

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:

House Committee on Health

S.B. 2160, S.D. 2 RELATING TO HEALTH

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

March 12, 2008, 8:00 a.m.

1 **Department's Position:** The department supports this measure, which incorporates two
2 Administration-sponsored proposals, so long as it does not adversely impact the priorities outlined in the
3 Executive Supplemental Budget.

4 **Fiscal Implications:** Unspecified appropriation for the establishment of the Mental Health Court.

5 **Purpose and Justification:** The SCR 117 taskforce was convened in September 2006 by the Governor
6 under the joint direction of Senator Rosalyn Baker and Representative Josh Green. The taskforce
7 included members of the Department of Health (DOH), Adult Mental Health Division (AMHD), Hawaii
8 State Hospital (HSH), the judiciary, probation, community hospitals, police, sheriffs, Department of
9 Public Safety (PSD), consumer rights advocates, consumers, and others. SCR 117 was developed to
10 identify changes in statute, procedure, and public policy that could reduce the census at HSH. The
11 department refers the committee to www.amhd.org/SCR117 to review the final report that was
12 submitted to the 2007-2008 Legislature. SB 2160 was developed with some of those recommendations
13 included. The department is supportive of the S.D. 2 amendments made by the Senate to this measure,
14 which has incorporated language from S.B. 3070 and S.B. 3071, two administrative proposals which
15 were also based on recommendations by the SCR 117 task force.

000295

1 **Section 2:** This section statutorily requires an annual report to the Legislature on forensic data
2 as it relates to the Hawaii State Hospital. The department has continued to highlight how utilization of
3 the hospital is or is not changing over time. This information has assisted decision makers to determine
4 how best to allocate resources and may provide an objective basis for policy review and revision. There
5 is, however, currently no consistently available, comprehensive description of this important aspect of
6 our mental health and forensic system. The department is supportive of this new report requirement.

7 **Section 3:** This section requires an annual judicial review (for five years and bi-annually
8 thereafter) for an individual committed pursuant to 704-411(1) a – (Not guilty by reason of mental
9 disease, defect or disorder). The proposed legislation will require a hearing on an annual basis which
10 does not currently occur. The hospital is prepared and can provide whatever clinical information is
11 required for these hearings.

12 **Section 4:** This legislation simply shortens the wait for post Conditional Release (CR)
13 revocation from 90 to 30 days. The proposed legislation would let the person or the Director, DOH,
14 acting on their behalf, apply for CR up to 60 days earlier than is permitted presently. The proposed
15 legislation would provide the small number of patients whose Conditional Release has been revoked and
16 who are clinically stable and able to abide by conditions of release the opportunity to apply for CR
17 reinstatement between their 31st and 89th days of hospitalization.

18 **Section 5:** In addition to its original contents (Section 5 (5)) statutorily requiring status hearings
19 for persons on conditional release, the S.D. 2, Section 5 (1) incorporates the contents of S.B. 3070, while
20 Section 5 (2) incorporates the contents of S.B. 3071.

21 **Section 5 (1)** provides statutory guidance and clarification on the seventy-hour (72) hour hold
22 and extended hold process as it relates to patients under Conditional Release from the Hawaii State
23 Hospital or related facility.

1 It is important to understand that Conditional Release revocation is not the same as a 72-hour
2 hold or extended hold. Conditional Release revocation mandates the commitment of an individual back
3 to the custody of the director of health for at least ninety-days, as currently outlined in Section 704-412,
4 Hawaii Revised Statutes. A 72-hour hold mandates a maximum of 72 hours in DOH care and custody,
5 followed by a hearing at which the court may extend the hold for additional amounts of time. Any
6 extension is considered an extended hold. Courts or treatment teams that may not understand the
7 difference may recommend a CR revocation when a 72-hour hold or extended hold may have addressed
8 the clinical and supervision needs in a more timely and cost-effective manner. Creating explicit
9 language in the statute should assist in providing this clarification for treatment teams or courts.

10 By promoting the use of 72-hour holds or extended holds, this measure will likely result in
11 decreasing the utilization of bed space at Hawaii State Hospital by those mental health consumers who
12 do not require prolonged hospitalization otherwise mandated by CR revocation.

13 **Section 5 (2)** will enable the Director of the Department of Health to petition the court in
14 appropriate cases, on behalf of any individual served by the DOH, for legal discharge from Conditional
15 Release (CR). Persons on CR are released by the courts to be discharged from the custody of the
16 Department of Health, including but not limited to Hawaii State Hospital, back into the community. In
17 the community, persons on CR continue to be supervised jointly by both the Adult Mental Health
18 Division of the DOH and the Adult Client Services Branch of the Judiciary. Currently, the State of
19 Hawaii has more than 400 people in the community on CR. To include CR consumers who are in a
20 hospital setting, the number balloons to more than 500. This is the largest number of CR consumers per
21 capita in the nation. Only one other state, Ohio with 550, has been identified as having more consumers
22 on CR than Hawaii.

23 In Hawaii, there is no time limit for CR. A person can, and often is, on CR for the rest of his or
24 her life. More than half of the states with CR statutes similar to Hawaii's have a time limit on CR.

1 Some states have a prescribed limit (no more than 5 years, for example) while others have a time frame
2 equivalent to the maximum time they would have otherwise served in jail or probation. However, in
3 Hawaii, CR is an indefinite commitment. For example, 3% of Hawaii's misdemeanor CR cases have
4 been on CR for more than 20 years—crimes that would have otherwise carried a sentence of no more
5 than one year. Many people remain on CR indefinitely and under unnecessary supervision.

6 There is no mechanism for the director to petition the courts when the clinical staff determines
7 that an individual is clinically ready for discharge from conditional release. By allowing the Director of
8 Health to apply for discharge from conditional release for those who no longer are appropriate for
9 conditional release:

- 10 1) The effectiveness of forensic coordinators and available community resources is
11 enhanced as time and energies are focused on appropriate individuals who need higher
12 levels of support and supervision;
- 13 2) An individual's exposure to court-directed hospitalization is limited. In many cases
14 court-directed hospitalization results in extended hospitalization considerably beyond
15 what is clinically determined to be necessary. When a person is on conditional release,
16 it is possible for the individual be readmitted to inpatient care based on violations of
17 conditional release orders which are no longer clinically necessary. In such instances,
18 individuals do not need, nor meet clinical criteria for, inpatient hospital care, but will
19 remain hospitalized for the duration of the legal proceedings. The hospitalization of
20 these individuals thereby contributes to a higher inpatient census.

