS BOTH THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED HEALTH INSURANCE COVERAGE FOR THE COSTS OF MEDICALLY NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED STATES FOR QUALIFYING PATIENTS.

Dear Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony supporting the intent of HCR 135/ HR 121, requesting the Auditor to assess both the social and financial effects of proposed mandated health insurance coverage for the costs of medically necessary transportation to the continental United States.

HMSA appreciates and supports the intent of these measures that seek to evaluate the challenge facing individuals needing to access emergent medical care that can only be offered at facilities on the continental United States. We believe both resolutions adequately seek to address the concerns raised in HB 687, HD1 and we appreciate the Committee's request that the Auditor examine the proposed benefit that would include a provision requiring a patient be on medically-necessary extracorporeal membrane oxygenation or mechanical circulatory support (including percutaneous ventricular assist devices and intraaortic balloon pump therapies) to qualify for the mandated covered benefit proposed in the measure.

Thank you for allowing us to submit testimony on this measure.

Sincerely,
Jace Mikulanec
Hawaii Medical Service Association - Government Relations

Wednesday, March 21, 2018 at 8:30 am
Conference Room 329

House Committee on Health & Human Services

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Michael Robinson
Vice President & Government Relations

Re: Testimony In Support for HCR 135/HR 121

Requesting the Auditor to assess both the social and financial effects of proposed mandated health insurance coverage for the costs of medically necessary transportation to the continental United States for qualifying patients.

My name is Michael Robinson, Vice President of Government Relations and Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox.

I write in support of HCR 135/HR 121 which requests the Auditor to study the social and financial effects of mandated health insurance coverage for the costs of medically necessary air transportation to the Mainland for qualifying patients.

In certain unique cases, the medical procedure a patient needs is not available in Hawaii and is only available on the Mainland, requiring immediate air transportation to the Mainland. We understand the cost of this transportation is significant and catastrophic for some patients.

The Auditor's assessment of the social and financial effects of medically necessary air transportation would be an important step toward analyzing the issues and determining whether mandated insurance coverage for air transportation to the Mainland would benefit our patients.

Thank you for the opportunity to provide testimony on this bill.

**HAWAII
PACIFIC
HEALTH**

KAPI'OLANI
MEDICAL SPECIALISTS



Kapiolani.org

Wednesday, March 21, 2018 at 8:30 am
Conference Room 329

House Committee on Health & Human Services

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Len Y. Tanaka, MD

Re: **Testimony In Support for HCR 135/HR 121**
Requesting the Auditor to assess both the social and financial effects of proposed mandated health insurance coverage for the costs of medically necessary transportation to the continental United States for qualifying patients.

My name is Len Y. Tanaka, MD. I am currently an Assistant Professor in the Department of Pediatrics at the University of Hawai'i, John A. Burns School of Medicine. I am employed by the Kapiolani Medical Specialist group as a pediatric intensivist. I hold board certifications in both Pediatrics and Pediatric Critical Care Medicine. In addition to my clinical and academic roles, I also serve as the Medical Director for Hanuola, the Extracorporeal Membrane Oxygenation (ECMO) service.

I write in support of HCR 135/HR 121 which requests the Auditor to study the social and financial effects of mandated health insurance coverage for the costs of medically necessary air transportation to the Mainland for qualifying patients. I would be willing to assist the Auditor in the study and provide any information needed.

For critically ill patients, immediate treatment and care can make a difference in their survival and recovery rates. Many times the needed treatment is not available in Hawaii and is only available on the Mainland. Because time is of the essence, the only viable means of receiving the Mainland treatment is to be transported by air. Commercial flights are not an option as our critically ill patients require accompaniment by trained medical personnel. The cost of transportation by air ambulance can be a significant financial burden for families that is not covered by health insurance. Medicaid currently covers the cost of air ambulance transportation for Hawaii's most needy families, but those who are middle-income earners and working full-time do not receive coverage for the cost of air ambulance transportation to the continental United States, creating an inequity in patients' ability to access needed medical treatment. Requesting the Auditor to conduct an assessment of the social and financial effects of mandated insurance

coverage for air transportation is a vital step toward creating equity among all patients so that those who qualify can have access to medically necessary transportation and potentially life-saving treatment.

Thank you for your attention to this important matter and for your support for the health of Hawai'i's people.



Wednesday, March 21, 2018 at 8:30 am
Conference Room 329

House Committee on Health & Human Services

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Melody Kilcommons
Director, ECMO/Transport and Emergency & Trauma Services

**Re: Testimony In Support for HCR 135/HR 121
Requesting the Auditor to assess both the social and financial effects of
proposed mandated health insurance coverage for the costs of medically
necessary transportation to the continental United States for qualifying
patients.**

My name is Melody Kilcommons and I am Director of ECMO (extracorporeal membrane oxygenation) and Transport, as well as Emergency and Trauma Services, at Kapi'olani Medical Center for Women & Children. Kapi'olani Medical Center for Women & Children is Hawai'i's only maternity, newborn and pediatric specialty hospital. It is well recognized as Hawai'i's leader in the care of women, infants and children. With 243 beds, the not-for-profit hospital delivers 6,000 babies a year, and is also a medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric and adult care, critical care air transport and high-risk perinatal care. Over 1,500 employees and more than 630 physicians provide specialty care at Kapi'olani. The hospital is home to the Kapi'olani Women's Center and the Women's Cancer Center, and offers numerous community programs and services, such as specialty pediatric clinics, the Kapi'olani Child Protection Center and the Sex Abuse Treatment Center. Kapi'olani is an affiliate of Hawai'i Pacific Health, one of the state's largest health care providers and a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care.

