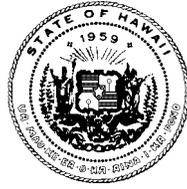


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

March 18, 2024

TO: The Honorable Representative, Mark M. Nakashima, Chair
House Committee on Consumer Protection and Commerce

FROM: Cathy Betts, Director

SUBJECT: [SB 2285 SD2 HD1](#)- RELATING TO THE STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY.

Hearing: March 20, 2024, 2:00 PM
Conference Room 329 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the bill and defers to the Department of Health and the State Health Planning and Development Agency (SHPDA) on implementation and resource needs. DHS respectfully requests that any appropriation not reduce or replace budget priorities identified in the executive budget.

PURPOSE: This bill amends the functions and duties of the State Health Planning and Development Agency (SHPDA). Clarifies the definition of "health care." Establishes a task force known as the Hui Ho'omana. Establishes positions. Appropriates moneys. Declares that the appropriation exceeds the state general fund expenditure ceiling for 2024-2025. Effective 12/31/2050. (HD1)

The Committee on Health and Human Services (SD1) amended this measure by:

- (1) Clarifying the definition of "health care" to include oral health, behavioral health, and long-term care;
 - (2) Inserting an effective date of December 31, 2050, to encourage further discussion;
- and

- (3) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

The Committee on Ways and Means (SD2) amended the measure by making technical nonsubstantive changes for purposes of clarity, consistency, and style.

The Committee on Health and Homelessness (HD1) amended the measure by:

- (1) Requiring the State Health Planning and Development Agency to coordinate activities that affect health care costs, as well as access and quality and deleting the requirement that the State Health Planning and Development Agency provide leadership or resources for the coordination of these activities;
- (2) Deleting language requiring the State Health Planning and Development Agency to develop an annual state global budget;
- (3) Requiring the State Health Planning and Development Agency to submit the State Health Services, Workforce, and Facilities Plan no later than twenty days prior to the convening of the Regular Session of 2026 and the updated plan every four years thereafter;
- (4) Amending the permitted contents of the State Health Planning and Development Agency's reports;
- (5) Establishing a task force known as the Hui Ho'omana to assist in the development of the State Health Services, Workforce, and Facilities Plan and to make recommendations to achieve universal access and equity to quality health care at an affordable cost for the State's residents and requiring the Hui Ho'omana to submit reports to the Legislature;
- (6) Changing the effective date to July 1, 3000, to encourage further discussion; and
- (7) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

DHS appreciates the Legislature's continued investment in and attention to improving the affordability and quality of health care. SHPDA's efforts at a statewide level will complement and augment efforts by DHS to improve access, cost, and quality of care for Medicaid beneficiaries. The opportunity for a thoughtful approach to health care access, costs, and quality, including health insurance coverage rates, health insurance benefits, affordability, workforce health, reimbursements, quality, administrative simplification, workforce development, and health information technology, will help Hawaii's residents, payers, and providers to accomplish our goals of affordable and equitable health care.

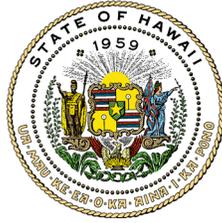
Additionally, DHS will gladly participate as a member of the Hui Ho'omana Task Force, which would assist in developing the State Health Services, Workforce, and Facilities Plan SHPDA produces and make recommendations to achieve universal access and equity to quality

March 18, 2024

Page 3

health care at an affordable cost for the State's residents. The task force would sunset on July 1, 2026.

Thank you for the opportunity to provide testimony in support of this measure.



JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

**STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
EXECUTIVE OFFICE ON AGING**
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831

CAROLINE CADIRAO
DIRECTOR
Executive Office on Aging

Telephone
(808) 586-0100

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**Testimony in SUPPORT of SB2285 SD2 HD1
RELATING TO THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
REP. MARK M. NAKASHIMA, CHAIR
REP. JACKSON D. SAYAMA, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing: Wednesday, March 20, 2024, 2:00 P.M., Conference Room 329

- 1 **EOA Position:** The Executive Office on Aging (EOA), an attached agency to the Department of
- 2 Health (DOH) supports SB2285, SD2 HD1, provided that its enactment does not reduce or
- 3 replace priorities within the Administration's executive budget.
- 4 **Fiscal Implications:** Appropriates funds. Exceeds the general fund expenditure ceiling.
- 5 **Purpose and Justification:** Amends HRS Section 323 D-2 by updating the functions of the State
- 6 Health Planning and Development Agency (SHPDA). Provides staff positions thus increasing
- 7 SHPDA's oversight capability to ensure quality health and long-term care is accessible and
- 8 affordable for all Hawai'i residents.
- 9 **Recommendation:** EOA supports this measure and defers to SHPDA for any amendments.
- 10 Thank you for the opportunity to testify.



