



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of SB3122 SD1
RELATING TO PUBLIC HEALTH STANDING ORDERS.**

REP. DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: March 15, 2024

Room Number: 329

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) strongly supports SB3122 SD1,
3 which is part of the Governor's Administrative Package.

4 The goal of this measure is to foster a more patient-centered and prevention-focused health
5 ecosystem for Hawaii by re-examining common policies and processes, identifying and aligning
6 synergies around evidence-based practices, and leveraging the shared goals of the public and
7 private sector health stakeholders.

8 This measure authorizes the Director of Health, in conjunction with key stakeholders, as
9 amended, to improve access to routine health screenings. Currently, the U.S. Preventive
10 Services Task Force [recommends many secondary prevention interventions](#), i.e. tests that are
11 routinely recommended to screen for certain conditions in asymptomatic populations, and for
12 which the Affordable Care Act (P.L. 111-148) requires no patient copay or cost-share for most
13 insurance coverage. Examples include screenings for:

- 14 • Breast cancer for women aged 50 – 75 years;
- 15 • Lung cancer for adults 50 – 80 years with a history of smoking;
- 16 • Aortic aneurysm in men aged 65 – 75 years who have ever smoked; and
- 17 • Hepatitis C and HIV for most adults.

1 To access these screenings today, a patient must schedule an office visit with their provider to
2 receive an order, then schedule another appointment for the actual screening. SB3122 SD1
3 removes the need for the first doctor visit and allows the patient to self-refer for the screening
4 test, saving time and money. Individuals with symptoms or diagnosed disease should receive
5 care directly from their provider. For example, this measure seeks to allow a woman who may
6 have a full-time job, childcare responsibilities, and perhaps transportation challenges to directly
7 schedule her screening mammogram. But a woman who detected a lump would need to see her
8 provider to determine the appropriate diagnostic test.

9 This proposal requires good faith attempts to share results with the patient's provider, as well as
10 to the patient at an appropriate literacy level, similar to clinic visit summaries that have become
11 more prevalent.

12 The intent is to increase receipt of preventive care, advance population health, encourage routine
13 care that can be moved out of the exam room, and create more time for providers to address
14 individualized patient care.

15 DOH continues to engage with stakeholders to refine this concept and address real-world
16 implementation issues such as provider participation status, benefits integrity, patient health
17 literacy, primary care provider coordination, and system capacity. The department also
18 acknowledges that implementation of this Act will require investments of time and money from
19 the private sector, and that a thorough evaluation is essential to determine efficacy, which DOH
20 will provide. As such, DOH is open to amendments from industry stakeholders that assure
21 transparency, communication, coordination, and shared goals.

22 The downstream benefits of easier access to healthcare, the greatly increased potential for
23 catching illness such as cancer, an aneurysm, and various infections sooner, and increasing
24 patient activation with regard to their own health return significant value in time, money, and
25 avoidance of suffering.

26 Thank you for the opportunity to testify.

To: The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homelessness

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

Hearing: Friday, March 15, 2024, 9:00 AM, Conference Room 329

RE: **SB3122 SD1 Relating to Public Health Standing Orders**

AlohaCare appreciates the opportunity to provide testimony **comments** on **SB3122 SD1**. This measure authorizes the Director of the Department of Health to issue public health standing orders for patients who are 18 years or older to self-refer to evidence-based preventive health care screening services.

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 is committed to improving access to care and strengthening the Medicaid program. As you may know, Medicaid enrollment in our State has grown by over 46% from 327,000 enrollees in March 2020 to 476,000 in January 2024. This tremendous growth has put a further strain on our State's already challenged provider capacity.

We support the intent of this proposal to increase timely access to evidence-based clinical preventive care and screenings, while also relieving some of the burden faced by our existing provider workforce. However, AlohaCare wants to ensure patients do not receive surprise bills by receiving services from a provider who is not in their health plan's provider network.