21 **Section 5 (5)** addresses the need for the courts to hear all Conditional Release cases at least once
22 a year. Overall, the CR process is a very positive and progressive system to aid in the recovery of
23 mentally ill individuals. The downside to this process is the back end. Very few individuals are ever
24 legally discharged from their CR, even though state statute allows for it. This results in a

1 disproportionately high number of mentally ill consumers in the community who may be doing quite
2 well, but still have outstanding court-ordered requirements. It is incompatible with a consumer's
3 recovery goals to remain under court jurisdiction if no longer clinically required. In the worst case
4 scenarios, people on CR may be involuntarily committed to HSH as a result of minor infractions of their
5 CR, which may often be heavy-handed or out of step with clinical need, simply as an artifact of their
6 continuing legal status. We believe that one of the most salient reasons is that the courts do not have a
7 process in place to hear the CR cases regularly. The language highlighted in this portion of the bill
8 attempts to ensure that the court hears all CR cases on a regular basis, to ensure that appropriate cases
9 are continued on CR and other cases are legally discharged from CR.

10 **Section 6:** Oahu has the state's only Mental Health Court (MHC). This court is a specialty
11 court which hears, exclusively, cases of mentally ill defendants. Very briefly, the point of the current
12 ideation of the MHC is to steer defendants out of jail and into treatment. The MHC, mirrored after
13 successful MHCs on the mainland and tailored for implementation in Hawaii, has shown encouraging
14 outcome results. However, the MHC is funded entirely by a grant, and therefore is limited in its scope
15 and influence. It continues to be a pilot project of the judiciary. Only 30 defendants can participate in
16 the MHC at any one time, for example, and only one dedicated staff position has been created to help
17 run the court. Also, current funding and staffing limits the impact of the MHC on the correctional
18 population, but the impact on the HSH census has been minimal. If the MHC is expanded, there is much
19 greater potential for including HSH consumers in the program, which would likely allow for their
20 release from HSH more quickly.

21 We look forward to continuing the dialog and collaborating with the legislature on this measure.
22 Thank you for this opportunity to provide testimony.

23

000299



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME LOCAL 152, AFL-CIO
888 MILILANI STREET, SUITE 601 • HONOLULU, HAWAII 96813-2991



Randy Perreira *Executive Director*
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Derek M. Mizuno *Deputy Executive Director*
Tel: 808 543-0055 Fax: 808 523-6879

**The Twenty-Fourth Legislature, State of Hawaii
Hawaii State House of Representatives
Committee on Health**

**Testimony by
HGEA/AFSCME, Local 152, AFL-CIO
March 12, 2008**

**S.B. 2160, S.D. 2 – RELATING
TO HEALTH**

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO supports the purpose and intent of S.B. 2160, S.D. 2, which implements recommendations of the task force formed under S.C.R. 117, S.D. 1, H.D. 1 adopted by the 2006 Hawaii State Legislature. We supported the adoption of S.C.R. 117 and participated on the task force. The purpose of the task force was to analyze the identification, diagnosis, and treatment of mentally ill persons who are committed to the Hawaii State Hospital (HSH) by the state criminal justice system. The task force also considered initiatives to reform and improve the treatment of forensic patients sent to the hospital.

The major public policy change reported by the task force was to limit current criminal processes in mental health cases for criminal actions in which defendants are prosecuted for violent non-felony charges and all felony charges. There is a need to develop an alternative, faster process for defendants arrested for non-violent, non-felony charges such as trespass, property crimes and drug/alcohol related offenses.

The bill contains several statutory changes that we believe are improvements to the current situation. Therefore, we support the amendments to Chapter 704, HRS that will require HSH to produce an annual report containing relevant data on the forensic patients admitted and discharged, including the type of forensic patients by types of underlying crimes and the grade of offenses committed.

We also support the authority granted to the courts in periodically assessing the need for further inpatient hospitalization of individuals who are acquitted of a felony on the grounds of a physical or mental disease, and the changes to the conditional release statutes. Finally, we support the appropriation to support the expansion and operation of the mental health court by the Judiciary. Thank you for the opportunity to testify in support of this important bill.

Respectfully submitted,

Nora A. Nomura
Deputy Executive Director



TESTIMONY TO THE TWENTY-FOURTH STATE LEGISLATURE, 2008 SESSION

To: House Committee on Health

From: Gary L. Smith, President
Hawaii Disability Rights Center

Re: Senate Bill 2160, SD 2
Relating to Health

Hearing: Wednesday, March 12, 2008 8:00 AM
Conference Room 329, State Capitol

Members of the Committee on Health:

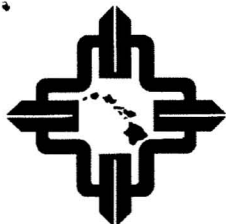
Thank you for the opportunity to provide testimony supporting Senate Bill 2160, SD 2.

I am Gary L. Smith, President of the Hawaii Disability Rights Center, formerly known as the Protection and Advocacy Agency of Hawaii (P&A). As you may know, we are the agency mandated by federal law and designated by Executive Order to protect and advocate for the human, civil and legal rights of Hawaii's estimated 180,000 people with disabilities.

We support this bill and have a long standing interest in this issue. We were pleased to serve on the SCR 117 Task Force convened by the legislature. We believe that this bill will help to keep track of the status and the needs of the individuals who are residents at the Hawaii State Hospital. We particularly express strong support for the provision which will provide for an annual review of the individuals who are on conditional release status. We have seen that many individuals remain on conditional release for an extended, indefinite period of time. While some of these individuals may need to remain on conditional release, we also believe that some do not. For those who do not, it represents a serious infringement upon their personal liberties. It is also difficult under the current system to obtain court review of these conditional releases. We believe that the provision for a mandatory annual will provide greater protection for these individuals and ensure that their needs are being met.

Thank you for the opportunity to provide testimony in support of this bill.

000301



HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

"Touching Lives Every Day"

**THE HOUSE
COMMITTEE ON HEALTH
Representative Josh Green, M.D., Chair
Representative John Mizuno, Vice Chair**

March 12, 2008, 8:00 a.m.
Conference Room #329
Hawaii State Capitol

Testimony Supporting SB 2160 SD2 Relating to Health

Thomas M. Driskill, Jr.
President and Chief Executive Officer
Hawaii Health Systems Corporation

Thank you for the opportunity to offer testimony in support of SB 2160 SD2 relating to Health.

As a state authorized public health system of safety-net facilities your consideration is requested to add language to SB 2160 SD2 that "allows medical services providers to receive payment directly from health insurers, health maintenance organizations, and mutual benefit societies, rather than attempting to collect from the patient when the provider does not have a contract with the insurer" as follows:

RELATING TO DIRECT PAYMENT TO PROVIDERS.