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII
KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE
John C. (Jack) Lewin, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

LATE

House Committee on Consumer Protection & Commerce
Representative Mark M. Nakashima, Chair,
Representative Jackson D. Sayama, Vice Chair,
and Committee Members

S.B. 2285 SD2 HD1 Relating to the State Health Planning and Development Agency

Testimony of John C. (Jack) Lewin, M.D.
SHPDA Administrator

Wednesday, March 20, 2024
2:00 p.m.

1 **Agency's Position: SUPPORT**

2 **Fiscal Implications:** See page 3 and 4.

3 **Purpose and Justification:** The purpose of SB 2285, SD 2, HD 1, is to modernize SHPDA
4 through amendments to HRS Section 323 D-2 to become Hawai'i's health care oversight
5 agency to monitor and assure universal access to high-quality, equitable, and affordable health
6 and long-term care services for all of Hawai'i's citizens. Hawai'i currently largely lacks but
7 requires this oversight capability. SHPDA strongly supports this bill and aspires to fulfill its
8 purpose.

9 To accomplish the goals of SB 2285, SD 2, HD 1, SHPDA must have the ability to
10 acquire, analyze, and share broadly with the health sector comprehensive, valid, and current
11 data to enable monitoring and improvement of Hawai'i's statewide health status, health
12 outcomes, and cost-effectiveness for health and long-term care services. This will also require
13 SHPDA to apply such data in collaboration with both public and private health and long-term

1 care providers and payers to systematically improve primary care and specialty access; focus
2 on prevention; assure equitable outreach to underserved, disadvantaged, and rural
3 populations; reduce workforce deficiencies; and improve quality of care, outcomes, and cost-
4 effectiveness for health and long-term care services.

5 SHPDA will also prepare a comprehensive health care workforce report as specified.

6 SHPDA was apparently statutorily created to be Hawai'i's health oversight agency in
7 1975 with a large multi-million-dollar budget and staff of 65. Originally largely federally funded,
8 the agency was greatly reduced when federal funds were discontinued in the 1980s and has
9 for the past three decades been funded and staffed only with 6 positions to periodically
10 produce a State Health Services and Facilities Plan and to manage our state's Certificate of
11 Need (CON) program. SHPDA receives health provider and community input for these
12 purposes through its statewide advisory councils and the State Health Coordinating Council
13 (SHCC). The SHPDA Administrator is appointed by and reports to the Governor, but the
14 agency is administratively attached to and works closely with the DOH.

15 The DOH, DHS, SHPDA, the Insurance Commissioner, and other state agencies with
16 health-related functions have conferred recently about the need for health care (and long-term
17 care) oversight functions in Hawai'i state government to monitor access, equity, quality of care,
18 health outcomes, and cost-effectiveness. It was felt that SHPDA, which provides no health or
19 long-term care services itself, can become an unconflicted and effective source of these
20 oversight responsibilities if staffed to do so. This was considered also in light of the Governor's
21 desire to reinvigorate the "Hawai'i the Health State" vision in the recruitment of a new SHPDA
22 Administrator, and in consideration of potentially attracting federal assistance in these regards.

23 Under SHPDA's statutory authority, this legislature has in previous years required that
24 all insurers in Hawaii provide the agency with the insurance claims data of all health care

1 provided for beneficiaries of Medicaid, Medicare, and the EUTF through Hawai'i's All-Payer
2 Claims Database (APCD). In contractual collaboration with Med-QUEST and the UH, the
3 APCD already has the data of one million of our total 1.4 million residents under privacy-
4 assured de-identified management. With potential collaboration with the databases of the
5 Healthcare Association of Hawai'i and the Hawai'i Health Information Exchange, the state can
6 be well on our way as a state to having the data resources needed for such oversight.

