

JAN 18 2008

A BILL FOR AN ACT

RELATING TO HEALTH.

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

1 SECTION 1. The legislature finds that the costs of living
2 and health care coverage in the State are increasing for many
3 residents. From time to time, in order to ensure maximum
4 effectiveness, the State must evaluate the success of programs
5 that alleviate, if at all, any discrepancies that may exist
6 between the cost of living and health care expenditures, which
7 discrepancies may differ by region, household make-up, or any
8 number of other factors. For this reason, the social and
9 economic consequences of two major health care areas should be
10 studied: (1) benefits under the Prepaid Health Care Act, Act
11 210, Hawaii Session Laws 1974, which requires employers under
12 specified conditions to pay at least half of the premium costs
13 associated with employee prepaid health care benefits that meet
14 certain standards; and (2) state-funded health insurance
15 programs covering certain individuals deemed eligible under
16 various federal and state guidelines.



1 The purpose of this Act is to effectuate the
2 recommendations of the Maui health initiative task force
3 established pursuant to Act 219, Session Laws of Hawaii 2007.

4 SECTION 2. The legislative reference bureau shall study
5 the social and economic consequences of the Prepaid Health Care
6 Act implemented under chapter 393, Hawaii Revised Statutes, and
7 the state-funded portion of the various medicaid-sponsored
8 programs offered by the State authorized under chapter 346,
9 Hawaii Revised Statutes, including medicaid and Med-QUEST.

10 The analysis of the Prepaid Health Care Act shall include:

- 11 (A) The general incidence of health insured and uninsured
12 in the State;
- 13 (B) Financial impact on employers;
- 14 (C) The extent to which mandated coverage is utilized by
15 employee insureds and their dependents;
- 16 (D) The extent to which employees and their dependents
17 covered under mandated employer-sponsored health plans
18 are also eligible to receive any federal health
19 benefits;
- 20 (E) The extent to which the lack of mandated coverage
21 could result in persons being unable to obtain health
22 care coverage; and



1 (F) The extent to which the lack of mandated coverage may
2 result in financial hardship on persons in need of
3 treatment of ailments on an emergent or long-term
4 basis.

5 The analysis of the various state-funded medicaid programs
6 shall include:

7 (A) The level of public demand;

8 (B) The kinds of services being accessed through the
9 programs, whether emergent, associated with long-term
10 illness, etc.;

11 (C) The household make-up of program benefit recipients,
12 including ages, number of wage-earners, types of
13 professions, highest education levels attained, number
14 of children, and household location;

15 (D) The potential for any health care alternatives for
16 program benefit recipients; and

17 (E) Any impact on insureds of medicaid benefits versus
18 other types of health insurance, such as morbidity,
19 mortality, quality of the care provided, or related
20 topics.

21 The legislative reference bureau may contract the services
22 of a private contractor to conduct all or a portion of the study



1 as it deems appropriate. Any contract executed pursuant to this
2 Act shall be exempt from chapter 103D, Hawaii Revised Statutes.

3 SECTION 3. There is appropriated out of the general
4 revenues of the State of Hawaii the sum of \$ or so
5 much thereof as may be necessary for fiscal year 2008-2009 for
6 the legislative reference bureau to conduct the study described
7 in section 2 of this Act.

8 The sum appropriated shall be expended by the legislative
9 reference bureau.

10 SECTION 4. This Act shall take effect upon its approval;
11 provided that section 3 shall take effect on July 1, 2008.

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INTRODUCED BY: 23.12.
Helen Gosh
Ronald de Be



Report Title:

Health care; LRB Study; Appropriation

Description:

Authorizes LRB to study two segments of health care in Hawaii:
(1) mandatory employee benefits; and (2) state-sponsored
portions of medicaid-assisted programs; makes appropriation.