SECTION 1. The legislature finds that the State's healthcare system is in financial crisis due to low reimbursements and increasing costs. The low reimbursement rates have forced hospitals and other providers to institute cost-cutting measures that may not be in the best interest of

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000302

consumers. Providers negotiate contracts with insurers, mutual benefit societies, and health maintenance organizations. However, the providers are not in an equal bargaining position when negotiating the contracts. Providers are forced to either accept rates that are often substantially below the cost of providing the services or be classified as a "non-participating provider", which results in some payers making reimbursement directly to the patient rather than to the provider. The provider is then forced to collect the fees from the patient, which results in increased collection costs, delayed payments, and substantially lowered collection success with a potential for increased cost for the individual receiving the services.

The purpose of this bill is to further the public's interest in maintaining a financially sound healthcare system by requiring insurers, mutual benefit societies, and health maintenance organizations to pay healthcare providers directly regardless of the healthcare provider's participatory status with the insurer, mutual benefit society, or health maintenance organization.

SECTION 2. Chapter 431, Hawaii Revised Statutes, is amended by adding to article 10A a new section to be appropriately designated and to read as follows:

"§431:10A- Direct payment for healthcare services. (a)

An insurer, after receiving a claim for payment of benefits, shall make the payment directly to the healthcare provider that

provided the services, regardless of the healthcare provider's participatory status with the insurer's plan; provided that this sub-section shall not require payment for services that are not covered under the plan.

(b) If the insurer makes payment to the insured, the insurer shall remain liable for payment to the healthcare provider. This subsection shall not prohibit the insurer from recovering any amount mistakenly paid to the insured.

(c) The term healthcare provider as used in this section means a provider of services, as defined in 42 U.S.C. § 1395x(u), a provider of medical and other health services, as defined in 42 U.S.C. § 1395x(s), and any other person or organization who furnishes, bills, or is paid for healthcare in the normal course of business.

(d) The provisions of this section shall not apply to any entity or situation when their application to the entity or situation would be preempted under the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 100, et seq."

SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended by adding to article 1 a new section to be appropriately designated and to read as follows:

"§432:1- Direct payment for healthcare services. (a) A mutual benefit society, after receiving a claim for benefits under this chapter, shall make payment directly to the healthcare

provider that provided the services, regardless of the healthcare provider's participatory status with the society's healthcare plan; provided that this sub-section shall not require payment for services that are not covered under the plan.

(b) If the society makes payment to the member, the society shall remain liable for payment to the healthcare provider. This subsection shall not prohibit the society from recovering any amount mistakenly paid to the member.

(c) The term healthcare provider as used in this section means a provider of services, as defined in 42 U.S.C. § 1395x(u), a provider of medical and other health services, as defined in 42 U.S.C. § 1395x(s), and any other person or organization who furnishes, bills, or is paid for healthcare in the normal course of business.

(d) The provisions of this section shall not apply to any entity or situation when their application to the entity or situation would be preempted under the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 100, et seq."

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§432D- Direct payment for health care services. (a) A health maintenance organization, after receiving a claim for benefits under this chapter, shall make payment directly to the

healthcare provider that provided the services, regardless of the healthcare provider's participatory status with the health maintenance organization healthcare plan; provided that this subsection shall not require payment for services that are not covered under the plan.

(b) If the health maintenance organization makes payment to the enrollee, the health maintenance organization shall remain liable for payment to the healthcare provider. This subsection shall not prohibit the health maintenance organization from recovering any amount mistakenly paid to the enrollee.

(c) The term healthcare provider as used in this section means a provider of services, as defined in 42 U.S.C. § 1395x(u), a provider of medical and other health services, as defined in 42 U.S.C. § 1395x(s), and any other person or organization who furnishes, bills, or is paid for healthcare in the normal course of business.

(d) The provisions of this section shall not apply to any entity or situation when their application to the entity or situation would be preempted under The Employee Retirement Income Security Act of 1974, 29 U.S.C. § 100, et seq."

SECTION 5. New statutory material is underscored.

SECTION 6. This Act shall take effect upon its approval.

Thank you for your consideration.

000306

mizuno1-Edgar

From: Anne Biedel [abiedel@mauimedical.com]
Sent: Tuesday, March 11, 2008 11:07 AM
To: HLTtestimony
Subject: Medical Liability

Anne E. Biedel, MD
President
Maui County Medical Society

Dear Representatives:

I am a family physician practicing in Lahaina on Maui. Over the past five years Maui has lost numerous physicians to retirement, death and the mainland. Who is going to replace them? There is a crisis of health care delivery in Hawaii. We are unable to attract and keep new physicians because it is too expensive to practice and live here. The first step towards encouraging more providers to move here is to change our medical liability laws. Let's show the rest of the country that Hawaiians are ready and willing to support good health care. Please consider SB2160 SD2, HD1 as an important bridge to correcting our physician shortage. Thank you for your consideration.

Sincerely,

Anne E. Biedel, MD

mizuno1-Edgar

From: paskaligr001 [paskaligr001@hawaii.rr.com]
Sent: Tuesday, March 11, 2008 1:33 PM
To: HLTtestimony
Subject: Support for SB2160 SD2, HD1

March 11, 2008

To: Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

House Health Committee
Hearing Scheduled for: Wednesday March 12, 8:00 am, Room 329

From: Richard Paskalik

46-159 Meheanu Loop, Suite 3233, Kaneohe, Hawaii 96744
(808) 235-6251 (Residence)

PaskalikR001@hawaii.rr.com (E-mail)

Ref: SB2160 SD2, HD1 Relating to Medical Liability

Aloha,

I strongly support SB2160 SD2, HD1 for the following reasons:

There is a very real shortage of physicians in Hawaii in all areas of medicine. Physicians in critical and non-critical specialties are leaving or cutting back their practice and every day more and more people do not have the access to health care when they need it most.

We can remove some of the uncertainty of practicing medicine in Hawaii and help stop the exodus and/or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.

Research by the American Medical Association (AMA) and Hawaii Insurance Commissioner (HIC) has confirmed that medical liability reform will reduce malpractice premiums. The savings can and should be passed onto the patients of the physicians and most importantly it should help to keep our quality physicians here where we need them.

Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii need and deserve.

Most importantly, based upon the AMA and HIC research it just makes good sense!

Thank you for the opportunity to provide this testimony.

Mahalo Nui Loa and Aloha,

Richard Paskalik

Arthritis Foundation Hawaii Branch

Secretary – Board of Directors

Advocacy Chair

Did you know?

- More children have juvenile rheumatoid arthritis than juvenile diabetes, cystic fibrosis, cerebral palsy and muscular dystrophy *COMBINED*.
- Arthritis is the #1 cause of work disability in the nation and costs our country over \$86.2 billion annually.
- 1 in 4 people have arthritis.