7 We believe the modern definition of health care in Section 1 of this bill is an important
8 improvement in HRS Section 323-D-2. We also recommend amendments of adding "and long-
9 term" between the words "health" and "care" to read "health and long-term care" in Section 2
10 item 1 (line 10 page 2), and throughout Section 323 D-2.

11 We acknowledge that while SHPDA currently has access to facility and staffing data for
12 long-term care facilities statewide, access to related cost data may be required later if not
13 readily available for these purposes in the future. We also acknowledge that 10 states have
14 begun creating "total-costs-of-care" global budgets for their respective states to monitor
15 increases in health care costs, and that the federal government may be offering technical
16 assistance for states who wish to accomplish this important means of tracking health care (and
17 long-term care) costs to assure ongoing affordability of health care for families, businesses,
18 and government. We appreciate the inclusion of this function in SB 2285, SD 2, and look
19 forward to implementing it.

20 Regarding staffing and funding to implement this mission, and after conferring with other
21 state health oversight agencies and our own department of health regarding SHPDA new
22 staffing needs, we are pleased that SB 2285, SD 2, HD 1, Section 4 now reads:

23 Section 4: There is appropriated out of the general revenues of the State of Hawaii the
24 sum of **\$1,933,435** or so much thereof as may be necessary for fiscal year 2024-2025 for

1 administrative costs for SHPDA essential modernization; to update the SHPDA Health
2 Services and Facilities Plan; to contract for technical, actuarial, and data analytics expertise to
3 monitor and assure universal access to high-quality, equitable, and affordable health and long-
4 term care services for all of Hawai'i's citizens; for recurring expenses for SHPDA expansion;
5 and to establish the following new positions within the state health planning and development
6 agency:

7 (1) One full-time equivalent (1.0 FTE) administrative specialist IV position;

8 (2) One full-time (1.0 FTE) research statistician VI position, who shall serve as a
9 state healthcare informaticist;

10 (3) Two full-time equivalent (2.0 FTE) research statistician V positions who shall
11 serve as administrative data specialists;

12 (4) Two full-time equivalent (2.0 FTE) program specialist V positions, who shall
13 serve as state health planners;

14 (5) One full-time equivalent (1.0 FTE) Administrative Officer VI position, who shall
15 serve as the contracts management, procurement, and human resources officer
16 of the agency.

17 The sum appropriated shall be expended by the department of health for the purposes
18 of this Act.

19 Further the House Health and Homelessness Committee combined the former SB 3129
20 SD2 relating to the Hui Ho'omana Task Force into this SB 2285 SD2, HD 1, bill, given the
21 synergistic purposes of the two bills in fulfillment of achieving universal access to high-quality,
22 equitable, affordable health care for ALL Hawaii's citizens. The Task Force element has no
23 fiscal implications. However, the Task Force provides an important means of achieving a multi-
24 stakeholder vision for the ideal future of health care in Hawai'i, including input from

1 administration agencies, the public and private health sector, and consumer and neighbor
2 island perspectives gathered between now and 2026, when the Task Force will be dissolved
3 after issuing its final report.

4 Finally, we need to increase the previously budgeted SHPDA Administrator salary to the
5 actual salary negotiated by the Governor for the Administrator position by \$67,338. This
6 request was in the Governor's budget but remains as a \$1 placeholder in HB 1800 HD1.
7 Without correcting this SHPDA cannot fill its vacant and essential Health Planner position. We
8 ask that this amount to added to the SB 2285 SHPDA modernization request included earlier.

9 Finally, mahalo nui loa for the opportunity to testify.



‘ŌNAEHANA KULANUI O HAWAI‘I

Legislative Testimony

Hō‘ike Mana‘o I Mua O Ka ‘Aha‘ōlelo

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Wednesday, March 20, 2024 at 2:00 p.m.

