

HB2888

HD2

Measure Title:
RELATING TO MEDICAL SERVICES.

Report Title:
Medical Services (\$)

Description:
Appropriates unspecified amounts for: (1) 24-hour ambulance service for Haiku, Maui and Molokai; (2) mobile medical van for South Kona, Kau, and upper Puna, Hawaii; (3) Waianae Coast Comprehensive Health Center; (4) outpatient urgent and extended emergency care in West Maui; emergency power systems for Queen's Medical Center; family practice residency program at Kona Community Hospital. Effective date July 1, 2020. (HB2888 HD2)

Introducer(s):
HERKES

Current Referral:
HTH, WAM

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Senate Committee on Health

HB 2888 HD2, RELATING TO MEDICAL SERVICES

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

March 14, 2008, 1:15 p.m.

1 **Department's Position:** The Department respectfully opposes this measure due to its potential adverse
2 impact on the Administration's priorities as established in the Executive Supplemental Budget. In
3 addition, previous DOH testimony on the provisions of Parts I and II of this measure has documented
4 EMS services for both regions of Maui County that are comparable to other rural communities
5 statewide.

6 **Fiscal Implications:** Provides an unspecified level of funding for FY2009.

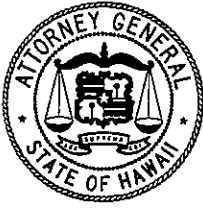
7 **Purpose and Justification:** The Department appreciates the desire of communities to reduce the
8 waiting times for advanced life support ambulance arrival after a 911 call, which in rural communities
9 such as Haiku and Molokai, may seem excessive.

10 The Department's Emergency Medical Services and Injury Prevention Systems Branch recently
11 implemented the Hawaii Emergency Medical Services Information System (HEMSIS) that allows
12 examination of data that is fairly current. Records were analyzed to assess response times for advanced
13 life support ambulances to the Haiku region and the island of Molokai in the year 2007. During this
14 period, for the Haiku area, there were 497 ambulance responses to 911 calls from that area of which 187
15 were categorized as serious or critical. The median response time from 911 dispatches to ambulance
16 arrival was 14.4 minutes. The Makawao ambulance unit handled 83% of the calls from that area, with

1 the Kula ambulance unit responding to 12% and a few responses by other units. The Makawao
2 ambulance unit averages approximately 144 cases per month with approximately one fourth of its calls
3 from the Haiku area. Should a new unit be added at Haiku, it would experience approximately 38 cases
4 per month. The Department finds that ambulance response times for serious cases in the Haiku region
5 meet our target of response within 15 minutes or less for rural areas of the state.

6 As for the island of Molokai, a 24-hour advanced life support ambulance unit already exists as
7 part of the contract for 911 ambulance services for the County of Maui. The Molokai ambulance unit
8 transported 521 serious/critical cases averaging 2 cases/day with a median response time of 4.7 minutes,
9 well below the rural target of less than 15 minutes.

10 Thank you for the opportunity to testify.



TESTIMONY OF THE STATE ATTORNEY GENERAL TWENTY-FOURTH LEGISLATURE, 2008

ON THE FOLLOWING MEASURE:

H.B. NO. 2888, H.D. 2, RELATING TO MEDICAL SERVICES.

BEFORE THE:

SENATE COMMITTEE ON HEALTH

DATE: Friday, March 14, 2008 **TIME:** 1:15 PM

LOCATION: State Capitol, Room 016
Deliver to: Committee Clerk, Room 215, 1 Copy

TESTIFIER(S): Mark J. Bennett, Attorney General
or Andrea J. Armitage, Deputy Attorney General

Chair Ige and Members of the Committee:

The Attorney General provides the following comments:

Part IV, section 8 of this measure seeks to appropriate funds for the expansion and construction of facilities at the "Waianae coast comprehensive health center." The funds are to be expended by the Department of Health (DOH). In order for the DOH to transmit funds to a specific private entity, the appropriation must be made as a grant pursuant to chapter 42F, Hawaii Revised Statutes (HRS).

Furthermore, the definition of the term "grant" in section 42F-1, HRS, requires that the Legislature specify the organization to which the grant will be awarded. The bill must state the correct legal name of the entity to which the grant is to be awarded, not the name under which it may be doing business, in order for DOH to appropriately contract with the entity. In this case, our research indicates that the "Waianae coast comprehensive health center" is a former name under which the entity did business, but it is not an incorporated entity capable of entering into contracts in that name. The entity's legal name is Waianae District Comprehensive Health and Hospital Board, Incorporated. The bill should specify that the chapter 42F grant be awarded to the Waianae District Comprehensive Health and Hospital

Board, Incorporated, if the requirements of a grant recipient under chapter 42F are met by this entity.