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March 12, 2007

To: Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee

From: Cynthia J. Goto, M.D., President
Linda Rasmussen, M.D., Legislative Co-Chair
Philip Hellreich, M.D., Legislative Co-Chair
Dick Botti, Government Affairs Liaison

PLEASE DELIVER

To rm 329 for:
HTH Committee

Wed.
2/12/08
8am

Re: SB2160, SD2, HD1 Relating to Health

(Addresses medical malpractice insurance costs by capping non-economic damages at \$500,000 for high-risk medical specialties and \$250,000 for all other specialties, establishing a limit of \$3,000,000 for noneconomic damages determined by the court to be catastrophic damages, and requiring that economic damages be allocated based upon proportionate percentage of negligence. Sunsets December 31, 2014.) (SB 2160 HD1 PROPOSED)

The Hawaii Medical Association strongly supports SB2160, SD2, HD1 as a meaningful way to address Hawaii's access to care crisis.

We would like to thank Chair Josh Green, Vice Chair John Mizuno and members of this committee for resurrecting this important issue.

The case for medical liability reform is clear and the signs of Hawaii's physician shortage have become more and more apparent:

- Neighbor island hospitals have large gaps in their on-call coverage.
- Patients who need emergency surgery can wait hours and sometimes days because no local surgeon is available.
- Maui is the only neighbor island with a neurosurgeon.
- In Hilo, only one orthopedic surgeon is available for on-call emergencies.
- In Honolulu, only two orthopedic surgeons are on-call with a third available one day per week.
- Since 1995, Hawaii has lost 30 percent (68 to 48) of its full-time private practice orthopedic surgeons.

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
www.hmaonline.net

- Queen's Trauma Center has an alarming shortage of doctors willing to volunteer for emergency and trauma call.

Unstable and rising medical malpractice insurance premiums are forcing Hawaii physicians to leave or cut back their practices. Hawaii's average annual medical malpractice insurance premium increased 90% from \$33,000 to \$63,000 between 2002 and 2006 for physician specialists who provide high risk, life-saving treatment, due to the cost of defending malpractice cases filed in Hawaii. This is despite the fact that according to Hawaii's major medical malpractice insurer, 86% of claims filed against its insured Hawaii physicians are found to be without merit and result in no payment to the claimant.

We support this bill for the following reasons.

Establishes Caps On Non-Economic Damages

This bill proposes to establish a cap on non-economic damages and eliminates joint and several liability. The HMA supports these actions because they will help to stabilize now volatile medical malpractice insurance premiums, which is a major cause of Hawaii's patient access to care crisis.

We would like to request the committee amend the bill to establish a \$250,000 cap on all non-economic damages. The HD1 version of the bill allows a \$500,000 cap for high-risk medical specialties as designated by the Department of Health and a \$3 million cap for catastrophic damages.

Non-economic damages are compensation for pain and suffering, loss of consortium and loss of enjoyment. These are difficult damages to quantify and a cap would establish a much needed standard.

Defines Economic Damages

- The bill provides a much needed definition of economic damages.
- The HMA supports no cap on economic damages, which are compensation for past and future medical expenses, rehabilitative expenses, living expenses and lost income or income-equivalents (in the case of a homemaker, for instance). These damages can be quantified.
- The HMA supports no cap on punitive damages, which is intended to punish the defendant.

Proportionate Allocation of Economic and Non-Economic Damages

- The bill will allow the allocation of damages based on his or her proportionate percentage of negligence or other fault. We believe it is fair to hold each physician responsible for their share of negligence or other fault.

A Proven Solution

In other states, legislation similar to SB2160, SD2, HD1, have been powerful tools for stabilizing medical malpractice insurance premiums in other states.

In a report released on February 5, 2008, the American Medical Association announced research that shows caps on non-economic damages (arbitrary damages like pain and suffering) are associated with lower premium levels of at least 17 percent.

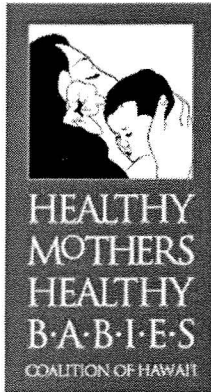
Locally, a February 2008 actuarial study of medical malpractice reforms produced for the Insurance Division of the State of Hawaii confirms that medical liability reform would result in reductions in medical malpractice insurance premiums of 12-18 percent.

Formerly in crisis, the state of Texas has successfully overcome its patient access to care crisis in large part due to establishing caps on non-economic damages. Improvements include:

- Licensing 3324 new doctors in 2007, including a net gain of 186 obstetricians
- Bringing specialty care to underserved areas, including the addition of 189 physicians in Rio Grande Valley and other rural areas
- Stabilized and reduced medical malpractice insurance premiums
- Four new admitted, rate-regulated malpractice insurance carriers (Advocate MD of the Southwest, Medical Liability Insurance Company of America, Medicus Insurance Company and the Physicians Insurance Company).

In order to address Hawaii growing patient access to care crisis, the Hawaii legislature needs to take major steps. SB2160, SD2, HD1 represents positive change that needed now to prevent failure of Hawaii's healthcare system.

Thank you for the opportunity to testify on this matter.



HEALTHY MOTHERS,
HEALTHY BABIES
COALITION OF HAWAII

Date: March 11, 2008

Committee: House Health Committee

Bill: SB2160 SD2, HD1 Relating to Health Medical Tort Liability; Noneconomic Damages

Honorable Chair Rep. Josh Green, M.D., Rep. John Mizuno, Vice Chair, and Members of the

House Health Committee:

My name is Jackie Berry, Executive Director for Healthy Mothers Healthy Babies of Hawaii (HMHB). HMHB is committed to promoting and improving reproductive, pregnancy and family wellness through research, training, advocacy and community awareness.

Healthy Mothers, Healthy Babies supports SB2160 SD2, HD1 in addressing medical liability for medical providers of perinatal care to women (OB-GYNs and others), in order to help address growing concerns by pregnant women and community providers that perinatal care may become more difficult to access, due in part to perinatal providers in Hawaii continuing to leave direct care and delivery services because of medical liability costs and concerns.

Hawaii's current perinatal outcomes statewide are of concern, as the number of low birthweight infants, multiple births, and the infant mortality rate has all risen since the mid-90's. In spite of the need, experienced perinatal providers, particularly in rural parts of the state, are opting to leave the field of obstetrics, as malpractice rates and risks are higher than in other "lower-risk" areas of practice.