By

Lee Buenconsejo-Lum, Interim Dean
John A. Burns School of Medicine

And

Clementina Ceria-Ulep, Dean
Nancy Atmospera-Walch School of Nursing

And

Michael Bruno, Provost
University of Hawai‘i at Mānoa

LATE

SB 2285 SD2 HD1 – RELATING TO THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Thank you for the opportunity to testify in **support of Part II** of SB 2285 SD2 HD1. As amended, Part II of the measure includes language from SB 3129 establishing the Hui Ho‘omana task force to develop a comprehensive plan to provide universal access to equitable and affordable high-quality healthcare for state residents. The purpose of the task force would be to make recommendations to achieve universal access and equity to quality healthcare at an affordable cost for our residents. We take no position on Parts I and III which concern the functions and duties of the State Health Planning and Development Agency.

The COVID-19 pandemic highlighted and made worse preexisting challenges for some populations to achieve good health, in part due to inconsistent access to healthcare. Disparities in infection rates, hospitalizations and death were noted throughout Hawai‘i and experienced by certain ethnicities more than others. Despite many efforts guided by community leaders to help with outreach and education, many health disparities continue today. Increasing healthcare insurance costs, low reimbursement rates to providers, healthcare workforce shortages combined with growing unaffordability for families and businesses are among the myriad reasons for poor access to care. Despite many efforts and partnerships among those in the health care sector and community leaders, coordinated efforts are needed to provide seamless access to care for all of Hawai‘i’s people, across community-based settings to clinics to inpatient, long-term, and home-based care settings.

The Hui Ho‘omana task force would be an effective mechanism to outline processes and procedures that would move the state in the direction of achieving universal access

to equitable and affordable high-quality healthcare. The John A. Burns School of Medicine and the Nancy Atmospera-Walch School of Nursing appreciate and welcome the opportunity to participate in the task force. Thank you for the opportunity to provide testimony on this matter.



LATE

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 20, 2024

The Representative Mark M. Nakashima, Chair
House Committee on Consumer Protection & Commerce
The Thirty-Second Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Representative Nakashima and Committee Members:

SUBJECT: SB2285 SD2 HD1 RELATING TO HEALTH

The Hawaii State Council on Developmental Disabilities **SUPPORTS SB2285 SD2 HD1**, which amends the functions and duties of the State Health Planning and Development Agency. Clarifies the definition of "health care". Establishes a task force known as the Hui Hoomana.

The purpose of the State Health Planning & Development Agency (SHPDA) is to "promote accessibility for all the people of the State to quality health care services at reasonable cost." We support legislation to upgrade SHPDA's healthcare oversight capability.

We defer to SHPDA for comments and recommendations.

Thank you for the opportunity to submit testimony in **support of SB2285 SD2 HD1**.

Sincerely,

Daintry Bartoldus
Executive Administrator

Wednesday, March 20, 2024 at 2:00 pm
Conference Room 329 & Videoconference

House Committee on Consumer Protection & Commerce

To: Representative Mark Nakashima, Chair
Representative Jackson Sayama, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **SB 2285, SD2, HD1 – Comments**
RELATING TO THE STATE HEALTH PLANNING AND DEVELOPMENT
AGENCY

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write to provide **comments on Parts I and III of SB 2285, SD2** which amends the functions and duties of the State Health Planning and Development Agency (SHPDA) and adds a new definition of "health care" which includes oral health, behavioral health and long term care. **HPH supports Part II of the bill** establishing the Hui Ho'omana Task Force.

We appreciate the legislature's interest in seeking to ensure that the people of Hawai'i have access to affordable, quality and equitable health care. The risks from the fragmentation of care are of great concern in Hawaii due to the size and geographic distribution of the population across our islands and where health care services are delivered almost entirely through a system of non-profit providers. Before any modifications are made to SHPDA's mandate, careful consideration with input from all aspects of the health care spectrum of providers should be allowed.

Part I of the measure which makes various amendments to Section 323D-12, Hawai'i Revised Statutes may be premature at this time. While there are ongoing discussions that have started regarding alternative payment models, including hospital global budgeting, there has not been adequate time for all the stakeholders to consider them. We note that many of the relevant stakeholders are those named as participants in Part II which establishes the Hui Ho'omana Task Force within the SHPDA to develop a comprehensive plan to provide universal access to equitable and affordable high-quality

health care for state residents, including defining action plan items, setting timelines and deadlines for each action item, and identifying resources required and funding options. The workgroup to be established in the measure is an ideal vehicle to continue the discussion of possible alternative payment models and report back to the 2025 legislature.