STATE OF HAWAII
DEPARTMENT OF DEFENSE

TESTIMONY ON HOUSE BILL 2888 HD2
A BILL FOR AN ACT RELATING TO MEDICAL SERVICES

PRESENTATION TO THE
SENATE COMMITTEE ON HEALTH

BY

MAJOR GENERAL ROBERT G. F. LEE
ADJUTANT GENERAL
March 14, 2008

Chair Ige and Members of the Committee:

I am Major General Robert G. F. Lee, State Adjutant General. I am testifying on House Bill 2888 HD2. The department supports the intent of this measure, specifically the provision for emergency power systems for Queen's Medical Center, as long as it does not replace or adversely impact priorities as indicated in the Executive Supplemental Budget Request.

Queen's Medical Center is the only trauma center in the state. It services patients from Oahu and the Neighbor Islands. It also service Pacific jurisdictions with patients throughout the region.

Queen's Medical Center emergency generator is currently not sufficient to support a prolonged power outage resulting from a major disaster. During the aftermath of the October 2006 earthquakes, the need for this improvement was evident when services were severely hampered by the prolonged power outage.

In order to upgrade and to make modifications to its electrical power infrastructure, Queen's Medical Center has requested financial assistance to build an emergency generator capacity that would accommodate an estimated peak demand of six thousand kilowatts of electricity.

A grant to the Queen's Medical Center under Chapter 42F, Hawaii Revised Statutes, may be a viable strategy to hasten the installation of additional emergency generators and storage areas.

For these reasons, we support the immediate passage of this measure.
Chair Ige, thank you for allowing me to submit this written testimony.



KONA
Providing COMMUNITY HOSPITAL^{ive}
Medical Services

Written Testimony

**THE SENATE
COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice Chair**

March 14, 2008
1:15 P.M.
Conference Room #016
Hawaii State Capitol

Comments on HB 2888 HD2 Relating to Medical Services

Appropriates various amounts for (1) 24-hour ambulance service for Haiku, Maui and Molokai; (2) mobile medical van for South Kona, Kau, and upper Puna, Hawaii; (3) Waianae Coast Comprehensive health Center; (4) outpatient urgent and extended emergency care in West Maui; (5) emergency power systems for Queen's Medical Center; (6) family practice residency program at Kona Community Hospital.

Donald Lewis
West Hawaii Region Chief Executive Officer

Thank you for this opportunity to offer comments on House Bill 2888 HD1, with regard to two programs relating to Kona Community Hospital.

1) Part III, Sections 5, 6 and 7 - appropriates funds relating to a mobile medical van program to be based at the Kona Community Hospital and to provide basic medical clinical services to the South Kona, Ka'u and upper Puna areas of the County of Hawaii.

Kona Community Hospital is a major acute care hospital and Kohala Hospital is a Critical Access Hospital (CAH) of the West Hawaii Region of Hawaii Health Systems Corporation serving approximately 60,000 people on the West side of the island including the southern portion of the island of Hawaii. Ka'u Hospital is a Critical Access Hospital of the East Hawaii Region, Hawaii Health Systems Corporation.

The mobile medical van program offers a creative solution to address the serious lack of access to appropriate emergency and clinical medical care for residents



and visitors in the South Kona, Ka'u and upper Puna areas of the County of Hawaii. This measure however, appropriates funds for purchase of a mobile van, planning and equipment to provide medical care services and requires program and funding contingencies for an additional two years. We support this measure if an adequate funding stream follows and funding is provided from grants/foundations etc. to pay for the operational cost of the service.

2) Part VII, Sections 13 and 14 – appropriates funds for a Family Practice Residency Program at Kona Community Hospital.

Regarding the Family Practice Residency Program, we appreciate your consideration to establish a family practice residency program to bring healthcare provider support in various hospital inpatient service areas, outpatient or clinic-based services to benefit the Kona and surrounding communities where available physician shortages exist. The significant costs of establishing a Family Practice Residency Program are recognized in this measure and an appropriation to support only one year of a three-year family practice residency program to be based at Kona Community Hospital presents somewhat of a concern.

We ask your consideration and direction to build and enhance the establishment of a Family Practice Residency Program at Hilo Medical Center and to expand this program to cover Kona Community Hospital. Such an approach to strengthen and expand the Hilo program to include Kona Community Hospital would offer the desired benefits of bringing additional healthcare practitioners to serve the West Hawaii community and to optimize limited program resources.

Thank you for your consideration to the needs of the Island of Hawaii.