ACOG-Hawaii's 2004 questionnaire on Obstetrical practice indicates that almost 1 in 4 OB-GYNs in Hawaii (22%) are currently not providing OB care to patients, with 1 in 3 (29%) of those surveyed planning to quit OB services within the next 5 years. This trend, combined with fewer medical students entering OB-GYN residency locally and nationally, means that Hawaii is beginning and will continue to have difficulty in attracting and retaining OB providers in the future, while our overall births and at-risk births are increasing.

We believe this bill which provides for a non-economic damages cap and limits on attorneys fees strikes the appropriate balance between the need for medical care accountability and restitution and providing limits on claims that may undermine access to essential care. Medical liability reform based on the Texas model needs to be passed this session to improve the access to health care for the people of Hawaii including mothers and babies.

We appreciate your consideration of this measure. Mahalo for this opportunity to testify today.

000313

mizuno1-Edgar

From: F. Don Parsa [fdparsa@yahoo.com]
Sent: Tuesday, March 11, 2008 11:48 AM
To: HLTtestimony
Cc: Paula Arcena; Linda J. Rasmussen; April Troutman
Subject: SB2160 SD2, HD1 Relating to Medical Liability

***Please deliver to room 329 for the Senate Health Committee hearing,
Wednesday, 3/12/2008 at 8 a.m.***

March 12, 2008

***To: Rep. Josh Green, MD, Chair
Rep. John Mizuno,, Vice Chair
House Health Committee
Hearing scheduled for Wednesday March 12, 8 am. Room 329***

***From: F. Don Parsa, MD, FACS
1329 Lusitana Street, Suite 807,
Honolulu, Hawaii, 96813
Phone: 526 0303***

Re: SB2160 SD2, HD1 Relating to Medical Liability

I am a Hawaii resident and I strongly support SB2160 SD2, HD1 for the following reasons.

I have served as the elected chief of plastic surgery at the Queen's Medical Center for over 20 years and am in a privileged position to observe the tragic crisis we have been facing during the past few years. I am in charge of making the call schedule and for the past decade I have witnessed a decreasing number of plastic surgeons refusing to take emergency calls because of the prevailing litigious atmosphere in the handling of high risk trauma patients such as burns, hand trauma as well as disfiguring facial injuries. Just a few weeks ago, no one was available again at the Queen's Medical Center to respond to a most time-sensitive hand trauma that unfortunately resulted in amputation with all the lifelong tragic consequences that it carries. At the moment, during one whole week out of each month, NO ONE is available to take care of sever upper extremity injury such as an amputated hand or fingers. For the past several years I have tried my best, even offering the sharing of my office as an incentive, in bringing new plastic, reconstructive and hand surgeons to the islands, but have been unsuccessful. Everyone I have tried recently, even those who grew up in Hawaii and who attended U of H medical school and whose dream had been to return one day back home, ended up declining to practice in Hawaii and in the most recent cases within the past year, two well trained reconstructive surgeons well versed in Hand Surgery chose practice in California rather than return back home to Hawaii.

3/11/2008

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I feel that just because our medical organization, the HMA does not possess the financial resources to hire numerous lobbyists to promote Tort Reform, we the physicians and the legislators must work harder and more intensely together in innovating our Tort system by adopting the more advanced and proven systems such as the ones in existence in California (MICRA model) that has proved to be most effective for the past 33 years.

Frankly, it is embarrassing to lag so many years behind California that can be referred to as one of our closest neighboring states.

My message to the honorable legislators and senators is that, we may be a very small state with a diminutive population, but our population deserves the same quality of care and access-to-care that those living in other communities where Tort Reform has been implemented.

Just a little over 4 years ago, in 2003 the Legislature in Texas passed a sweeping set of medical liability reforms similar to the one adopted in California some 33 years previously in 1975 and dubbed the California MICRA reform (medical injury compensation reform act). The statutory reforms have been in place in more than 20 states. The model used has been that of California MICRA: Cap on non-economic damage awards, collateral source rule, periodic payments on future damages and limits on attorney contingency fees. What the Legislature passed in Texas include: Cap on non-economic damage awards (\$250,000 for all physicians in a case, \$250,000 for first hospital system in a case and \$250,000 for any additional hospital systems as well as periodic payments on future damages over \$100,000.

According to Jack Lewin MD who was the Director of Hawaii Department of Health, before becoming the CEO of the 35,000-member California Medical Association, the largest state medical association in the nation, the Tort Reform in California or MICRA and similar MIRCA-type tort reform work for the following reasons:

- 1.It moderates professional liability premiums (source: Medical Liability Monitor, October 2004. vol 29. no 10 p 2).
- 2.A package of tort reforms results in direct savings by lowering malpractice premiums. To be effective , the package must include a cap on non-economic damages and collateral source reform.
- 3.It has been shown the California's MICRA is the best example of an effective tort reform package.

According to the National Association of Insurance Commissioners Study, where the premiums in California was compared with the US Premiums from 1976-2000, the CA premium was increased by 167% compared to 439% during the same period.

The reason MICRA works is because it saves time and money spent on malpractice cases. For example the cost of settlement in California is 53% lower the U.S. average. The time to settlement is also 26 % shorter in California as compared to the national average.

With such changes, the primary beneficiaries are the patients for the following reasons:

Because of the predictability and stability that it engenders, more specialists are drawn to areas where such an atmosphere exists such as in Texas and California. Therefore access to care crisis is eliminated. Patients injured due to malpractice receive full recovery for their economic losses.

Patients injured receive a higher percentage of settlements. As an example, of the 24 cases over 1 Million in 2001, injured patients and families received \$13.7 million more of the awards than they would have without the MICRA limits on attorney fees.

According to Dr. Lewin, there still exists a Trial Bar MICRA myths that is totally false. These myths include: "MICRA creates a patient barrier to getting legal representation, it creates unfairly low judgments, caps on non-economic damages don't work, medical-malpractice insurers cause the premiums increases. All these have been shown to be false. In Dr. Lewin's final words at a speech that he delivered in Honolulu not long ago, MICRA has served California well, and is most needed in the State of Hawaii. These were comments made by Dr. Lewin who has a lifetime experience in healthcare

leadership and innovation and who served as the Director of Hawaii Department of Health as well as the CEO of California's Medical Association. Among other things he spearheaded many innovative public health programs making great strides in providing greater access to medical care for the residents of Hawaii. He founded the State Health Insurance Program (SHIP), a start-up health insurance company designed to cover self-employed individuals and small businesses in Hawaii. Eventually, SHIP covered 55,000 beneficiaries which represented nearly 5% of the state's population at the time. I could not find no other person to use as reference who would be more knowledgeable or more qualified than him for this testimony.