We have discussed this bill with the Department of Health, and we have mutually agreed upon amendments. These amendments ensure patients are making informed decisions about accessing services recommended in a public health standing order. The amendments also ensure a stakeholder process for the implementation of a new program. Please see the attached amendments which do the following:

1. Specifies that patients may have out-of-pocket costs associated with accessing services. For example, if they do not have health coverage or if they receive services from an out-of-network provider.
2. Authorizes the service provider to provide the service if they ensure they're in-network or if the patient provides consent to out-of-pocket costs.
3. Directs the provider to contact the health plan if the PCP is unknown, so the health plan can inform the patient of their PCP or the PCP selection process.
4. Establishes a DOH Public Health Standing Orders Working Group to provide advice and recommendations on the implementation of this bill.
5. Sunsets the bill after 5 years, on 6/30/2029.

Should this committee accept these amendments, AlohaCare would gladly serve on the Working Group.

We would also note that we had previously testified on SB3122 and before this committee on HB2433 that, in addition to the United States Preventive Services Task Force recommendations, there are also other national organizations that issue evidence-based guidelines. However, the guidelines may vary slightly. For example, age ranges for testing or clinical parameters may differ, but the goal is the same evidence-based preventive services. We ask that you consider broadening the organizations from which the DOH Director may issue evidence-based preventive services beyond USPSTF and include "other nationally recognized professional academies and specialty organizations," such as the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Preventive Medicine.

Mahalo for this opportunity to testify with **comments** on **SB3122 SD1**.

____.B. NO. _____

A BILL FOR AN ACT

RELATING TO PUBLIC HEALTH STANDING ORDERS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that standing orders are
2 written protocols describing a specific medical practice that
3 will be delegated to non-physicians without a patient-specific
4 order signed by a physician. Standing orders outline procedures
5 that must be followed and identify permissible patient
6 populations, level of required physician supervision, and
7 allowable practice settings.

8 The legislature also find that Hawaii's well documented
9 physician shortage may restrict patient access to preventative
10 care, resulting in sub-optimal outcomes, increased costs, and
11 decreased quality of life. Population-based care can help
12 reduce provider administrative burden while increasing access to
13 evidence-based clinical preventive services. Secondary
14 prevention is the provision of a clinical preventive service to
15 screen for a condition in an asymptomatic individual, such as
16 mammography to screen for breast cancer. Public health standing
17 orders may help reduce barriers to receiving secondary
18 prevention services.

.B.NO.

1 Standing orders are already used in routine, urgent, or
2 emergent settings upon the occurrence of certain clinical events
3 that take place on an individual patient basis or a population
4 health event. An example of a routine individual patient
5 standing order is certain vaccine administrations, which are
6 evidence-based practices that authorize nurses, pharmacists, and
7 other healthcare providers to assess a client's immunization
8 status and administer vaccinations according to a protocol.
9 Emergent population health crises are also supported by standing
10 orders, specifically for mass prophylaxis following a
11 bioterrorism incident that are activated only when the director
12 of health declares a state of emergency due to a specific
13 bioterrorism incident.

14 Accordingly, the purpose of this Act is to effectuate
15 public health standing orders with regard to evidence-based
16 healthcare screenings that have received the highest
17 recommendations from the United States Preventive Services Task
18 Force to reduce barriers to access and expand population health-
19 based interventions.

20 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
21 amended by adding to part II a new section to be appropriately
22 designated and to read as follows:

.B.NO.

1 "§321- Public health standing orders; screening. (a)

2 The director of health may issue public health standing orders
3 authorizing patients who are eighteen years or older to receive
4 evidence-based items or services that have in effect a rating of
5 A or B in the current recommendations of the United States
6 Preventive Services Task Force, as defined by the Affordable
7 Care Act of 2010, P.L. 111-148, section 4106, without patient-
8 specific orders from a licensed healthcare provider.