Harry Kim
Mayor



Darryl J. Oliveira
Fire Chief

Glen P. I. Honda
Deputy Fire Chief

County of Hawai'i

FIRE DEPARTMENT

25 Aupuni Street • Suite 103 • Hilo, Hawai'i 96720
(808) 981-8394 • Fax (808) 981-2037

March 13, 2008

Senator David Y. Ige, Chair
Committee on Health
The State Senate
State Capitol, Room 215
Honolulu, Hawaii 96813

Dear Senator Ige,

RE: HB 2888, HD2, RELATING TO MEDICAL SERVICES

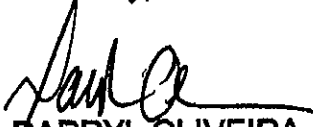
Thank you for allowing me to provide written testimony in support of HB 2888, HD2. As a pre-hospital care providing agency, the Hawaii Fire Department supports the concept of this bill.

HB 2888, HD 2, would establish a more definitive care response and resources within the rural and remote communities of South Kona, Ka'u, and upper Puna. We are open to the concept of being a partner agency in the project.

Needless to say, this project would have a tremendous benefit and impact on the community by providing much needed definitive care to residents of the rural areas of our island.

Thank you for this opportunity to testify.

Sincerely,


DARRYL OLIVEIRA
Fire Chief

DO:lk



HMSA



Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

March 14, 2008

The Honorable David Ige, Chair
The Honorable Carol Fukunaga, Vice Chair

Senate Committee on Health

Re: HB 2888 HD2 – Relating to Medical Services

Dear Chair Ige, Vice Chair Fukunaga and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2888 HD2 which would appropriate funds for a broad range of health care initiatives and services across the State with a focus on the Neighbor Islands.

Recently HMSA awarded a grant, through the HMSA Foundation, to the University of Hawaii aimed at increasing the number of physicians practicing in rural areas of the state. Along with this, we also had the opportunity to monetarily assist a project on the Big Island which brings much needed dental care to Hawaii Island residents.

We applaud the State's efforts to fund other much needed health initiatives with a focus on those offering care in the neediest communities. We respectfully urge the Committee to approve this measure so that both public and private stakeholders in health care in Hawaii contribute to improving our system for all residents.

Thank you for the opportunity to testify on HB 2888 HD2.

Sincerely,

Jennifer Diesman
Assistant Vice President
Government Relations



THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • www.queens.org

Senator David Ige, Chair
Senate Committee on Health

Friday, March 14, 2008; 1:15 p.m.
Conference Room 016

Re: HB 2888 HD2 – RELATING TO MEDICAL SERVICES

Chair Ige, Vice-Chair Fukunaga, and Members of the Committee:

My name is Mark Yamakawa, Executive Vice President and Chief Operating Officer of The Queen's Health Systems, **testifying in strong support of HB 2888 HD2**, which appropriates funds to the State's only trauma center to upgrade emergency power systems to ensure sufficient capacity in the event of a major disaster.

The October 2006 Big Island earthquakes and subsequent power outage severely hampered The Queen's Medical Center's (Queen's) ability to provide comprehensive health care and serve as the "heart" of the State's trauma system. Queen's was forced to rely on back-up generator power and the hospital activated its internal disaster plan.

Patients Discharged: In the early hours following the earthquakes, the severity of damage and injuries was not immediately clear. Queen's asked physicians to discharge sufficiently healthy patients to open up bed capacity in the event the Medical Center received patients on ventilators from home-care settings (who were affected by the power outage) or possibly had to accommodate neighbor island-transferred patients.

Elevators Inoperable: Following the earthquakes, only certain elevators worked intermittently, affecting the delivery of food to patients as well as the ability to move patients to other floors.

Lack of Air Conditioning, Impact on Diagnostic Equipment and Sterility: With limited back-up generator power, the Medical Center went without air conditioning. Higher than normal temperatures affected diagnostic equipment, which must remain cool to function correctly. Queen's CT and MRI (vital tools in our ability to diagnose and treat suspected traumas) became unusable, forcing the Medical Center to go on "Trauma Divert" for the first time ever. Emergency medical services had to divert incoming trauma patients to Tripler because Queen's could not function as a trauma center without a reliable CT or MRI. Staff physicians were also concerned about the sterility of the Operating Room due to increased warmth and humidity in the Medical Center.

Queen's has been working on an electrical upgrade project since 2004, and the 2006 earthquakes stressed the urgent need for additional emergency power generation. Anticipated project cost is

\$34.5 million, which includes the cost of four new emergency generators, a building to house the four generators that is capable of withstanding a Category V hurricane, and related infrastructure. Queen's is grateful to the State Legislature for its allocation of \$2 million toward the project in 2006. That funding was utilized for the purchase of two new 20,000-gallon fuel tanks, and contributed, along with Queen's, to the purchase of the four generators. Implementation of the project will provide sufficient on-site emergency electrical generation capacity to back up Queen's for seven continuous days, in the event of a utility power outage.