Among many other states that California's MICRA has helped, Texas, the second largest state, stands out in resolving its access-to-care crisis by creating one of the friendliest states to practice for all specialists. Its healthier medical practice atmosphere draws a large number of specialists who may have chosen to go to California or elsewhere. The recent success in Texas (2003) is also a testament to the fact that when the legislators work closely with the medical profession innovations focused on improving the status of Health Care dramatically improves all for the patients' benefits. Here in Hawaii we are at a critical level of crisis in regards to access-to-care and the fact that we are not even close to the size of the state of Texas or that of California, we (the physicians working in team with the legislators) must not use this as a pretext for staying passive and oblivious to the ongoing crisis.

Sincerely,

F. Don Parsa, MD, FACS
Professor of Surgery,
Chief of the Division of Plastic Surgery,
University of Hawaii,
John A. Burns School of Medicine.
Chief of Plastic Surgery,
Queen's Medical Center.

mizuno1-Edgar

From: rhoads2@hawaiiantel.net
Sent: Tuesday, March 11, 2008 12:23 PM
To: HLTtestimony
Subject: SB2160 SD2, HD1 Relating to Medical Liability

March 11, 2008

Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

House Health Committee
Hearing Scheduled for: Wednesday March 12, 8:00 am, Room 329

Rhoads Stevens, MD
6242 Keokea Place
Honolulu, HI 96825
808-721-7422

Re: SB2160 SD2, HD1 Relating to Medical Liability

I strongly support SB2160 SD2, HD1 for the following reasons:

- There is a very real shortage of physicians in Hawaii. Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most.
- We can remove some of the uncertainty of practicing medicine in Hawaii and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.
- Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.
- Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.

Thank you for the opportunity to provide this testimony.

TO: Rep. Josh Green, M.D., Chair; Rep. John Mizuno, Vice Chair; and
Members, House Health Committee

FROM: Fred C. Holschuh, M.D.
P.O. Box 2004, Honokaa, Hawaii 96727; (808) 640-3181

DATE: March 12, 2008

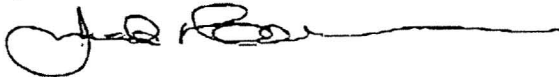
SUBJECT: SB 2160, SD 2, HD 1 Relating to Medical Liability

Chair Green, Vice Chair Mizuno and Members:

Thank you for allowing me to testify in strong support of SB 2160, SD 2, HD 1. I am a retired 30-year emergency physician (mostly in Hilo), past president of the Hawaii Medical Association, and served two terms on the Hawaii County Council. I am testifying as an individual. I am very aware of the crisis regarding limited access to medical care. This is especially true on Hawaii island.

Medical liability reform is an important part of solving the physician shortage and subsequent limitation in access to medical care for patients. I support the caps on non-economic damages. Thank you. Warm personal regards.

Aloha,



Fred C. Holschuh, M.D.

Jerry L. Gray, M.D., FACEP

**P.O. Box 94
Hakalau, Hi 96710**

3/11/08

Committee members:

I am an Emergency physician. I have practiced in the ERs on the Big Island the past 5 years. Every time I go to work, I fear what might happen. Don't get me wrong, I have been practicing emergency medicine 23 years and am probably the best doctor I have ever been. It's this experience and the knowledge gained by it that makes me fearful. I know that on every shift, I will probably see a severely injured or desperately ill patient who will be depending on me. I also know I will not have access to resources I need to save them.

There are no longer any orthopedic surgeons on the Big Island that are willing to help us in the ER. Every serious bone injury sends me on a desperate search. I will end up making dozens of phone calls looking for a hospital and doctor willing to accept the patient in transfer. I will then make another set of phone calls trying to find a way to transport them. Finally I will have to fill out 7 pages of paper work to complete the process—all while another 20 patients have signed into the ER because they can't find a doctor to see them.

Prior to moving to Hawaii in 2003, I was the President of the Texas College of Emergency Physicians. That was the year the people of Texas reformed their state constitution to limit non-economic damages to \$250,000. We had reached a point in Texas similar to what I now experience in Hawaii. Orthopedists and neurosurgeons were abandoning hospitals with ER's. I was dropped by my malpractice insurance carrier of 15 years when the carrier decided to drop all emergency physicians in Texas. We were left with only two malpractice carriers selling new policies. They would only sell policies at four times my original cost with coverage limits of \$250,000, a number unlikely to cover an injured patient economic losses, much less anything for "pain and suffering". Going to work meant putting everything I had worked and saved for on the line.

Fortunately, we were successful in reforming that system bringing some sanity to it. There are now over 12 insurance carriers selling policies to Texas doctors. Doctors there can again buy affordable insurance with adequate limits to allow them to perform their specialty. Last year Texas licensed 3324 new doctors, up from 1370 in 2001, the year we started the reform movement. To be sure, rural areas and locations with high indigent populations still have trouble with physician access, but at least there are specialists in high population centers who are again willing to help.

Currently one of my partners is fighting a medical malpractice suit. A mainland tourist was severely injured by a drunk driver. While my partner did the best I could imagine being done with our resources, the combination of the patient's injuries and difficulties in getting the care needed has resulted in severe disability for the patient and thus high potential liability for his doctors. My partner is being sued not for what he did or did not do to help, but because

Email: jgrayermd@aol.com Tel: (808) 963-5194

000319

Jerry L. Gray, M.D., FACEP

**P.O. Box 94
Hakalau, Hi 96710**

resources such as neurosurgeons, trauma surgeons, and inter-island capable helicopters were not immediately available. It appears that by working in this dysfunctional system I am once again putting everything I have on the line just to go to work and try to help people. Unless things change, this economic reality will soon force me into early retirement.

Please take the need to reform medical liability laws seriously. Thank you for considering my testimony.

A handwritten signature in black ink that reads "Jerry L. Gray MD". The signature is written in a cursive style with a large initial "J" and "G".

Jerry L. Gray, M.D., F.A.C.E.P.

Email: jgrayermd@aol.com Tel: (808) 963-5194

000320

Gerald J. McKenna, MD
4374 Kukui Grove St, Ste. 104
Lihue, Hi 96766

Date: 03/11/08

**To: Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee
Hearing, Wednesday March 12, room 329**

Re: Senate bill 2160, SD 2, HD 1, Relating to Medical Liability

I strongly supports SP 2160 SD 2, HD 1 for the following reasons:

1. Tort reform is long overdue in Hawaii. Medical liability reform, based on the successful Texas model, needs to be passed during this session to help stop the steady exodus of physicians from Hawaii.
2. There is a serious shortage of physicians in Hawaii, particularly in critical specialties that are plagued by inordinately high costs for malpractice liability coverage. Not only are physicians in critical specialties leaving the islands, it is almost impossible to attract physicians to practice in Hawaii, given the high cost of living, high threat of malpractice suit, high cost of malpractice liability coverage and low reimbursements for services rendered.
3. With its new medical school and research facilities, Hawaii is positioned to become the medical center of the pacific, but only if we are able to attract the outstanding physicians who would love to come here to practice medicine if the conditions were different. The tort reform measures will be a big step in this direction.
4. The American Medical Association and the Hawaii Insurance Commissioner have both confirmed that medical liability reform will reduce malpractice premiums and improve the practice landscape for all of our physicians, those practicing in the urban centers of Oahu as well as those, like myself, practicing in the rural setting of the neighbor islands.