9 (b) The director of health shall annually review the items
10 or services that have in effect a rating of A or B as
11 recommended by the United States Preventive Services Task Force
12 and amend public health standing orders as necessary.

13 (c) The duration of public health standing orders issued
14 pursuant to this section shall remain in effect until repealed
15 by the director of health.

16 (d) The public health standing orders shall include
17 language informing patients that there may be potential out-of-
18 pocket costs associated to receiving recommended services. For
19 example, out-of-pocket costs may result if:

20 (1) a patient does not have health coverage; or

21 (2) a patient obtains services from a provider outside of
22 their health insurer or health plan network of providers.

.B. NO.

1 (d) The director of health shall post public health
2 standing orders on the department's website in an easily located
3 manner.

4 (e) The entity providing the items or services pursuant to
5 the public health standing order shall:

6 (1) obtain from the patient the patient's health insurer or
7 health plan information and only provide services if:

8 (A) the provider is a participating contracted, in-network
9 provider with that patient's health insurer or health plan; or

10 (B) the patient consents to potential out-of-pocket costs;

11 (2) ~~request~~ obtain from the patient the name of the
12 patient's primary care provider and shall make good faith
13 efforts to transmit the results of the screening to the primary
14 care provider or other healthcare provider identified by the
15 patient; and,

16 (3) contact the patient's health insurer or health plan if
17 the patient does not have or know their primary care provider,
18 so the health insurer or health plan can inform the patient of
19 their primary care provider assignment or selection options.

20 (f) The entity providing the items or services shall
21 provide any results to the patient in writing. The results
22 shall:

.B. NO.

- 1 (1) Be written in plain language;
- 2 (2) Clearly indicate if the result is normal, abnormal, or
- 3 undetermined; and
- 4 (3) Provide instructions for follow up with a healthcare
- 5 provider, as appropriate.

6 For purposes of this section "licensed healthcare provider"
7 means physicians and osteopathic physicians licensed under
8 chapter 453, physician assistants licensed under chapter 453,
9 and advanced practice registered nurses licensed under chapter
10 457."

11 SECTION 3. (a) There is established the public health
12 standing orders working group under the department of health.
13 The working group shall provide advice and recommendations to
14 the department of health for the implementation of this Act.

- 15 (b) The working group shall include:
 - 16 (1) The director of health, or the director's designee,
 - 17 who shall serve as chairperson for the working group;
 - 18 (2) A representative from the Hawaii Association of Health
 - 19 Plans;
 - 20 (3) A representative from the Hawaii Medical Association;
 - 21 (4) A representative from the Hawaii Primary Care
 - 22 Association;

____.B. NO.____

Report Title:

Public Health Standing Orders; United States Preventive Services Task Force; Screenings

Description:

Authorizes the Director of Health to issue public health standing orders for patients to self-refer to certain healthcare screening services.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



March 15, 2024

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homelessness

Re: SB 3122 SD1 – Relating to Public Health Standing Orders

Dear Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to comment on SB 3122 SD1, which authorizes the Director of Health to issue public health standing orders for patients to self-refer to certain healthcare screening services.

We support the legislature's intent to strengthen public health policy and look forward to continued discussions to strengthen the language so we can best help Hawaii's residents have access to healthcare that meets their needs.

We would like to ask that you consider the following amendments:

- Insert language to standup a working group consisting of health care industry stakeholders who would work with the department to discuss scope, implementation, and utilization of the standing orders pilot which will dissolve on June 30, 2025.
- Delay the effective date of the standing orders pilot to July 1, 2025 following the completion of the working group.
- Require the standing orders pilot to sunset in 2028 and allow the legislature and department to study the impact of the proposed standing order pilot.

