



**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**

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April 8, 2009

To: The Honorable Marcus Oshiro, Chair
and Members of the House Committee on Finance

Date: Wednesday, April 8, 2009
Time: 4:30 p.m.
Place: Conference Room 308, State Capitol

From: Darwin L.D. Ching, Director
Department of Labor and Industrial Relations

Testimony in OPPOSITION
to
S.B. 695, SD1 – Relating to WORKERS' COMPENSATION

I. OVERVIEW OF CURRENT PROPOSED LEGISLATION

Senate Bill 695, SD1, proposes to amend section 386-21, HRS, by allowing uninterrupted medical care to be provided to injured workers in the event of any dispute between the injured employee and the employer regarding treatment, until the director determines if medical services shall be discontinued and specifies the date after which medical services are denied.

The employer or its insurer may recover from the claimant's personal health care provider qualified pursuant to section 386-27, HRS, or from any other appropriate occupational or non-occupational insurer, all the sums paid for medical services rendered after the date designated by the director in which medical services are denied.

II. CURRENT LAW

Injured workers are currently allowed 15 treatments during the initial 60 calendar days. No treatment plan is required if the employee does not exceed 15 treatments in the first 60 days. If an injured worker needs more than 15 treatments and/or further treatment beyond the initial 60 days, the attending physician must submit a treatment plan in accordance with the Hawaii Administrative Rules ("HAR"), section 12-15-32 of the Workers' Compensation Medical Fee Schedule. Under this section, the attending

physician must submit a treatment plan to the employer at least 7 calendar days prior to the start of treatment. Treatment plans cannot exceed 15 treatments or extend beyond 120 calendar days.

If the employer opposes the treatment plan, the employer must properly notify the injured worker of the decision to deny further treatments. The employer is responsible for all treatments up to the employer's notice of denial. The injured worker or attending physician may request a review of the employer's denial of the proposed treatment plan within 14 calendar days.

Consequently, a hearing is held and a decision is issued either denying or approving the treatment plan. The employer is required to pay the provider of service, if the treatments are determined to be reasonable and necessary, or the fees can be disallowed if unreasonable or unnecessary. Disallowed fees shall not be charged to an injured worker. Either party can appeal the decision to the Labor and Industrial Relations Appeals Board.

Currently, the time required to schedule the hearing, notice the parties, conduct the hearing and render a decision takes approximately 3 to 4 months.

III. SENATE BILL

The Department of Labor and Industrial Relations ("Department") appreciates the issue that this bill seeks to resolve by ensuring that claimants that are entitled to medical treatment receive those benefits. However, the Department opposes the bill due to the effect this measure would have on employers in those cases where a claimant was receiving unnecessary medical treatment. Specifically, the Department has the following concerns and comments:

1. This proposal allows employers or their insurers to seek reimbursement for sums that were paid for medical services after the medical cut off date from the employee's personal health care provider or from other appropriate occupational or non-occupational insurers.

However, the reimbursement from the appropriate occupational or non-occupational insurers may not be the same as allowed under workers' compensation since it may be reduced by a lower reimbursement rate or the employee's co-payment share.

2. The bill requires that the Department make a decision within 30 (thirty) days of filing of a dispute. This proposal does not indicate whether a hearing must be held to address the dispute, or if a decision can be rendered without a hearing based on the

records in file. If a hearing is required, 30 (thirty) days is insufficient time to schedule a hearing, provide notice to the parties, hold the hearing, and render a decision. The minimum time required would be 2 – 3 months, and this would result in delaying the scheduling of hearings for other issues, such as compensability, termination of temporary total disability and permanent disability determinations.

3. The number of hearings will likely increase dramatically under this proposal. The Department will require more hearings and support personnel to conduct more hearings to address treatment plans and continued medical care issues. The Department estimates that it will require an additional 6 hearings officers (2 for Honolulu and 1 each for neighbor island offices) and 5 clerk typists statewide to timely service the additional hearings and decisions resulting from the passage of this measure.

The Department estimates this cost to be approximately \$495,440 initially and \$461,340 in salaries annually thereafter.

