

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

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

February 12, 2008

MEMORANDUM

TO: Honorable Jerry L. Chang, Chair
House Committee on Higher Education

FROM: Lillian B. Koller, Director

SUBJECT: H.B. 2881 H.D. 1 – RELATING TO PERINATAL CARE
Hearing: Tuesday, February 12, 2008, 2:15 p.m.
Conference Room 309, State Capitol

PURPOSE: The purpose of this bill is to continue operations and services for the perinatal clinic within the John A. Burns School of Medicine University of Hawaii, Department of Obstetrics, Gynecology, and Women's Health.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this bill to continue access to perinatal services. The Department will gladly collaborate with appropriate public or private agencies to continue the pilot project if we are given the authority to contract for these services, provided the funding for this clinic does not adversely impact nor replace the priorities in the Executive Supplemental Budget.

We support sustaining perinatal clinic and case management services to women on Oahu with a history of substance abuse. Last year, the Department was agreeable to being appropriated the funds to contract with the University Clinical Educational and Research Associates program at the University of Hawaii, Department of Obstetrics, Gynecology, and

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Women's Health to continue the pilot perinatal clinic and the provision of case management services because the Department would have been able to enhance any State funds with matching Federal funds. The Department recommends that we continue this collaboration with the University of Hawaii or any other appropriate public or private agency for which DHS can draw down allowable matching Federal funds.

The Department also recommends delaying repeal of the pilot status of the perinatal clinic in order to obtain information for the Legislature and the Governor on the effectiveness of the services being provided as well as other statistical information and to allow time for Federal revenue maximization to be analyzed and obtained.

Thank you for the opportunity to testify.

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HEDtestimony

From: Renee Schuetter [rschuetter@ucera.org]
Sent: Tuesday, February 12, 2008 10:51 AM
To: HEDtestimony
Subject: HB 2881 Testimony

To: Rep. Jerry L. Chang, Chair
Rep. Joe Bertram, III Vice-Chair
Committee on Higher Education

LATE TESTIMONY

From: Renee Schuetter, RN, MEd
Nurse Manager
The PATH Clinic

Re: In strong support of HB 2881 to continue financing the perinatal clinic

Dear Representative Chang and others:

I am writing to urge you to continue funding the PATH Clinic which opened in April, 2007. The clinic has seen 60 women since opening, most of them pregnant and wither using substances or very recently clean of substances and at very high risk of relapse. Sixteen of these women have delivered, all of them healthy deliveries for both mother and infant. During the past 3 months, our visits to the clinic have doubled as the women spread the word that the clinic is a "safe" place to come for OB/GYN care and support in dealing with their addictions.

While, OB/GYN care is available to women at other locations, the comprehensive nature of the PATH clinic supports it in treating women who would ordinarily not access regular prenatal care. The women receive prenatal care that addresses their addictions, parenting issues, skill and knowledge deficits, psychiatric, and social service needs. We have been called "the inbetween clinic" by patients and other providers because we treat the women and provide the services that frequently fall through the cracks. For example, the PATH Clinic has provided prenatal care to several women who have not been able to tolerate the structure of residential substance abuse treatment, supporting them in remaining clean and developing confidence and skills as parents. The clinic has also served as a first step in the direction of addressing long term addiction by providing prenatal care and a safe place to come to terms with the chaotic nature of their lives. Several women have accepted residential treatment after a few visits to the PATH Clinic.

One of the goals of the PATH Clinic is to provide education to healthcare providers regarding substance abuse and pregnancy and effective treatment methods. Tricia Wright, MD and the staff of the clinic have presented information to nurses, social workers, and physicians. The clinic also provides training to medical students, OB/GYN residents, fellows in addiction medicine, graduate and undergraduate student nurses, and social workers in an ongoing manner.

As a Hawaii taxpayer, I think the state should absolutely continue funding perinatal addiction clinics.

Mahalo,

Renee Schuetter

Jackie Berry

make copies.

From: Tricia Wright [tewright@hawaii.rr.com]
Sent: Monday, February 11, 2008 5:19 PM
To: HLTtestimony@Capitol.hawaii.gov
Subject: HB 2881 HD1

To: Rep. Jerry L. Chang, Chair
Rep. Joe Bertram, III, Vice Chair
Members, Committee on Higher Education

From: Tricia Wright, MD FACOG
Assistant Professor Obstetrics, Gynecology and Women's Health University of Hawaii John A. Burns School of Medicine Medical Director, Perinatal Addiction Treatment of Hawaii (PATH) Clinic

Re: In strong support of continuing financing the PATH (Perinatal Addiction Treatment of Hawaii) Clinic

I am writing to urge you to continue support of the PATH clinic. As you are aware the clinic was established from funding by ACT 248 in 2006 and the funding continued by ACT 147 in 2007. The PATH clinic opened in April, 2007 and since that time, we have served over 60 women, most pregnant or immediately post-partum. We have had 16 women deliver healthy infants so far, all but one was clean at the time of delivery. The one woman who was using at the time of delivery has since gone into residential treatment with her infant, and has remained clean since that time. We have multiple testimonies from the women that we've helped begin a new life.

Since opening, we have continued to add services. We now have an addictions fellow seeing the women for assessments and treatment of co-occurring psychiatric disorders. We are in the process of adding a full-time therapeutic child care provider who has been working with the women, teaching parenting skills. We have obtained two small grants from the Women's Fund of Hawaii, supporting the building of self-esteem through therapeutic craft projects and from the March of Dimes of Hawaii supporting our motivational incentive program. Unfortunately, we have been unable to find a pediatrician willing to be a primary care provider for the infants, but we are still looking.

The clinic is currently billing Medicaid and other third party payers for our services when appropriate, which has offset some of the costs, however the clinic still requires approximately \$300,000 per year to cover the costs of the social worker, nurse manager, child care provider and medical assistant. Last year the money went through the department of human services and then to UCERA, as the current amendment states.

Mahalo nui loa,

Tricia Wright

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Version: 7.5.516 / Virus Database: 269.20.2/1272 - Release Date: 2/11/2008 5:28 PM

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