As the State's trauma center, Queen's appreciates the Legislature's support and acknowledgement that trauma care should be a public health priority, and respectfully requests additional funding to complete the project. Such a public-private partnership will help assure the safety of our community in the event of a disaster.

Thank you for the opportunity to testify.



Testimony in Support of HB 2888 HD 2: Relating to Medical Services

Submitted by: Richard P. Bettini, Chief Executive Officer

Waianae Coast Comprehensive Health Center/Contact: 696-1457

The Waianae Coast Comprehensive Health Center's CIP request will address the Health Center's critical need to expand its medical facilities, which are 30+ years old, in order to support its role as the only safety-net health care provider on the Leeward Coast.

To address the dire need for expanded and new facilities, the Health Center identified two phases of construction projects.

Phase I: Build a new 3-story medical building to address immediate needs of overcrowded primary care clinical space. (to be completed Summer 2008)

Phase II: **Rebuild and/or renovate the 30+ year old vacated medical clinic space and incorporate and upgrade the Health Center's 30+ year old emergency department space.**

The Health Center's capital improvement project will serve the following overall purpose:

- Upgrade and expand family medicine
- Develop and modernize emergency medical services
- Build teaching and training facilities for Waianae economic development purposes

In order to complete the capital improvements, the Health Center is requesting \$2,500,000 in funding to complete the Phase II rebuilding and/or renovations of its existing 30+ year old primary care and emergency facilities to accommodate comprehensive healthcare services including emergency medical care.

In 2007 the Health Center requested a state appropriation of \$3.5 million to complete its current Phase II capital project. The legislature funded \$1 million of this request. The Health Center is seeking the \$2.5 million balance to be funded in 2008. Without the balance of funding, the Health Center will not be able to achieve the long range outcome which is to improve medical care and increase economic development opportunities for the community.

We ask for your support of this important project for our patients and the Leeward Coast community. Thank you.



AMERICAN MEDICAL RESPONSE®

March 14, 2008

Senator David Ige, Chair
Senate Committee on Health
State Senate, Hawaii State Capitol
Honolulu, Hawaii 96813

RE: HB 2888 HD2 – Making an Appropriation for Ambulance Service for the Haiku Region of Maui and Moloka'i

Dear Senator Ige:

American Medical Response respectfully supports HB 2888 HD2, which makes an appropriation for ambulance service for the Haiku Region of Maui and for Moloka'i.

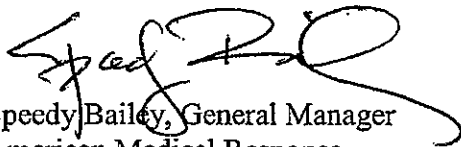
As you know, delicate, critical minutes can make a difference in response times to life-and death emergencies. The addition of a 24 hrs. Advanced Life Support unit in Haiku, Maui, as well as one for Moloka'i, will significantly minimize response time minutes to the residents and visitors for those respective communities. Improved response times to Advanced Life Support care will reduce medical emergency deaths, injury and permanent disability.

In Haiku, the nearest ambulance is 45 minutes away and on Moloka'i the need for another EMS resource serves as a "safety net" for the community when the primary ambulance is:

- On a 911 call
- Taking care of multiple patients
- Transferring critical patients to Air Ambulance
- Geographically distant from the second ambulance patient

Thank you for this opportunity to testify.

Sincerely,



Speedy Bailey, General Manager
American Medical Response

testimony

From: wsschaefer@aol.com
Sent: Wednesday, March 12, 2008 5:13 PM
To: testimony
Subject: testimony in favor of HB2888

March 12, 2008, 2008

To: Senate Health Chair David Ige
From: L. Jina Lee Lawler, Executive Director, Molokai Ohana Health Care, Inc.
RE: House Bill 2888

I am testifying in favor of House Bill 2888. I currently work at Molokai Community Health Center and would like to provide a testimony as someone working in health care and living on Molokai. Molokai Community Health Center is the only federally qualified health center in the island of Molokai, predominately serving the most medically vulnerable patients in this rural and isolated island of Molokai.