4. This proposal will result in increasing employer insurance premiums during a period when employers will not be able to afford any increases to the cost of doing business in Hawaii. This may result in increased unemployment and business closures during these difficult economic times.

LINDA LINGLE
GOVERNOR OF HAWAII



MARIE C. LADERTA
DIRECTOR

CINDY S. INOUE
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
235 S. BERETANIA STREET
HONOLULU, HAWAII 96813-2437

April 8, 2009

TESTIMONY TO THE
HOUSE COMMITTEE ON FINANCE
For Hearing on Wednesday, April 8, 2009
4:30 p.m., Conference Room 308

BY

MARIE C. LADERTA, DIRECTOR

**Senate Bill No. 695, S.D. 1
Relating to Workers' Compensation**

TO CHAIR MARCUS R. OSHIRO AND MEMBERS OF THE COMMITTEE:

The purpose of S.B. No. 695, S.D. 1, is to amend Section 386-21(c), Hawaii Revised Statutes, to require the employer to continue medical services to an injured employee despite disputes over whether treatment should be continued, until the director of labor and industrial relations decides whether treatment should be continued.

The Department of Human Resources Development opposes this bill as there are, we believe, adequate safeguards within the statute, administrative rules, and current practices to insure that an individual receives appropriate medical care for as long as the nature of the injury requires.

The Department of Human Resources Development believes that Section 386-21, Hawaii Revised Statutes, already ensures that an injured employee receives appropriate medical care promptly as it will assist the injured worker to achieve a speedy recovery and return to gainful employment when able to do so. If the treatment being provided is no longer related to the industrial injury, then those services should be billed to the private medical carrier and not be a burden on the workers' compensation system.

THE HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON FINANCE

Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair

Date: Wednesday, April 8, 2009

Time: 4:30 p.m.

Place: Conference Room 309, State Capitol

TESTIMONY OF ILWU LOCAL 142

RE: SB 695, SD 1, RELATING TO WORKERS' COMPENSATION

Thank you for the opportunity to present testimony regarding SB 695, SD 1. We support this modest but constructive bill.

Where disputes arise about the approval of medical care, S.B. 695, SD 1 mandates the continuation of essential medical care until there is a ruling from the department of labor and industrial relations. The bill also requires that a decision be made within 30 days of the filing of a dispute, which will go far toward assuring that needed care is not denied and that medical progress is not obstructed by legal disputes over coverage.

Disruption of medical care is a major impediment to returning injured workers to gainful employment promptly and efficiently, and SB 695, SD 1 addresses this problem in a balanced and equitable fashion.

In conjunction with these protections for the injured worker, SB 695, SD 1 carefully provides that if medical services are terminated under workers' compensation insurance, the employer and insurer may recover the costs they have expended from the claimant's individual health care provider. This is a workable remedy, because workers' compensation medical fees are uniformly lower than fees under regular pre-paid health insurance so such reimbursements will be financially feasible. Employers will also benefit because medical care was continuous, thus enhancing the likelihood of a prompt return to gainful employment, which in turn will lower expenditures for temporary disability benefit payments and vocational rehabilitation costs.

SB 695, SD 1 is thus a proposal which helps to fulfill the rehabilitative potential of the workers' compensation statute and confers benefits to employees, employers, insurers, and the system itself. It is therefore eminently worthy of adoption, and we urge its passage.

TESTIMONY OF ALISON POWERS

HOUSE COMMITTEE ON FINANCE
Representative Marcus R. Oshiro, Chair
Marilyn B. Lee, Vice Chair

Wednesday, April 8, 2009
4:30 p.m.

SB 695, SD1

Chair Oshiro, Vice Lee, and members of the Committee, my name is Alison Powers, Executive Director of Hawaii Insurers Council. Hawaii Insurers Council is a non-profit trade association of property and casualty insurance companies licensed to do business in Hawaii. Member companies underwrite approximately 60% of all property and casualty insurance premiums in the state.

Hawaii Insurers Council **opposes** S.B. 695, SD1, which would require employees to receive medical benefits when the need for such treatment is being controverted.