In September 2023, the Centers for Medicare and Medicaid Services (CMS) announced a new opportunity for states to leverage federal funding on health care: the Advancing All-Payer Health Equity Approaches and Development (AHEAD) model. With this model, CMS aims to reduce the rate of growth in health care spending, improve health, and reduce disparities in health outcomes through investment in primary care. **States would have the opportunity to leverage federal funding to make broad changes in the way health care is reimbursed and to consider alternative regulatory structures to manage the health care delivery system.** SHPDA and the Hawai'i Med-QUEST Division have submitted an application to CMS to be eligible for the AHEAD grant and to determine how this funding opportunity could improve upon Hawai'i's existing health care delivery system. If awarded, the AHEAD grant would provide for funding to cover consulting and staff support for a pre-implementation planning phase to help determine whether this expanded scope is an appropriate intervention for the State of Hawai'i. Therefore, at this time and until all public and private sector stakeholders have had the opportunity to fully consider any proposed changes, it may be premature to legislate modifications to SHPDA's functions and scope until the requirements and direction are more fully clarified under the requirements of the grant.

Thank you for the opportunity to testify.



**Testimony to the House Committee on Consumer Protection and Commerce
Wednesday, March 20, 2024; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: SENATE BILL NO. 2285, HOUSE DRAFT 1, RELATING TO THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY.

Chair Nakashima, Vice Chair Sayama, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2285, House Draft 1, RELATING TO THE STATE PLANNING AND DEVELOPMENT AGENCY.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would:

- (1) Update the functions and duties of the State Health Planning and Development Agency (SHPDA), establish full time equivalent positions with SHPDA; and appropriate an unspecified amount of general funds for fiscal year 2024-2025; and
- (2) Require SHPDA to establish the Hui Hoomana to make recommendations to achieve universal access and equity to quality health care at an affordable cost for state residents.

This bill would also take effect on July 1, 3000, to facilitate continued discussion.

Testimony on Senate Bill No. 2285, House Draft 1
Wednesday, March 20, 2024; 2:00 p.m.
Page 2

Regarding portions of the bill that would update SHPDA's functions and duties, Chapter 323D, Hawaii Revised Statutes (HRS), the Health Planning and Resources Development and Health Care Cost Control Law, was enacted to promote accessibility for all the people of the State to quality health care services at reasonable costs. [See, Section 323D-1, HRS.] Among other things, this law establishes the State Health Planning and Development Agency [See, Section 323D-11, HRS.], Subarea Health Planning Councils [See, Chapter 323D, Part III, HRS.], and a certificate of need process that is intended to ensure that any new facility or expansion of an existing facility be evaluated on its probable impact on health care costs. [See, Section 323D-44, HRS.]

This law makes explicit that:

". . . No person, public or private, nonprofit or for profit, shall:

- (1) Construct, expand, alter, convert, develop, initiate, or modify a health care facility or health care services in the State that requires a total capital expenditure in excess of the expenditure minimum;*
- (2) Substantially modify or increase the scope or type of health service rendered; or*
- (3) Increase, decrease, or change the class of usage of the bed complement of a health care facility or relocate beds from one physical facility or site to another;*

unless a certificate of need therefor has first been issued by the state agency." [See, Section 323D-43, HRS.]

The HPCA asserts that Chapter 323D, HRS, is essential public policy because it requires the State to evaluate the need for health care within an area based on the financial impact to residents and communities. To the extent that this bill reaffirms this important public policy and clarifies the roles and responsibilities of SHPDA to fulfill this purpose, the HPCA wholeheartedly supports this measure.

Regarding portions of the bill related to the Hui Hoomana, the HPCA acknowledges that this proposal has been part of the Department of Health's package of legislation from inception and been reviewed and deliberated upon by the Legislature (See, House Bill No. 2728 and Senate Bill No. 3129). The HPCA has been in strong support of the Hui Hoomana initiative and desire this portion of the bill to be enacted. However, we note that questions have arisen concerning the extent to which a bill may be amended beyond the scope of the bill as it was first introduced. (See, Taomae v. Lingle, 108 Haw 245 (2005))

Testimony on Senate Bill No. 2285, House Draft 1
Wednesday, March 20, 2024; 2:00 p.m.
Page 3

The HPCA believes that to address a possible challenge based on the Taomae decision, a statement in the Committee Report could show the Legislature's acknowledgment that language pertaining to the Hui Hoomana initiative had received all necessary previous readings by both the House and Senate, as demonstrated by the legislative histories of House Bill No. 2728 and Senate Bill No. 3129, and that this language is in keeping with the scope of Senate Bill No. 2286, and the Administration's legislative package. Hopefully, this showing of legislative intent will dissuade any potential challenge moving forward on this proposal.