Thank you for the opportunity to offer comment on SB 3122 SD1.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Friday, March 15, 2024 at 9:00 am
Conference Room 329 & Videoconference

House Committee on Health & Homelessness

To: Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

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

**Re: Testimony In Support of SB 3122, SD1
Relating To Public Health Standing Orders**

My name is Michael Robinson and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health (HPH). 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 in support of SB 3122, SD1 which authorizes the Director of Health to issue public health standing orders for patients to self-refer to certain healthcare screening services. HPH supports the intent of this measure, recognizing that in light of the current shortages of healthcare professionals at all levels, many patients face difficulties obtaining necessary diagnostic screening.

The healthcare workforce shortages have affected access to care for many Hawai'i residents. There may be value in providing the opportunity for patient engagement and autonomy in having these tests. However, there are a number of operational and implementation challenges that should be considered before the program can become functioning, including the administrative burden on a state agency. A critical component is ensuring that the patient seeks follow-up care with a physician in the event of an abnormal test result. Additionally, the critical role of the primary care physician should not be overlooked in the process to avoid the fragmentation of care over time.

Should this committee decide that a working group would be meaningful in examining this matter, HPH would be willing to be a part of the discussions.

Thank you for the opportunity to testify.

March 15, 2024

To: Chair Belatti, Vice Chair Takenouchi, and Members of the House Committee on Health & Homelessness (HLT)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 15, 2024; 9:00 a.m./Conference Room 329 & Videoconference

Re: Testimony in support with comments for SB3122 SD1 – Relating to Public Health Standing Order

All of HAHP's member organizations support the intent of the bill and the efforts of the department to increase timely access to evidence-based clinical preventive care and screenings. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

We appreciate our discussion with the department appreciate their collaboration to:

- ensure that patients are aware that they may have out-of-pocket costs associated with accessing services so that they can make informed decisions when accessing services recommended in a public health standing order.
- ensure that patients are either connected with their own PCP or informed of the PCP selection process.
- ensure a collaborative stakeholder process for the implementation of this bill.

HAHP supports the language proposed by Department of Health to establish a DOH Public Health Standing Orders Working Group as well as a 2028 sunset date for the pilot.

We also respectfully request consideration of the following proposed amendments:

- In Section 2, Page 3, after line 18 add:
 - (d) The public health standing orders shall include language informing patients that there may be potential out-of-pocket costs associated to receiving recommended services. For example, out-of-pocket costs may result if:
 - (1) a patient does not have health coverage; or

(2) a patient obtains services from a provider outside of their health insurer or health plan network of providers.

- to Section 2, Page 4, Subsection (e) add:

(e) The entity providing the items or services pursuant to the public health standing order shall:

(1) obtain from the patient the patient's health insurer or health plan information and only provide services if:

- the provider is a participating contracted, in-network provider with that patient's health insurer or health plan; or
- the patient consents to potential out-of-pocket costs;

(2) ~~request~~ obtain from the patient the name of the patient's primary care provider and shall make good faith efforts to transmit the results of the screening to the primary care provider or other licensed health care provider identified by the patient; and

(3) contact the patient's health insurer or health plan if the patient does not have or know their primary care provider, so the health insurer or health plan can inform the patient of their primary care provider assignment or selection options.

We look forward to working with the department. Thank you for the opportunity to testify in support of SB3122 HD1.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members



HIPHI Board

Misty Pacheco, DrPH
Chair
University of Hawai'i at Hilo

Titiimaewa Ta'ase, JD
Secretary
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Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
HMSA

JoAnn Tsark, MPH
John A. Burns School of Medicine,
Native Hawaiian Research Office

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community-Based Research &
Evaluation

Community Health
Worker Initiatives

COVID-19 Response

Environmental Health

Hawai'i Drug & Alcohol-Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Collective/Healthy Aging
& Community Living

Public Health Workforce
Development

Date: March 14, 2024

To: Representative Della Au Belatti, Chair
Representative Jenna Takenouch, Vice Chair
Members of the Committee on Health & Homelessness

Re: COMMENTS: SB3122 Relating to Public Health Standing Orders

Hrg: Friday, March 15, 2024 at 9:00 AM

Hawai'i Public Health Institute (HIPHI) **supports the intent** of SB3122 SD1, which would authorize the Director of Health to issue public health standing orders for patients to self-refer to obtain specific health care screening services.