Currently, under Hawaii Administrative Rules 12-12-45, Controverted Workers' Compensation Claims, the rule states that in a controverted claim, the prepaid health provider shall pay. S.B. 695, SD1 automatically shifts the payment to the workers' compensation insurer while the Director makes a decision, regardless of whether the injury is work related or not. The employer/insurer must also pay for benefits regardless if fraud is suspected. Currently, at the time an insurer denies a treatment request, there is evidence, usually in the form of an independent medical examination, which justifies termination. Under S.B. 695, SD1, the employer/insurer must continue to pay without reimbursement until a decision and notification is made. The employer should be allowed to deny a treatment request when there is medical evidence to substantiate the

denial. The current procedure ensures due process by allowing the employee or the provider to request a hearing.

S.B. 695, SD1 prohibits any recovery by the employer/insurer until after the Director issues a decision and notification. The Director has 30 days to make a decision, therefore, this bill merely guarantees another 30 days of treatment to the employee and payment to the provider. It provides an incentive to the employee and provider to continue treatment, whether necessary or not. S.B. 695, SD1 will encourage treatment abuse by providers that have a tendency to utilize treatment modalities not reimbursable under workers' compensation or other medical benefit plans. Such treatment that is challenged by the employer or the employer's insurer may include unconventional, experimental, or non-FDA approved pharmaceutical regimes. This is not beneficial to the injured worker and would also expand the degree of risk the employer has to bear in the event there are adverse consequences as a result of the controverted treatment. We believe this bill will encourage employees without health insurance to file claims for illnesses, disease, and injuries that are clearly not work related. The employer will be financially responsible for treatment of such conditions while the claim is controverted. This bill expands benefits way beyond the scope and intent of the Workers' Compensation statute and creates a moral hazard. Furthermore, the bill does not have any provision in the event the decision is not made within the 30 days. If he does not make a decision within the timeframe, it appears that the employer/insurer still must continue to pay medical benefits.

Although the bill allows the employer or the employer's insurer to recover from the employee's personal health care provider for medical services rendered after the date designated by the Director, the treatment rendered may not be reimbursable. If reimbursable, it may be at a different rate. This provision places an unfair financial burden on employers by requiring them to bear the cost for treatment that is outside the scope of workers' compensation benefits. If the treatment is deemed unnecessary by the health insurer, the workers' compensation insurer must bear the cost of treatment

that is *outside even health insurance benefits*. This provision will also add cost to the adjudication of the claim when the employer/insurer has to subrogate other entities for payment.

Finally, there will be an increase in medical expenses under workers' compensation insurance because of the automatic 30-day extension of benefits. In their analysis dated February 20, 2009, The National Council on Compensation Insurance (NCCI) stated that if passed, the impact of this bill could result in an increase of anywhere between \$1 million to \$5 million in overall workers' compensation system costs in the state. These costs will ultimately be passed on to businesses and consumers in the form of rate increases.

For these reasons, we respectfully request that S.B. 695, SD1 be held.

Thank you for the opportunity to testify.



Representative Marcus Oshiro, Chair
Representative Marilyn Lee, Vice Chair
Committee on Labor

HEARING Wednesday, April 08, 2009
 4:30 pm
 Conference Room 308
 State Capitol, Honolulu, Hawaii 96813

RE: SB695, SD1, Relating to Workers' Compensation

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

Retail Merchants of Hawaii (RMH) is a not-for-profit trade organization representing 200 members and over 2,000 storefronts, and is committed to support the retail industry and business in general in Hawaii.

RMH opposes SB695, SD1, which requires the employer to continue medical services to an injured employee despite disputes over whether treatment should be continued, until the director of labor and industrial relations decides whether treatment should be continued.

We do not dispute that an injured worker should receive quality and appropriate medical care as long as required. However, this measure could lead to unnecessary abuse and unwarranted extension of time away from the workplace.

More importantly, there is no recourse to the employer to recover the costs of the disputed medical treatment from the employee should the director of labor and industrial relations render a ruling in the employer's favor. Whether these additional costs are covered by an employer's workers' compensation insurer or by his personal health care provider, the resulting increased premium costs will be borne by the employer.