Thank you for the opportunity to provide this testimony.

Sincerely,



Gerald J. McKenna, M.D.
Psychiatry and Addiction Medicine
Lihue, Kauai

To: Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Committee on Health

FROM: **Annette Taeko Mente**, private citizen
5230 Keakealani Street, Hon HI 96821 733-8358

Hearing Info: **House Committee on Health**
Wednesday March 12, 8:00 am
Conference Room 329

RE: Testimony In Support of **SB2160 SD2, HD1** Relating to Medical Liability

Aloha Chair Green and Members of the Committee,

I wish to testify in strong support of **SB2160 SD2, HD1**. I work as a planner for the Department of Health, Family Health Services Division, but testify today as a private citizen concerned about assuring continued access to critical health care throughout the state. As a caregiver for aging parents I have become personally alarmed at the shortcomings of our local health system to adequately address the increasing needs of a growing (albeit slowly) and aging population.

There is a very real shortage of physicians in Hawaii. Physicians in critical specialties are leaving or cutting back their practice, and every day more people do not have access to health care when they need it most. Clearly, this is occurring in areas that include emergency/trauma medicine, orthopedics (important for seniors who are at-risk for falls), geriatricians and particularly for obstetricians. Even primary care physicians reduce the duration of office visits, thus compromising quality of care, to ensure they see a minimum number of patients each day to cover the high cost of office operations.

We can remove some of the uncertainty of practicing medicine in Hawaii and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control. Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.

Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.

We need action immediately to stop the erosion of our system of health care. Thank you for the opportunity to provide this testimony. I strongly urge you to support this bill.

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mizuno1-Edgar

From: kuyeda@hawaii.rr.com
Sent: Tuesday, March 11, 2008 3:22 PM
To: HLTtestimony
Subject: Medical liability reform

March 11, 2008

Representative Josh Green, M.D., Chair
Representative John Mizuno, Vice Chair

House Health Committee
Hearing Scheduled for: Wednesday March 12, 8:00 am, Room 329

From:

Kit Uyeda
98-331 Kilihe Way
Aiea, HI 96701
488-4622

Re: SB2160 SD2, HD1 Relating to Medical Liability

I strongly support SB2160 SD2, HD1 for the following reasons:

- There is a very real shortage of physicians in Hawaii. Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most. The problem is even more evident on the neighbor islands.

- We can remove some of the uncertainty of practicing medicine in Hawaii and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.

- Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.

- Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.

Thank you for the opportunity to provide this testimony.

000323¹

**Genevieve Freeman
1246 Aulepe Street
Kailua, HI 96734
(808) 261-4403**

March 11, 2008

Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee
Hearing Scheduled for: Wednesday March 12, 8:00 am, Room 329

Re: SB2160 SD2, HD1 Relating to Medical Liability

I strongly support SB2160 SD2, HD1 for the following reasons:

- ***There is a very real shortage of physicians in Hawaii.*** Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most.
- We can ***remove some of the uncertainty of practicing medicine in Hawaii*** and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.
- Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that ***medical liability reform will reduce malpractice premiums.***
- Medical liability reform based on the Texas model needs to be passed this session to ***stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.***

Thank you for the opportunity to provide this testimony.

000324



THE HEART CENTER at HMC

William H. Sammond, MD, FACC
1190 Waiānūenue Avenue ♥ Hilo, Hawai'i 96720
Phone 808.935.5595 ♥ Fax 808.974.6798

RECEIVED

2008 MAR 11 P 2:37

STATE OF HAWAII

LEGISLATIVE REPRESENTATIVES

March 11, 2008

Sent Via Facsimile: 1-800-535-3859

The Honorable Representative John Mizuno
State of Hawaii

Re: SB2160 SD2, HD1 Relating to Medical Liability
Hearing Scheduled for: Wednesday, March 12, 8:00 a.m., Room 329

Dear Representative Mizuno:

As a Legislator on the Health Committee we need your help and support on this important measure.

Providing care for the people of the State of Hawaii is becoming increasingly more difficult, especially on the outer islands. Providers face many challenges.

There are many factors that are making doctors give up the calling of practicing medicine for a simpler and easier way to make a living.

I have practiced in a State that has adopted measures such as these now before you and it has made a difference.

Please note that these measures do not limit the amount that a patient may receive which they need for care. They seek to put caps on non-economic damages and seek to put a bit of fairness back into a system that has become heavy-handed.

No medical professional ever wants to do harm, but despite our best efforts mistakes and unfortunate outcomes occur. These people should be provided for but not at the sake of others that might also need care.

The cost of being a physician is high in terms of years spent in training, practice and time spent in the practice. The cost of operating a practice has increased dramatically each year while reimbursement for services declines. One should not expect this trend can continue.

Please weigh this in your decision.

Thank you.

William H. Sammond, M.D., F.A.C.C.
Cardiologist, Hilo Medical Center

000325
Hilo  Medical Center
We Care for Our Community

mizuno1-Edgar

From: Peter G. Medwick [medwickp001@hawaii.rr.com]
Sent: Tuesday, March 11, 2008 4:00 PM
To: HLTtestimony
Cc: Rep. Karen Awana; Rep. Della Belatti; Rep. Joe Bertram III; Rep. Rida Cabanilla; Rep. Josh Green; Rep. John Mizuno; Rep. James Tokioka; Rep. Gene Ward; Rep. Maile Shimabukuro; Rep. Karl Rhoads
Subject: SB2160 SD2, HD1 Relating to Medical Liability

From : Peter G. Medwick , 2747 S. Kihei Rd. , J-109, Kihei , HI 96753 8080-891-2747

I strongly support SB2160 SD2, HD1 for the following reasons:

- There is a very real shortage of physicians in Hawaii. Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most.*
- We can remove some of the uncertainty of practicing medicine in Hawaii and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.*
- Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.*
- Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.*

In light of the ever diminishing support for my service connected disabilities (160% Viet Nam Era Veteran) I am selling my home and moving to where I can find suitable care.