With that, the HPCA urges your favorable consideration of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



Wednesday, March 20, 2024 at 2:00 pm
Conference Room 329

House Committee on Consumer Protection and Commerce

To: Chair Mark M. Nakashima
Vice Chair Jackson D. Sayama

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: **Submitting Comments**
SB 2285 SD 2 HD 1, Relating to the State Health Planning and Development Agency

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare 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 30,000 people statewide.

Thank you for the opportunity to provide **comments** on this measure, which seeks to modify certain functions of the State Health Planning and Development Agency (SHPDA) and add full-time employees to carry out the goals outlined in the measure. The needs of the healthcare community are great, and our organization has been working to increase federal reimbursements for providers and build out the workforce pipeline. Further, our members have been actively participating in performance programs to improve outcomes and have engaged in productive conversations regarding efforts to address inequities in care. Having close partnerships with all stakeholders is incredibly important in providing the best possible care to Hawaii residents, and the addition of the hui ho'omana task force can help to continue these conversations with providers, payers, and government entities.

We appreciate the legislature's continued interest in promoting access to high-quality, affordable care, and thank you for the opportunity to provide comments on this measure.



March 20, 2024

The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
House Committee on Consumer Protection & Commerce

Re: SB 2285 SD2 HD1– RELATING TO THE STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 2285 SD2 HD1, which amends the functions and duties of the State Health Planning and Development Agency, clarifies the definition of "health care", establishes a task force known as Hui Hoomana, establishes positions, and appropriates funds.

HMSA supports the efforts of SHPDA to increase conversations around access to equitable, quality, affordable healthcare for all of Hawaii's residents.

We support section 3 of the proposed legislation which would provide funding and staffing for various positions (8 FTE) within SHPDA and the intent to create the Hui Hoomana task force to continue stakeholder discussions.

As this legislation moves forward, we respectfully request that the committee remove section 2, page 1, line 11 through page 6, line 2. SHPDA's current statutory authority does not, in any way, limit its ability to accomplish the proposed functions of the bill and altering the statutory authority of SHPDA seems premature, especially while the State prepares to submit the AHEAD grant application.

We appreciate SHPDA's continued leadership and convening stakeholder conversations through the Universal Access Working Group as well as the proposed Hui Hoomana Task Force and look forward to working out any statutory changes that might be necessary in order to continue to move the Hawaii healthcare sector forward.

Thank you for the opportunity to provide comments on this measure.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations



LATE

To: The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
House Committee on Consumer Protection & Commerce

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, March 20, 2024, 02:00 PM, Conference Room 329

RE: **SB2285 SD2 HD1 Relating to the State Health Planning and Development Agency**

AlohaCare appreciates the opportunity to provide testimony in **support of SB2285 SD2 HD1**. This measure amends the functions and duties of the State Health Planning and Development Agency (SHPDA), clarifies the definition of "health care", establishes a task force known as the Hui Ho'omana within SHPDA, establishes positions, and appropriates funds.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 84,000 Medicaid and dual-eligible health plan members on all islands. Approximately 40 percent of our members are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare supports and appreciates the leadership and attention from the Governor's administration and Legislature on the need for universal and equitable access to quality health care at an affordable cost for state residents. Accordingly, we support the proposed expansion of the role of SHPDA, from a statewide perspective, to comprehensively lead, plan, and build toward high-quality, equitable, and affordable care. We support establishing the Hui Ho'omana task force to make recommendations toward these goals, and we appreciate the inclusion of the Hawai'i Association of Health Plans as part of the hui, as we are a member of the association. AlohaCare also supports the inclusion of "oral health, behavioral health, and long-term care" to fully reflect that health care is about the whole person. We underscore the importance of the need to address workforce challenges as proposed. Finally, we support the proposal to resource SHPDA appropriately.

Mahalo for the opportunity to submit testimony in **support of SB2285 SD2 HD1**.