The members of the Retail Merchants of Hawaii respectfully request that you hold SB695, SD1. Thank you for your consideration and for the opportunity to comment on this measure.

Carol Pregill, President

RETAIL MERCHANTS OF HAWAII
1240 Ala Moana Boulevard, Suite 215
Honolulu, HI 96814
ph: 808-592-4200 / fax: 808-592-4202

TESTIMONY BEFORE THE HOUSE OF REPRESENTATIVES COMMITTEE ON

FINANCE

Wednesday, April 8, 2009

4:30 p.m.

Agenda #2

SB 695, SD1

RELATING TO WORKERS' COMPENSATION

By Marleen Silva
Director, Workers' Compensation
Hawaiian Electric Company, Inc.

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

Hawaiian Electric Co. Inc., its subsidiaries, Maui Electric Company, LTD., and Hawaii Electric Light Company, Inc. **respectfully oppose S.B. 695, SD1.** Our companies represent over 2,000 employees.

This bill requires employers to continue paying for medical treatment, despite disputes over whether treatment should be continued, until the Director of the Department of Labor and Industrial Relations (DLIR) can decide on the matter.

We can appreciate the intent of the bill and recognize the importance of insuring that injured employees receive proper and necessary medical care. However, we feel this bill changes the intent of the workers' compensation system. It forces employers to pay for inappropriate and unnecessary treatment, and for care that may be unrelated to a work injury. Such treatment should be appropriately billed to the employee's private medical insurance plan.

We are also concerned the DLIR may not be adequately staffed to review and issue decisions on a timely basis. If the Director subsequently rules in the employers favor, the bill provides no assurances that employers will be equally reimbursed for all fees paid upfront.

We believe the existing workers' compensation statutes, administrative rules and regulations have adequate safeguards to insure that an employee receives appropriate medical care for as long as the nature of the work injury requires.

Passage of this bill will create potential for employee abuse, increase workers' compensation costs, and the overall cost of doing business in Hawaii.

For these reasons, we respectfully oppose S.B. 695, SD1 and request that this measure be held.

Thank you for this opportunity to submit testimony.

BIA-HAWAII

BUILDING INDUSTRY ASSOCIATION

April 8, 2009

Honorable Marcus Oshiro, Chair
House Committee on Finance
State Capitol, Room 308
Honolulu, Hawaii 96813

RE: SB 695, SD1 "Relating to Workers' Compensation" (Continued Medical Services)

Chair Oshiro and Members of the Committee on Finance:

I am Karen Nakamura, Executive Vice President and Chief Executive Officer of the Building Industry Association of Hawaii (BIA-Hawaii). Chartered in 1955, the Building Industry Association of Hawaii is a professional trade organization affiliated with the National Association of Home Builders, representing the building industry and its associates. BIA-Hawaii takes a leadership role in unifying and promoting the interests of the industry to enhance the quality of life for the people of Hawaii.

BIA-Hawaii strongly opposes SB 695, SD1 "Relating to Workers' Compensation" because we believe that this bill will encourage abuse and over-treatment of medical care in the workers' compensation system and that will unnecessarily increase costs. SB695 SD1 requires employers to continue medical services to an injured employee despite disputes over whether treatment should be continued, until the director of labor and industrial relations decides whether treatment should be continued.

There will be an increase in medical expenses under workers' compensation insurance because of the automatic 30-day extension of benefits. These costs will be passed on to businesses and consumers in the form of rate increases. Medical costs represent 43.8% of Hawaii's total workers compensation costs according to the National Council on Compensation Insurance (NCCI) in their analysis dated February 29, 2008. Any increases in medical costs will increase total workers compensation costs.

We ask that this bill be held.

Thank you for the opportunity to share our views.



Karen Nakamura
Executive Vice President & Chief Executive Officer



**Testimony to the House Committee on Finance
Wednesday, April 8, 2009; 4:30 p.m.
Conference Room 308
AGENDA #2**

RE: SENATE BILL 695 SD1 RELATING TO WORKERS' COMPENSATION

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

My name is Jim Tollefson and I am the President and CEO of The Chamber of Commerce of Hawaii ("The Chamber"). The Chamber does not support SB 695 SD1, relating to Workers' Compensation.