I write in support of HCR 135/HR 121 which requests the Auditor to study the social and financial effects of mandated health insurance coverage for the costs of medically necessary air transportation to the Mainland for qualifying patients. I would be willing to assist the Auditor in the study and provide any information needed.

For critically ill patients, immediate treatment and care can make a difference in their survival and recovery rates. Sometimes the needed treatment is not available in Hawaii and is only available on the Mainland. Because time is of the essence, the only viable means of receiving the Mainland treatment is to be transported by air. Commercial flights are not an option for our critically ill patients. The cost of transportation by air ambulance can be a significant financial burden for families that is not covered by health insurance. Medicaid currently covers the cost of air ambulance transportation for Hawaii's most needy families, but those who are middle-income earners and working full-time do not receive coverage for the cost of air ambulance transportation to the continental United States, creating an inequity in patients' ability to access needed medical treatment. Requesting the Auditor to conduct an assessment of the social and financial effects of mandated insurance coverage for air transportation is a vital step toward creating equity among all patients so that those who qualify can have access to medically necessary transportation and potentially life-saving treatment.

Thank you for the opportunity to provide testimony on this bill.

Testimony of John Kirimitsu
Legal & Government Relations Consultant

Before:
House Committee on Health & Human Services
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

March 21, 2018
8:30 am
Conference Room 329

**HCR 135/HR 121 REQUESTING THE AUDITOR TO ASSESS BOTH THE SOCIAL AND
FINANCIAL EFFECTS OF PROPOSED MANDATED HEALTH
INSURANCE COVERAGE FOR THE COSTS OF MEDICALLY
NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED
STATES FOR QUALIFYING PATIENTS.**

Chair, vice chair, and committee members, thank you for this opportunity to provide testimony on HCR 135/HR 121 requesting an auditor study regarding transportation coverage for qualifying patients.

Kaiser Permanente Hawaii supports this resolution.

We think the information from this study will be very useful to determine the extent to which health insurance is already generally available for medically necessary transportation to the U.S. mainland for qualifying patients, and whether this mandate is necessary if such services are already covered by health insurance plans. With this report the legislature can consider how they can best participate in assuring appropriate care is available for patients needing it.

Kaiser Permanente also joins in support for the request that this audit study assess the social and financial effects of amending the existing definition of the term “qualifying patient” to include a provision that requires a patient be on medically-necessary extracorporeal membrane oxygenation or mechanical circulatory support (including percutaneous ventricular assist devices and intraaortic balloon pump therapies) to qualify for the mandated covered benefit proposed in the measure.

Accordingly, Kaiser Permanente supports requesting the legislative auditor to conduct a social and financial impact assessment report pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for your consideration.

HCR-135

Submitted on: 3/21/2018 12:04:29 AM

Testimony for HHS on 3/21/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

Erick Itoman, MD
2811 Kahawai Street
Honolulu, HI. 96822
(808)542-3057
erickitoman@gmail.com

Date: March 21, 2018

Testimony in support of HCR135

To Members of the Committee:

I am submitting testimony in support of HCR135, requesting an auditor to assess the financial and social effects of a Statute mandating insurance coverage for medically necessary, emergent, transportation to the continental United States.

I am a privately contracted, Intensive care physician, who manages critically ill patients in different Intensive Care Units (ICUs), in three different Adult Hospitals on Oahu. I do not represent any one institution, but have a unique, universal perspective on the challenges that patients and their families carry when having to travel to the mainland for further care in an emergent and critical setting. In particular, the burden is especially great when patients are on Extracorporeal Membrane oxygenation (ECMO).

ECMO facilitates life support on Heart & Lung or Lung-only bypass. It is used in patients with heart, lung, or heart and lung failure. This technology is typically used to save younger patients and is reserved for the narrow window of individuals that are beyond critically ill, but still can be saved. These are patients whose lungs could not be supported on conventional or rescue mechanical ventilation, or whose hearts were incapable of responding to potent medications mimicking adrenaline. Yet, with ECMO, these patients have an opportunity to be supported to recovery, transplant, or destination mechanical device implantation. Unfortunately, Hawaii does not have an institution where heart & lung transplantation is possible, nor is destination ventricular assist devices (VADs) implantation possible.

The coordination process of ECMO mainland transport is cumbersome. It involves calling numerous centers across the mainland to accept the patient. Then, contracting a transportation company capable of transpacific transport, and assembling a team to travel with the patient to the mainland. The typical cost of such a transport is between \$80,000-\$130,000. If insurance does not cover the cost of emergency evacuation, the patient and their families have to pay the transport companies, in full, prior to transport. It is extremely rare that families have the resources to immediately pay. Thus, they take out mortgages, loans, or liquidate assets. Some families bankrupt themselves. A few, view the financial burden as insurmountable, and elect to die. Many try fundraising. All capital campaigns take time, and time is not something these patients have. The financial piece strains coordination. Transport is placed on hold, the "go" date becomes ambiguous, and accepting institutions expresses frustration with the delay. The interruption can

affect outcomes as patients deteriorate, complications arise, and definitive care is deferred.

I welcome a solution and am happy to work with government, insurance, fellow physicians, and hospital administration to improve the care for Hawaii residents.

Thank you,

Erick Itoman, MD
Critical Care Medicine