Molokai currently has 1 ambulance station and a second ambulance station will provide back up and additional support needed in Molokai. From my experience as a health care provider and resident of Molokai a second ambulance station is needed for the following reasons:

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- First, the whole island of Molokai which is about 261 square miles and can take about two hours to drive from one end of the island to another. If there is an emergency call from different locations in the island, it may take up to two hours for a patient to receive emergency medical services.
- Second there are increased emergency health service needs due to increased morbidity, as in most communities, the population in Molokai is aging. This translates fortunately to longer lives (mortalities) and unfortunately to increase residents living with illness and disabilities (mobility). There is an increase in “ice” addiction, which increases both the individual’s health risk and family violence. Per health data, Native Hawaiians are more likely to experience health disparities and 67% of Molokai residents are Native Hawaiian.
- Third, more residents are living further apart (about 39 miles from the east and west side) increasing the incidence of calls coming from different parts of the island.
- Fourth, in reviewing disaster scenarios, we know that the east end will be cut off in case of flood. If an ambulance is not located in the east end in preparation for natural disasters, east end residents will not be able to access emergency medical services.
- Fifth, there is an increase of accidents that may result in multiple injuries. In these cases of multiple injuries, some of the injured will experience delays in transportations as others from the same accident are transported.
- Lastly, the current Emergency Medical Technicians are aging, and there is a need to train new young health care professional.

While the above data can speak on the reasons why a second ambulance is needed, the most important

reason is for the safety of human life. Last year my land lord who lives on the east end of the island loss consciousness while working in his yard. According his wife they had to wait over an hour to get emergency services. I have heard over and over again from residents in the West End of the island regarding their concern about the need for additional ambulance services. For these reason, I strongly encourage you to support House Bill 2888.

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testimony

From: Winthrop Schaefer [scotty@heartofhawaii.com]
Sent: Wednesday, March 12, 2008 5:11 PM
To: testimony
Subject: Testimony in favor of HB 2888

Written Testimony Only- in favor of HB 2888

Senator David Ige, Chair- Senate Health Committee

Hearing Date- March 14, 2008

Dear Senator Ige and Honored Members of the Senate Health Committee:

For many years the paramedics on Molokai have served our community with only the staff for (1), 24/7 ambulance. We have a 2nd ambulance, which we keep stocked for multiple casualty incidents, for times when simultaneous emergencies happen, and for times that a 911 emergency call would tie up the primary ambulance for more than an hour.

There is no paid staffing for that second ambulance. For over 30 years we have served our community by being called back to work from our homes at a moment's notice. Many times there has been only one paramedic available to quickly respond. In those cases we have responded to all types of emergencies with the help of first responders from the Police and Fire Departments. Recently, there is no one available to call back. Right now, during your hearing, there is no one to come and provide back up for a traffic accident with multiple patients, or if 2 (or more) calls come in simultaneously. 2 of our members are ill and may not return. Molokai's lone ambulance is being staffed by 1 resident and one off-island paramedic. Our other 3 island residents are off island . That means we are all alone.

We are thankful for the partnership with the Fire and Police Department, but these fine men and women are not trained as paramedics. Often when we come in to back up, these cases are frequently challenging as we give patient care with only "one pair of trained hands". In the past 5 years, as our population grows, as hospitals discharge patients earlier, as cars become faster, as the ice epidemic rages, and as our patients have become much sicker, these "back up calls", and the severity of these back-ups have increased.

For years we had a staff made up of 6 full time staff and 1 part time staff. Of the full timers, 5 were MICT paramedics who live on Molokai, and there was 1 MICT paramedic who flew in from Oahu to work. Our part time worker was an EMT who lives on Molokai. All of MICT paramedics have over 20 years in the business and our "rookie" EMT had over 10 years of experience. They have served our community honorably and valiantly.

We are getting older now. 2 of our on-island staff are severely ill and may not return. Much of our staffing comes from paramedics from other islands who fly in and out for their shifts and are therefore unavailable to back up the 911 ambulance for emergencies. In reality, we have only 3 MICTs who can sometimes back up the primary crew. Many times there is no one to back up the primary 911 crew.

Those times have led to patient care disasters. Recently a man with a neck injury lay paralyzed for over an hour without a paramedic to help because the 911 ambulance was on the other end of the island and there was no crew to call back. Last week a patient with a surgical abdomen waited for over an hour while the primary crew worked on another call.

On those occasions when we have 2 paramedics working and we know there are injuries from a traffic accident, we often put a paramedic in each ambulance and drive to the scene to be able to accommodate the multiple patients. Unfortunately, we don't often get information about multiple injuries until after we are already responding to the call. And that doesn't solve the problem when multiple calls come in or for when we are asked to respond on calls that will involve long access or transport times. These are often cases where the only 911 ambulance on Molokai is unable to respond to any other emergency patients for 2-hours.