Please be mindful I have sent all my friends and family letters bemoaning the fact we have little if any medical services. Unless you want to live under the freeway on Oahu or compacted into one the many people storage facilities this is not the place for baby boomers or disabled persons.

Thank you for the opportunity to provide this testimony.

Peter G. Medwick

JONATHAN K. CHO, M.D.

Medical Oncology / Hematology / Internal Medicine

THE QUEEN'S PHYSICIAN'S OFFICE BLDG. II
1329 Lusitana Street, Suite 307
Honolulu, Hawaii 96813
Phone: (808) 524-6115
FAX: (808) 528-1711

MILILANI OFFICE
95-720 Lanikuhana Ave., Suite 140
Mililani Town, Hawaii 96789
Phone: (808) 627-9788
FAX: (808) 627-9770

CASTLE PROFESSIONAL CENTER
45-001 Kani Hwy., Suite 311
Kaneohe, Hawaii 96744
Telephone: (808) 247-6736
FAX: (808) 247-1586

March 11, 2008

Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee

Hearing Scheduled for: Wednesday March 12, 8:00 AM, Room 329

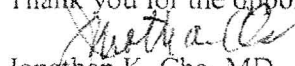
From: Jonathan K. Cho, M.D.
1329 Lusitana St #307
Honolulu, HI 96813
Telephone: 524-6115

Re: SB2160 SD2, HD1 Relating to Medical Liability

I strongly support SB2160 SD2, HD1 for the following reasons:

- There is a very real shortage of physicians in Hawai'i. Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most.
- We can remove some of the uncertainty of practicing medicine in Hawai'i and stop the exodus of scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.
- Research by the American Medical Association and Hawai'i Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.
- Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide access to health care that the people of Hawai'i deserve.

Thank you for the opportunity to provide this testimony.


Jonathan K. Cho, MD
JKC:jd

T 3/11/08

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PHYSICIANS' INDEMNITY PLAN

735 Bishop St., Suite 311, Honolulu, Hawaii 96813
Telephone (808) 538-1908 • Fax (808) 528-0123

March 11, 2008

TO: Rep. Josh Green, M.D., Chair
 Rep. John Mizuno, Vice Chair
 House Health Committee
 Hearing Scheduled for: Wednesday, March 12, 8:00 am, Room 329

BY: Norman J. Slaustas, Executive Vice President
 HAPI's Physicians' Indemnity Plan
 Phone #: 538-1908

RE: SB2160 SD2, HD1 Relating to Medical Liability

HAPI's Physicians' Indemnity Plan provides professional liability coverage for 520 doctors in the State of Hawaii.

We support SB2160 SD2, HD1 which limits non-economic damages in medical tort actions that occur in the State of Hawaii.

Passage of this legislation is important to addressing Hawaii's patient access to medical care.

We urge that the committee approve SB2160 SD2, HD1.

Respectfully,

Norman J. Slaustas
Executive Vice President

NJS:ar

000328

March 11, 2008

Rep. Josh Green, MD, Chair
Rep. John Mizuno, Vice-Chair
House Health Committee
Hearing Scheduled for: Wednesday March 12, 8a.m., Room 329
HLTtestimony@capitol.hawaii.gov

From:
Gary Okamoto, MD
226 North Kuakini Street
Honolulu, Hawaii 96817
808-927-1116

Re: SB2160 SD2, HD1 Relating to Medical Liability

I strongly support SB2160 SD2, HD 1 for the following reasons:

Shortages of physician services exist in Hawaii. Physicians are retiring early, scaling back their patient load, rolling over into administrative roles, or departing from Hawaii. One important contributing cause for this shift is the unpredictable cost of medical malpractice and, for many surgical specialties, the high premiums to deliver newborns, perform brain surgery, repair complex fractures, or operate on ailing eyes. Compounded by poor payment for services, physicians feel the economic uncertainty of current medical liability in Hawaii.

SB2160 SD2, HD1 attempts to address the effect of Hawaii's traditional tort on physician practice without sacrificing the wronged patient's need for reasonable compensation. Medical liability reform will bring medical malpractice insurance premiums under control and reduce the volatility of malpractice premium trends. Research by the American Medical Association and the Hawaii Insurance Commissioner has confirmed this positive impact.

Please pass medical liability reform based on the Texas Model during the 2008 session. SB2160 SD2 HD1 will improve access to health care that people of Hawaii seek.

Thank you for the opportunity to present this testimony.

000329

mizuno1-Edgar

From: Nathan Fujita [docnate@hotmail.com]
Sent: Tuesday, March 11, 2008 4:41 PM
To: HLTtestimony
Subject: SB2160 SD2, HD1

March 11, 2008

*Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair
House Health Committee
Hearing Scheduled for: Wednesday March 12, 8:00 am, Room 329*

*From:
Nathan Fujita M.D.
1329 Lusitana, Suite 402
Honolulu, HI 96813*

Relating to Medical Liability

I strongly support SB2160 SD2, HD1 for the following reasons:

- There is a very real shortage of physicians in Hawaii. Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most.*
- We can remove some of the uncertainty of practicing medicine in Hawaii and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.*
- Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.*
- Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.*

Thank you for the opportunity to provide this testimony.

*Nathan Fujita M.D.F.A.C.O.G.
Queen's Physicians' Office Building II
1329 Lusitana, Suite 402
Honolulu, HI 96813*

000330

3/11/2008

March 11, 2008

Rep. Josh Green, M.D., Chair

Rep. John Mizuno, Vice Chair

House Health Committee

Hearing Scheduled for: Wednesday March 12, 8:00 am, Room 329

From:

Kent Davenport MD

4340 Aukai Ave

Honolulu, Hawaii

96816

Re: SB2160 SD2, HD1 Relating to Medical Liability

I strongly support SB2160 SD2, HD1 for the following reasons:

- There is a very real shortage of physicians in Hawaii. Physicians in critical specialties are leaving or cutting back their practice, and every day more and more people do not have access to health care when they need it most. I have two former partners who have left or retired because of increasing costs. Malpractice insurance is a major contributor to our overhead.

- We can remove some of the uncertainty of practicing medicine in Hawaii and stop the exodus or scaling back of practices by doctors if the legislature will pass medical liability reform to bring medical malpractice insurance premiums under control.

- Research by the American Medical Association and Hawaii Insurance Commissioner has confirmed that medical liability reform will reduce malpractice premiums.

- Medical liability reform based on the Texas model needs to be passed this session to stop the exodus of doctors and provide the access to health care that the people of Hawaii deserve.

Thank you for the opportunity to provide this testimony.

FOR MORE INFORMATION, CONTACT

Paula Arcena, Executive Director

paula_arcena@hma-assn.org

Karla Sasser, Government Affairs Assistant

karla_sasser@hma-assn.org

000331