

STAND. COM. REP. NO. 1403

Honolulu, Hawaii

Apr:12, 2009

RE: H.C.R. No. 42

Honorable Calvin K.Y. Say
Speaker, House of Representatives
Twenty-Fifth State Legislature
Regular Session of 2009
State of Hawaii

Sir:

Your Committee on Health, to which was referred H.C.R. No. 42
entitled:

"HOUSE CONCURRENT RESOLUTION REQUESTING THE DEPARTMENT OF
DEFENSE TO ALLOW AVAILABLE SURPLUS HELICOPTERS TO BE USED FOR
MEDICAL EVACUATION SERVICES,"

begs leave to report as follows:

The purpose of this concurrent resolution is to move to
bridge existing gaps in emergency medical services coverage by
requesting that the state Department of Defense (DOD) allow
available surplus helicopters to be used for medical evacuation
services.

DOD submitted comments.

As affirmed by the record of votes of the members of your
Committee on Health that is attached to this report, your
Committee concurs with the intent and purpose of H.C.R. No. 42 and
recommends its adoption.

Respectfully submitted on
behalf of the members of the
Committee on Health,


RYAN I. YAMANE, Chair

HCR42 HSCR HLT HMS 2009-3414



State of Hawaii
House of Representatives
The Twenty-fifth Legislature

HSCR 1403

Record of Votes of the Committee on Health

Bill/Resolution No.: HCR 42	Committee Referral: EBM, HLT	Date: 3-27-09		
<input type="checkbox"/> The committee is reconsidering its previous decision on the measure.				
The recommendation is to: <input checked="" type="checkbox"/> Pass, unamended (as is) <input type="checkbox"/> Pass, with amendments (HD) <input type="checkbox"/> Hold <input type="checkbox"/> Pass short form bill with HD to recommit for future public hearing (recommit)				
HLT Members	Ayes	Ayes (WR)	Nays	Excused
1. YAMANE, Ryan I. (C)	/			
2. NISHIMOTO, Scott Y. (VC)	/			
3. BELATTI, Della Au				/
4. BERTRAM, Joe, III	/			
5. BROWER, Tom	/			
6. CARROLL, Mele				/
7. MIZUNO, John M.				/
8. SHIMABUKURO, Maile S.L.	/			
9. FINNEGAN, Lynn	/			
TOTAL (9)	6			3
The recommendation is: <input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted If joint referral, _____ did not support recommendation. committee acronym(s)				
Vice Chair's or designee's signature: _____ 				
Distribution: Original (White) – Committee Duplicate (Yellow) – Chief Clerk's Office Duplicate (Pink) – HMSO				