Our ambulance covers the entire island- 35 miles long and 12 miles wide with deep

valleys, steep cliffs and rough terrain. Our roads are narrow, winding, and rough. A recent plane crash had 7 survivors. It took the primary ambulance over 70 minutes to reach the scene and another 40 minutes to reach the first patients. One paramedic was available to respond with a back up ambulance. The initial call came in at about 7:00 P.M. The last patient was finally flown out to Oahu at 5:30 A.M. The duration of that one call was over 10 hours. 10 hour that we were basically unable to respond to any other emergency. (It would have been much longer had the back up not been available.)

This translates into significant delays in treatment and transport. Every one of us has stories...lots of stories of responding to heart attacks, traffic accidents, diabetic emergencies and every other type of emergency by ourselves, from home. There are also many stories of patients who have laid helplessly and needlessly suffered as they waited and waited for 911 help. Imagine calling 911 having no one able to respond for an hour. Sadly, that is what will happen today, and every day that we do not have another unit to back us up.

The amount of simultaneous calls and patient acuity calls a second 911 ambulance on Molokai. We urge you to support HB 2888.

Sincerely,

The Molokai 911 Ambulance Paramedics

Lyle Likua, Tim Musick, Mel Paoa, Scotty Schaefer, Rod Wong

HTHInPerson

From: Winthrop Schaefer [scotty@heartofhawaii.com]
Sent: Wednesday, March 12, 2008 5:34 PM
To: HTHInPerson
Subject: Testimony in favor of HB 2888

Written and in person-

Testimony in Favor of HB 2888

Senate Health Committee

Hearing Date- 3-14-08

Chair- Senator David Ige

Aloha Chair Ige, and Honored Members of the Senate Health Committee:

I am testifying in favor of HB 2888. My feelings for a second ambulance station on Molokai are included with the submitted testimony of the Molokai Paramedics.

For almost 30 years I have been honored to assist my community by responding to medical emergencies. I work as a full-time 911 paramedic. On my days off, I work as a 911 paramedic too. There is no pay for being on call. There is no official recognition by the State that we do this. Often, very often I am responding by myself and getting assistance from the Police and/or Fire Department. We don't seek recognition. We just need help.

Almost every vacation I have ever taken on this island has been interrupted by being recalled. Last year, I walked out of a graduation party where I was the main organizer, cook, and caterer to respond to 3 calls at once.

Why do we do this? To help our Ohana. Maybe this will help explain....

Years back, I got tired of being stuck with a radio. I hadn't been diving in years because I had to be available for recall. I called in and told the station I was turning off the pager for a few hours. During that time, the primary ambulance went to the East End of the island. At the same time, my neighbor, next door by Molokai standards, had a heart attack. There was no one to help him and the family was unable to carry him to the car. They waited for over 45 minutes. Then his heart stopped. He died.

I also heartily support an ambulance station for the booming area of Haiku, Maui.

The Haiku area is a poster for the need to coordinate State and County resources. Construction is booming while infrastructure struggles to catch up. New neighborhoods are springing up and increasing the population. What was once a remote and rural area is now filled with all the challenges of suburban life. Adding to these challenge is the fact that this boom town is remotely located away from EMS and other medical services. People need to drive far, (30-40 minutes) to get primary care. So they tend to try and wait out their medical problems. Often, these problems get worse and suddenly, they need immediate access to emergency care. Even in the most optimal scenarios, they have to wait for 15-20 minutes for an ambulance to deliver emergency care.

The combination of lack of primary care and delayed advanced life support care frequently exacerbates the problem and sometimes is deadly.

The current bill has an inaccuracy. In the current form, the bill states that Molokai does not have a 24/7 ambulance. That is not correct. Molokai indeed does have 24/7 ambulance service.

The need is not for a 1st ambulance station. The need is for a second ambulance

station. Even though the call volume is not excessive, the lone ambulance covers the entire island, including Kalaupapa. It is not unusual for a 911 ambulance call to tie up the crew for 2-3 hours. We often stay at the hospital and help with serious/critical patients since Molokai General Hospital has a small staff and since our MICTs are specialists in critical, life saving skills. These times do not show up in the statistics generated by the State.

The stats may show that we transfer over 10 patients a month off island with acute coronary events. What the stats don't show is that few of those patients call 911 because they don't want to wait for the long response times. The stats don't show all the times people decide to drive to the hospital when the 911 ambulance is busy.

And the stats don't show how often a back up crew is called in from home. They don't show when we have 3 calls at once or when we have to transport 5 patients from a traffic accident with one ambulance or when we have a fire fighter drive the second ambulance. The stats don't show when an air ambulance patient waits for hours, waiting for definitive treatment, while the 911 rig responds to other emergencies.

