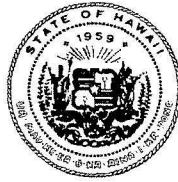


LINDA LINGLE
GOVERNOR



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 25, 2008

MEMORANDUM

TO: Honorable Marcus R. Oshiro, Chair
House Committee on Finance

FROM: Lillian B. Koller, Director

SUBJECT: H.B. 2881 H.D. 2 – RELATING TO PERINATAL CARE
Hearing: Monday, February 25, 2008, 1:45 p.m.
Conference Room 308, State Capitol

PURPOSE: The purpose of this bill is to continue operations and services for the perinatal clinic currently in the University of Hawaii John Burns School of Medicine and appropriate State general funds.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and respectfully requests that its passage does not replace nor adversely impact 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 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.

We would also recommend that a report be provided to the Legislature by the Perinatal Clinic describing the services being provided, to whom the services are being provided, and the effectiveness of the services before the pilot status of the Clinic is removed.

Thank you for the opportunity to testify.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

**Written Testimony Presented Before the
House Committee on Finance**
February 25, 2008 at 1:45 p.m.

by

Virginia S. Hinshaw, Chancellor
and
Dr. Gary K. Ostrander
Vice Chancellor for Research and Graduate Education &
Interim Dean for the John A. Burns School of Medicine
University of Hawai'i at Mānoa

HB2881 HD2 - Relating to Perinatal Care

Chair Oshiro, Vice Chair Lee, and Members of the Committee:

Thank you for the opportunity to testify today. Unfortunately, the University of Hawai'i at Mānoa can only support the intent of the bill at this time because of our pressing priorities, such as our tremendous need for repairs and maintenance and health and safety issues, which are critical to our ability to perform our core mission for the State of Hawai'i. We are grateful to the Legislature's attention to these needs. We recognize that you have many priorities and issues to weigh for the state, so the following information on this program is provided to assist you in your decision-making process.

This program is currently underway with the involvement of the John A. Burns (JABSOM) faculty and staff. It addresses an important need in the state and preliminary assessment of our activities suggests we are having a positive impact.

Thank you for the opportunity to testify, we appreciate all interest in the University, and want to emphasize that we will be able to perform better in all arenas and best serve the state with support of the current campus priorities approved by the Board of Regents.



Date February 25, 2008
Committee: On Finance
Bill: HB2881, HD2 (HSCR428-08)

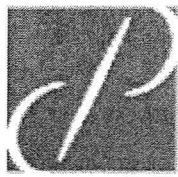
Honorable Chairperson Oshiro and ViceChairperson Lee and Member of the Committee

My name is Jackie Berry, Executive Director of Healthy Mothers Healthy Babies Coalition of Hawaii. HMHB IS IN STRONG SUPPORT OF HB2881, HD2 as amended, WHICH PROPOSES PERMANENT SUPPORT OF THE PERINATAL SUBSTANCE USE TREATMENT CLINIC ON OAH'U (PATH Clinic). This perinatal clinic provides comprehensive prenatal, delivery, postpartum care, and social services to pregnant women with a history of substance use.

The clinic opened in April, 2007 and has served over 50 women, most pregnant or immediately postpartum. The goal of the comprehensive care and services provided by the clinic is to improve outcomes for both mother and infant. There is general agreement that supportive and respectful care that addresses the perinatal, substance use, mental health, and pediatric aspects of at-risk pregnancies is optimal to get substance using women in for needed services. This clinic is cost-effective as it helps prevent low birth weight and premature babies. The Clinic also provides support and encouragement in good parenting skills.

The Association of Maternal and Child Health Programs state "the threat of criminal prosecution prevents many women from seeking prenatal care and early intervention for their alcohol or drug dependence,dissuades women from providing accurate and essential information to health care providers. The consequence is increased risk to the health and development of their children and themselves."

Please pass this bill with appropriate funding attached. Thank you for the opportunity to testify..



the
**Drug Policy
Forum**
of hawaii

February 25, 2008

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To: Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
And Members of the Committee on Finance

From: Jeanne Ohta, Executive Director

Re: HB 2881 HD2 Relating to Perinatal Care
Hearing: February 25, 2008, 1:45 p.m., Room 308

Position: Strong Support

The Drug Policy Forum of Hawaii supports this measure which makes the perinatal clinic program permanent and requests program funding. The perinatal clinic provides prenatal care and other services for pregnant, substance-using women.

Without the clinic, services that provide appropriate health care to substance using pregnant women to ensure the birth of a healthy baby are either extremely limited or unavailable.

The clinic's programs provide both substance abuse treatment, prenatal care, and follow up services in a supportive environment rather than a punitive one. One of the barriers to women seeking perinatal care is fear of prosecution. This type of program recognizes the importance of a public health approach to the issue of pregnant drug-using women.

The clinic would be cost-effective as it would help prevent low-birth weight babies and premature births. It would also encourage mothers to become the nurturing mothers that their children need.

In the short time it has been operating, the clinic has already had terrific results.

Please pass this bill and extend funding for the clinic. It is a good investment for the state and would in the long run save the state money. Thank you for this opportunity to testify.



February 22, 2008

To: Representative Marcus R. Oshiro, Chair
Representative Marilyn B. Lee, Vice-Chair
Members of the Committee on Finance

From: Tricia Wright, MD, Assistant Professor, Department of Obstetrics,
Gynecology & Women's Health, University of Hawaii John A. Burns
School of Medicine

Re: In strong support HB2881 RELATING TO PERINATAL CARE.
Makes the perinatal clinic first established by Act 248, Session Laws of Hawaii
2006, permanent.*

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, MD

* Not an official position of the University of Hawaii