The Chamber is the largest business organization in Hawaii, representing more than 1,100 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of its members, which employ more than 200,000 individuals, to improve the state's economic climate and to foster positive action on issues of common concern.

This measure requires the employer to continue medical services to an injured employee despite disputes over whether treatment should be continued, until the director of labor and industrial relations decides whether treatment should be continued.

The Chamber understands the intent of the bill and businesses recognize that an employee suffering from work-related injuries deservedly warrant proper and necessary treatment. It's important that these benefits be utilized as intended and not in such a way that benefits are activated simply because they exist.

However, passage of this bill may lead to abuse and cause unreasonable and unnecessary treatment for non-related work injuries, and prolong time off the job, even if the employee is deemed able to return to his or her work.

Because of the bill's mandate to require continued medical treatment, this measure may hurt employers including small businesses. Colleagues of the absent employee will unfairly shoulder additional responsibilities, which could have a rippled effect, such as a stressful work environment, lower morale among the employees, and lost productivity. Furthermore, businesses will have to expend additional resources, money, and time to effectuate the reimbursement rights contained in this bill as well as on other issues that may result out of this situation. As a result, the negative consequences of this measure may hinder than promote progress.

Many of our local establishments operate on limited resources, and struggle on a daily basis to keep up with costly regulations. We ask that in these difficult economic times further costs not be imposed on Hawaii's businesses, particularly those affected by the proposed legislation. Implementing laws that will inflict further regulatory requirements will undermine efforts to keep businesses viable or even open during this volatile economic period. We should be promoting incentives rather than mandates so that jobs can be retained and the economy revitalized.

In summary, SB 695, while well-intended, will have a negative impact and may lead to a rise in workers' compensation insurance costs and the overall cost of doing business. We believe further evaluation should be conducted on some of the concerns arising out of this bill versus the purpose before passing legislation that could lead to significant unintended consequences.

Thus, The Chamber respectfully requests this measure be held. Thank you for the opportunity to testify.



HIIA

Hawaii Independent Insurance Agents Association

April 8, 2009

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

From: Sonia M. Leong, Executive Director
Hawaii Independent Insurance Agents Association

Re: SB695, SD1 – Relating to Workers Compensation
Hearing: Wednesday April 8, 2009 4:30 p.m. Conference Room 308

The Hawaii Independent Insurance Agents Association (HIIA) **opposes** SB695, SD1 which will require employers to continue medical services to an injured employee despite disputes over whether treatment should be continued, until the director of labor and industrial relations decides whether treatment should be continued.

Points of Concern:

- Ensuring uninterrupted medical care under this bill could require payments by the insurer/employer for inappropriate & unnecessary treatments. This bill would allow provider to continue treatments under their own approved treatment plan until the Director's decision is issued.
- If the Director determines that the medical treatments were unreasonable and unnecessary, the insurer/employer will have the burden to pursue reimbursement from the personal health care provider which would cause a delay in closing the Workers Compensation claim.
- The employer's carrier may not be reimbursed fully because the personal health care provider may have a different reimbursement rate.

HIIA is a non profit trade association of independent insurance producers dedicated to assisting the insurance buying public with their insurance needs. Many of our clients are business owners who will be directly affected if this bill is passed. As you are all aware, workers compensation is a very complex issue with so many interrelated factors that one change could tip the delicate balance. The economy is extremely fragile with so many businesses closing their doors because of the high cost of doing business and this may be the tipping point for many.

Thank you for this opportunity to submit testimony.



Before the House Committee on Finance

DATE: April 8, 2009

TIME: 4:30 p.m.

PLACE: Conference Room 308

Re: SB695 SD1 Relating to Workers' Compensation Testimony of Melissa Pavlicek for NFIB Hawaii

Thank you for the opportunity to testify. On behalf of the business owners who make up the membership of the National Federation of Independent Businesses in Hawaii, we ask that you reject SB 695 SD1. NFIB opposes this measure in its current form.