This is not the fault of the HEMSIS system. It wasn't designed to show these types of stats. Often, cases such as these are referred to as "outliers". We call them Ohana. We call them patients. We call them neighbors. We call them family.

Like many remote practitioners, we work without a safety net. But we have no other back up in place when there are no off-duty paramedics on island to cover the back up ambulance.

Right now, as we speak, if the only ambulance is involved in another emergency there is no one to organize the medical response for a natural or other type of disaster, such as an airplane incident.

A few weeks ago, the Department of Homeland Security had an unannounced bio-terrorism drill. The scenario cut off the island's only hospital. It also cut the island in half (which is very common when there are big rains). DHS asked us to place ambulances

strategically on each side of the evacuation to be able to treat and transport patients. That day, there was no one on island to call back to staff a second ambulance.

I understand that we are in challenging times in terms of health care dollars. I believe one option is to explore a public/private partnership to deliver service.

In such a case, the State could subsidize the ambulance station while allowing this unit to also provide fee for service transfer capabilities. Quarterly, or at other intervals, the State and the provider could subtract the private fees generated. Guidelines for usage could be created to insure optimal 911 coverage while allowing this unique partnership. As private call volume increases, the State subsidy could decrease.

The other creative option is for the State to fund and strategically locate a single MICT in a rapid response unit as there is on Oahu. But instead of just a quick response SUV, as in Honolulu, that MICT could respond in a van capable of transport. Then we could utilize our first responders or recalled personnel to help with transporting patients to the hospital.

For the price of a City and County Rapid Response Unit we could have a unit with transport capabilities.

Thank you for your time and attention-

Sincerely,

Scotty Schaefer

From: Winthrop Schaefer [scotty@heartofhawaii.com]
Sent: Wednesday, March 12, 2008 4:51 PM
To: HTHInPerson
Subject: Testimony in favor of HB 2888,

Chair David Ige and the Senate Health Committee

When House Bill 2789 was introduced, a petition at 4 locations, was started here in support of a second ambulance for Molokai. In less than 48 hours, (quickly to make the deadline for testimony) 526 names were turned into the House Health Committee. Later that day, petitions with over 150 names were found under a counter at one of our stores. Those petitions were faxed to Chair Green's office. Many, many people have expressed frustration because they did not have a chance to sign. HB 2789 was included into HB 2888 by the House Health Committee. Rather than confuse our residents with multiple petitions, we decided to ask you to include the petition testimony of over 675 people on Molokai in which they expressed their support for a second ambulance on the island. Thank you for your attention---

Scotty Schaefer

Kaunakakai, Molokai

March 12, 2008

Senator David Y. Ige
Chairperson Senate Committee on Health
Hawaii State Capitol
Honolulu, Hawaii 96813

Re: Testimony in support of HB2888

Honorable Chairperson and valued committee members. I support HB 2888 which would provide ALS ambulances for the rural Maui communities of Molokai and Haiku. One of my first shifts after graduating from MICT School in the early 90's was on Molokai. In the middle of the night I was dispatched to the area of Halawa Valley for a yacht that overturned in the Kenwood Cup Race. It was reported that 2 people were dead, 23 were in the water with at least 5 injured. I was the only paramedic on the only ambulance and the very rural hospital would be over an hour away.

This call illustrates some of the profound challenges to providing EMS services in rural communities. Examples are as follows.

1. Timeliness. Large areas that are sparsely populated can result in long response times to the patient and / or long transport times to the medical facility. Timeliness is critically important in a significant number of cases.
2. Tie up times. This is directly related to long responses or transport times. Tie up time results in the lack of availability for the next call which impacts timeliness. In Molokai an ambulance can't just come in from the adjacent community.
3. Stacked calls and Multiple patient calls. An ALS ambulance is only able or set up to take care of 1 or 2 serious patients at a time. This effects timeliness and can effect quality.
4. Lack of hospital resources. Just dropping the patient(s) off at the rural hospital or clinic doesn't solve the problem. Frequently crews help out in the clinic / Hospital. Following that the ambulance may have to transport the patient to the airport to be flown to higher care on Oahu.

Thank you for your time. Please support improved EMS services for Molokai and Haiku. Please don't hesitate to contact me with questions.

Sincerely,

William T. Watkins Jr. (Lin) MICT

William T. Watkins Jr. (Lin)
20 Mauka Pl., Kula HI 96790 808-385-2296

13 March 2008

Dear Hawaii legislators:

I am writing to express my strong support for H.B. 2888, an act to appropriate funds for 24-hour ambulance coverage in Haiku, Maui.