Access to care is a challenge throughout the state, particularly in rural areas and on neighbor islands. Some places have no providers in specific areas. There is no one way to resolve this complex situation, which is partly due to a severe shortage of healthcare providers and healthcare worker allies throughout the healthcare system.

Many people and organizations have been working to create and implement programs to ensure a strong workforce pipeline, ensure that all healthcare providers can practice to the full scope of their licensure, and open pathways to lessen the administrative burdens of licensure reciprocity. This work is moving the state in a positive direction.

The work still needs to be finished, and innovative ideas should continue to be considered. This bill is one of those "outside of the box" ideas that will help to increase access to healthcare. Enabling a patient to self-refer for a routine and potentially life-saving routine screening without going through multiple steps lessens the strain on the system and the patient.

HIPHI recognizes that implementing such a different, innovative program would be, at best, complicated. There are many elements: new coding, transfer of patient health information, and the roles of providers and insurers, among many other logistics. We strongly support any necessary pieces to ensure communication and collaboration among the stakeholders to ultimately provide the best, safest patient experience possible.

We support the innovative thinking that will help to strengthen our healthcare system. We hope there is continued communication and collaboration as this measure continues to be considered in the legislative process.

Patients benefit by increasing the opportunities to access healthcare, thereby, public health benefits. This policy is part of a larger comprehensive approach to address healthcare provider shortages. Thank you for considering our comments on SB3122 SD2.

Mahalo,

A handwritten signature in black ink that reads "Peggy Mierzwa". The signature is written in a cursive style and is positioned above the printed name and title.

Peggy Mierzwa
Director of Policy & Advocacy
Hawai'i Public Health Institute

ⁱ Hawai'i Public Health Institute (HIPHI) is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

SB-3122-SD-1

Submitted on: 3/13/2024 9:18:31 AM

Testimony for HLT on 3/15/2024 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Hawaii Health & Harm Reduction Center	Support	Written Testimony Only

Comments:

Dear Chair Bellatti, Vice Chair Takenouchi and members of the committee

Hawaii Health & Harm Reduction Center **supports SB 3122** which would support public health standing orders. Public health standing orders can empower both clinical and non-clinical staff to integrate evidence-based recommendations into the practice’s workflow. Standing orders can focus on screenings, immunizations, labs, and point of care testing.

SB-3122-SD-1

Submitted on: 3/13/2024 11:55:59 PM

Testimony for HLT on 3/15/2024 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Bellatti, Vice Chair Takenouchi, and HLT Committe Members,

As a public health professional, I write in **UNEQUIVOCAL SUPPORT** of SB3122 SD1, which would authorize the Director of Health to issue public health standing orders for patients to self-refer to certain healthcare screening services.

Given the ongoing provider shortage in Hawai'i, it is important to mobilize all members of our health system to support community health. This bill would provide additional opportunities for people to receive recommended and evidence-based screening and medical services, which would improve health outcomes and alleviate the burden on local providers. The American Academy of Family Physicians notes that standing orders can increase efficiency and reduce physican workloads (<https://www.aafp.org/pubs/fpm/issues/2018/0500/p13.html>)

Mahalo for your thoughtful consideration of this important bill, which could improve the health of Hawai'i at the community level.

Thaddeus Pham (he/him)

SB-3122-SD-1

Submitted on: 3/14/2024 5:04:20 AM

Testimony for HLT on 3/15/2024 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Beatrice Zovich	Individual	Support	Written Testimony Only

Comments:

Dear Chair Bellatti, Vice Chair Takenouchi and members of the committee

I **support SB 3122** which would support public health standing orders. Public health standing orders can empower both clinical and non-clinical staff to integrate evidence-based recommendations into the practice's workflow. Standing orders can focus on screenings, immunizations, labs, and point of care testing.