The National Federation of Independent Business is the largest advocacy organization representing small and independent businesses in Washington, D.C., and all 50 state capitals. In Hawaii, NFIB represents more than 1,000 members. NFIB's purpose is to impact public policy at the state and federal level and be a key business resource for small and independent business in America. NFIB also provides timely information designed to help small businesses succeed.

We are concerned about the possible unintended consequences of mandating employers to continue medical services to an injured employee despite disputes over whether treatment is necessary, especially during such challenging economic times. We believe that such legislation will add costs to business which ultimately hurts employees and the economy as a whole.

**Testimony by:
Derrick Ishihara, PT**



**SB 695sd1, Relating to Workers' Compensation
House FIN, April 8, 2009
Room 308, 4:30 pm**

Position: Support Intent, With Recommendation

Chair Oshiro and Members of the House FIN Committee:

I am Derrick Ishihara, P.T., a small business owner/physical therapist and member of HAPTA's Legislative Committee. The Hawaii Chapter – American Physical Therapy Association (HAPTA) is comprised of 300 member physical therapists and physical therapist assistants employed in hospitals and health care facilities, the Department of Education and Department of Health systems, and private practice. Our members represent Hawaii at the national American Physical Therapy Association and are delegates for Pediatrics, Women's Health, Parkinson's Disease and other issue sections. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

HAPTA agrees with the intent of this measure that seeks to ensure that the injured employee shall continue to receive essential medical services by the treating physician necessary to prevent deterioration of the injured employee's condition or further injury.

We are concerned that if the Director can retroactively deny care that has already been delivered, and an insurer can recover from the health care provider "...all the sums paid for medical services from that treatment plan rendered after the date designated by the director..." it would effectively terminate the medical care. No provider of service, medical or otherwise, would perform services without assurances that those services would be reimbursed. As written, SB 695 does not provide guidelines to providers as to how the director will evaluate these utilization issues.

Recommendation: To achieve the purposes of this bill, HAPTA recommends the bill be amended to ensure payment for medical services rendered in good faith at least until the date of the Director's decision.

I may be reached at 593-2610 if there are any questions. Thank you for the opportunity to present testimony.

IRON WORKERS STABILIZATION FUND

Fax No. 586-6201 – Finance Committee

April 8, 2009

Honorable Marcus Oshiro, Chair
House Committee on Finance
State Capitol – Room 306
Honolulu, Hawai'i 96813

Iron Workers Stabilization Fund – T. George Paris, Managing Director

Hearing Date – April 8, 2009, time ^{4:30 P.M.} ~~not set~~, Room 309

Support of SB 695, SD 1, Relating to Workers' Compensation

The purpose of this bill is to require an employer to continue medical services to an injured employee despite disputes over whether the treatment should be continued. The disputes are to be resolved by the Director of Labor and Industrial Relations.

Under this measure, the director must make a decision as to whether said services are to be continued, within 30 days of the filing of the dispute. If the director determines that said services should have been denied as of a certain date, the employer or its insurer may recover from the employee's personal health provider. The bill further provides that under no circumstances shall the employee be charged for the disallowed services, unless said services were obtained in violation of section 386-98.

The Iron Workers Stabilization Fund supports this measure.





Chair, Representative Marcus Oshiro
Vice-chair, Representative Marilyn Lee
Committee: Finance
Society for Human Resource Management (SHRM) Hawaii
Testimony date: Wednesday, April 8, 2009

Opposition to SB695 SD1

SHRM Hawaii is the local chapter of a National professional organization of Human Resource professionals. Our 1,200+ Hawaii membership includes those from small and large companies, local, mainland or internationally owned - tasked with meeting the needs of employees and employers in a balanced manner, and ensuring compliance with laws affecting the workplace. We (HR Professionals) are the people that implement the legislation you pass, on a day-to-day front line level.

SHRM Hawaii strongly opposes Senate Bill 695 SD1, which would require the employer to continue medical services to an injured employee despite disputes over whether treatment should be continued. We are concerned about the additional administrative burden this will put on our members.

SHRM Hawaii respectfully urges the committee to kill Senate Bill 695 SD1.

Thank you for the opportunity to testify. SHRM Hawaii offers the assistance of the Legislative Committee in discussing this matter further.