I am a paramedic and a consultant in public health and emergency services. I have some past experience with strategic planning for prehospital Emergency Medical Services (EMS), including placement of EMS units. There are many reasons why a Haiku ambulance is highly justifiable, including a growing population and a corresponding increase in call volume in Maui. The chief reason why I support a Haiku paramedic unit, however, is its capacity to greatly reduce response times along an under-resourced stretch of Maui's north shore.

Currently, there are only two 911 ambulances on the north shore of Maui: units in Wailuku and Hana, which are 52 miles apart (a drive time of two hours and 40 minutes). There is an ambulance in Makawao, but that unit is often busy in its upcountry primary service area. Even when the Makawao ambulance is available to descend towards the north shore, paramedics have to navigate extremely curvy roads to reach those lower areas. It takes the Makawao ambulance about seven miles (approximately 20 minutes' drive time) to reach lower Haiku or Paia, a frequent source of calls. In contrast, a strategically placed Haiku ambulance would provide rapid response not only to greater Haiku, but also to surrounding communities along Maui's north shore, including: Sprecklesville, Paia, Kuau, Pauwela, Huelu, and Kailua. Perhaps most importantly, a Haiku paramedic unit would be able to split the 52-mile distance described between Wailuku and Hana, with its district potentially reaching the village of Keanae.

Response times to almost all of these areas of Maui's north shore could be reduced by at least 20 minutes if a paramedic ambulance were located in lower Haiku. This amount of time can literally mean the difference between life and death. In major trauma, a "golden hour" is considered the maximum window of time between the incident and when the victim should be in an operating room. In heart attacks and stroke, "time is heart muscle" and "time is brain" respectively: as minutes pass without definitive care, heart and brain function is lost. In cardiac arrest, the American Heart Association describes a "chain of survival": early access to EMS, early CPR, early defibrillation, early advanced care. Without such care, a typical victim has only a few minutes before death is irreversible.

The citizens and visitors of Maui deserve this marked improvement in the availability of EMS resources in their community. Thank you for your consideration.

Sincerely,

David N. Kingdon, MPH, MICT

testimony

From: Scotty Schaefer [scotty.schaefer@gmail.com]
Sent: Thursday, March 13, 2008 2:26 PM
To: testimony
Subject: HB2888

Testimony in FAVOR of HB 2888

Senate Health Committee

Hearing date: 03/14/08 @ 1:15 PM

To Chair Ige and all the members of the Senate Committee on Health:

Although it may not appear that the Molokai ambulance is very busy in regards to 9-1-1 needs on the island of Molokai, it is more often that the following scenarios occur:

- Multiple 9-1-1 calls for service at the same time on different sides of the island
- Cases taking a long time (either waiting to access patient or transport / response times) to complete while another calls get made to 9-1-1 for an ambulance thereby delaying the second response. Standing by at a brush fire scene or standing by to search & rescue a victim often takes time and potential periods where this unit is 'out-of-service'.
- Primary ambulance crew is dedicated to transfer of an unstable patient from Molokai General to the airport for transfer to Oahu thereby rendering this unit out-of-service for 9-1-1 responses
- Multiple victim scenarios have meant that the ambulance has to make multiple trips from a scene to Molokai General and back to the scene to transport more victims. (There is only 1 ambulance & crew on duty without backup)
- At times critical patients who are waiting to be transferred from Molokai /general to the airport for transfer to Oahu have to wait for hours as the only 9-1-1 ambulance is busy running back-to-back emergency cases. This further impacts the only ER on the island as they are now left to manage the critical patient as well as caring for new emergencies.

What occurs on Molokai to assist with these scenarios are the following:

- Callback of 'off-duty' caregiver who can report back to work even though they are not obligated to. This takes time and if only (1) is available, it still doesn't allow for optimal patient care. Often times off-duty personnel are off-island or unavailable.

- Have primary crew split-up and have firefighters driving ambulances that they are not trained to drive in emergency situations.

With regards to a Haiku ambulance, the entire Maui Upcountry area is getting more populated with subdivisions and Hawaiian homelands. Often times, it is the Kula ambulance who responds into Haiku as the Makawao ambulance is busy. A Haiku ambulance would have much better response times into their own district thereby minimizing responses from other ambulances responding from another district often adding critical response time minutes.

Both of these communities deserve fast emergency medical services responses and I urge you to pass these bills. By passing these bills on, solutions can be compromised so as to get some benefit as opposed to none by having these bills dies before you. Thank you for your time, attention & consideration to my testimony.

Respectfully,

Curt S. Morimoto

16 Waiolani Place

Wailuku-Maui, Hawaii 96793

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