

HB 989



Hearing date:
TUESDAY,
March 17, 2009,
1:30 p.m.
Senate Committee
on Human
Services and
Senate Committee
on Health
Room 016

To: Senator Suzanne Chun Oakland, Chair
Senator David Ige, Chair
SENATE COMMITTEE ON HUMAN SERVICES
SENATE COMMITTEE ON HEALTH

From: Elisabeth Chun, Executive Director
Good Beginnings Alliance

Date: Tuesday, March 17, 2009, 1:30 p.m.
Conference Room 016

Subject: **HB989 HD1: Amends the Act 236, Session Laws of Hawaii 2007, which established the Hawaii children's health care program, to extend the program for three more years and require that participants receive primary health care services at federally qualified health centers.**

The Good Beginnings Alliance is a policy and advocacy organization focused on Hawaii's youngest children and their families. We strive to ensure a nurturing, safe and healthy development for all children from pre-birth to age eight. We believe all children deserve safe and supportive environments that meet their needs as they grow and develop.

We support this bill.

Act 236, SLH 2007, provided visionary support for Hawaii's uninsured children. We realize the state has significant budget concerns; however at a time when Hawaii's weakened economy is placing more stress on families, it is critical that programs such as Keiki Care not be eliminated. Ensuring that all of Hawaii's children are safe, healthy, and ready to learn is a necessity, not a luxury, and will end up saving our state in emergency room and urgent care costs in the future.

Please protect our young children and support their healthy development.

Mahalo for your support.

For more information contact: Good Beginnings Alliance; phone: 531-5502;
lchun@goodbeginnings.org



Hawai'i Primary Care Association

345 Queen Street | Suite 601 | Honolulu, HI 96813-4718 | Tel: 808.536.8442 | Fax: 808.524.0347
www.hawaiipca.net

To: **The Senate Committee on Human Services**
The Hon. Suzanne Chun Oakland, Chair
The Hon. Les Ihara, Jr., Vice Chair

The Senate Committee on Health
The Hon. David Y. Ige, Chair
The Hon. Josh Green, M.D., Vice Chair

Testimony in Support of House Bill 989, HD1 Relating to Children's Health Care

**Submitted by Beth Giesting, CEO
March 17, 2009, 1:30 p.m. agenda, Room 016**

The Hawaii Primary Care Association asks your support for this measure. We greatly appreciate the Legislature's concern for ensuring that none of Hawaii's keiki go without health care and re-introducing this concept after the original program was abruptly terminated last year.

Federally Qualified Health Centers (FQHCs) are pleased to be identified as the primary care providers for children in this plan and believe that the Legislature's faith in them is well-placed. FQHCs offer excellent medical, behavioral, and dental care, which they supplement with a full range of additional services to enhance access to care and ensure that the patient gets the full benefit of therapy provided.¹ They also can assist the family to apply for QUEST, for which they may be qualified, and for other public benefits such as food stamps. An additional advantage in directing beneficiaries of the children's health plan to FQHCs is that the health centers are the excellent and cost-effective providers of primary care for the whole family, and the best place for care if other members of the family are uninsured.

Thank you for your consideration of this measure and for the opportunity to testify in its support.

¹ FQHCs typically provide language translation and culturally competent care, outreach and follow-up, active referral management, counseling, health education, and transportation. FQHCS are commonly WIC Nutrition service providers as well.

HMSA



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March 17, 2009

The Honorable Suzanne Chun Oakland, Chair
The Honorable David Ige, Chair

Senate Committees on Human Services and Health

Re: HB 989 HD1 – Relating to Children’s Health Care

Dear Chair Chun Oakland, Chair Ige and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 989 HD1.

As you are aware, after the passage of Act 236, HMSA entered into a contract with the State Department of Human Services (DHS) to offer the Keiki Care plan to children who fell into the gap group of uninsured. After a delayed start due to an extensive Request for Proposal and contracting period, HMSA began providing services in April 2008. Over the course of the 7 months that the plan was in operation we experienced an enrollment increase of approximately 100 children per month.

Unfortunately in October DHS made the decision that the state would no longer support the Keiki Care plan. With only a few days notification HMSA decided to fund the program through the remainder of the year and engaged in an extensive outreach program to families through mailings and phone calls. Despite our best efforts it is likely that many of the former Keiki Care plan members are once again without health care coverage due to economic circumstances.

Since the goal of this measure is to provide access to health care coverage to as many uninsured children in the state as possible, we would request one small change to the measure. Language on page 3, lines 16-22 requires that children in the plan would have to receive their care at a Federally Qualified Health Center (FQHC). While we recognize the importance of the FQHCs, we believe that this language could end up providing less access by restricting where these children receive their care. When the Keiki Care plan was providing services prior to its dissolution, members were able to choose any participating HMSA provider to access their primary health care services including at a FQHC. We believe that this model allows plan members more choices and therefore would respectfully request the deletion of the language on page 3, lines 16-22 which would restrict the choice of plan members.

We appreciate the legislature’s attempt to continue this worthy program that was meeting its goals and operating in a successful manner. We support this measure and look forward to working towards its implementation again.

Thank you for the opportunity to testify in support of HB 989 HD1.

Sincerely,

A handwritten signature in black ink, appearing to read 'JD', with a long horizontal flourish extending to the right.

Jennifer Diesman
Assistant Vice President
Government Relations



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

March 17, 2009

MEMORANDUM

TO: Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services

Honorable David I. Ige, Chair
Senate Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 989, H.D. 1 – RELATING TO CHILDREN'S HEALTH CARE**

Hearing: Tuesday, March 17, 2009, 1:30 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of this bill is to amend Act 236, Session Laws of Hawaii 2007, which established the Hawaii Children's Health Care program, to extend the program for three more years until 2012 and require that participants receive primary health care services at federally qualified health centers. Appropriates general funds.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) does not support limiting the Hawaii Children's Health Care program (aka Keiki Care) to children having access to only Federally Qualified Health Centers (FQHC) as this bill proposes to do. DHS opposes the access limitation proposed that requires program participants to receive primary health care services at FQHCs only.

DHS believes that patients should not be limited, without good cause, in which providers they can see, and that every effort should be made to increase the number of providers

available. DHS also values continuity of care such that a child could still continue to see his or her usual provider, regardless of whether or not that provider is an FQHC. Also, FQHCs may not be accessible to the child because of their geographic locations.

This bill limits access to only FQHCs. At a time when the FQHCs report an increased strain on the health care safety-net, adding to the strain while limiting patient choice and provider access would seem unwise. **Although patients should be able to receive care from FQHCs, they should not be required to do so.**

Also, children eligible for the Hawaii Children's Health Care program must not be eligible for any other State or Federal public health care program, therefore, the health insurers participating in this program should be required to ensure eligibility by documenting and reporting quarterly to DHS and the Legislature, the income, citizenship, and duration of legal residency for each enrollee. We would like to point out that Keiki Care coverage has limited benefits compared to the free benefits in Medicaid for children. This reporting requirement is important as it will help us ensure that children who qualify for free comprehensive health insurance through our Medicaid programs will get into Medicaid programs instead of the Hawaii Children's Health Care program with its limited benefits.

Finally, if the intention of this bill is to cover a gap group that does not have any health insurance, DHS wonders if children who are enrolled in HMSA's Children's Plan, and therefore, in families able to afford the premium, should still be permitted to switch to a program with identical benefits in order to get it for free. DHS also believes that a basic benefits package should be required by all participating health insurers.

Thank you for the opportunity to comment on this bill.



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Tuesday, March 17, 2009, 1:30 PM, CK 010

To: COMMITTEE ON HUMAN SERVICES
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair

COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

From: Hawaii Medical Association
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Lauren Zirbel, Government Affairs

RE: HB 989 RELATING TO CHILDREN'S HEALTH CARE

While Hawaii Medical Association supports the intent to continue covering care for Hawaii's keiki that do not have access to health insurance, we must respectfully and strongly oppose the measure as it is currently written.

Before the Medicare and Medicaid programs were established, the indigent received most of their care at university and other clinics. Medicare and Medicaid were created to allow the indigent the same access to care and freedom of choice that the rest of our citizens enjoyed.

Rather than requiring that all the participants of the Hawaii children's health program receive primary health care services at federally qualified health centers, the legislature should mandate that all physicians who care for these patients be reimbursed at 110% of current Medicare rates, so that those physicians who currently care for these patients can continue to do so, and so that longstanding patient-physician relationships are not destroyed.

The enactment of this bill will adversely affect the care received by the most vulnerable members of our society, who are entitled to the same standard of care and freedom of choice the rest of us receive.

Thank you for the opportunity to provide this testimony.

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