
A BILL FOR AN ACT

RELATING TO THE PRIMARY HEALTH CARE INCENTIVE PROGRAM.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Recent reports about the increasing shortage of
2 doctors in Hawaii, particularly in the under-served and rural
3 areas, have brought more scrutiny and attention to the
4 shortfalls in Hawaii's healthcare system. An alarming number of
5 doctors are either retiring or leaving the State for other
6 opportunities, and the State is failing to replace them in a
7 timely manner, if at all.

8 Many neighbor island communities lack immediate access to a
9 healthcare provider in their area. In most emergency medical
10 situations, the lack of adequate physicians, equipment, and
11 facilities often requires transporting patients to Oahu for
12 treatment. In many cases, even with life-saving procedures and
13 technology, neighbor island patients cannot receive treatment on
14 Oahu in time to save their lives.

15 It is critical that the State begin to utilize creative
16 options to:

17 (1) Increase the number of doctors that we recruit and
18 retain in the State; and



1 (2) Ensure that all communities, especially in rural
2 areas, have timely access to the medical care they
3 need.

4 Additionally, opportunities are available now through the
5 information age technology. Instant access to critical
6 information has the potential to make a noticeable difference in
7 the type and quality of healthcare that patients receive,
8 leading to healthier residents and a better quality of life. In
9 the twenty-first century, information technology has become an
10 integral part of our daily lives. President Barack Obama,
11 during his campaign to become the forty-fourth President of the
12 United States, has pledged to make information technology a
13 priority and increase spending to developing health information
14 technology and health information exchange an unquestionable
15 reality.

16 Now is the time to start taking advantage of all the
17 resources available. Establishing health information technology
18 and information exchange, as piloted through the National
19 Governor's Association via funding and support from the United
20 States Department of Health and Human Services, Office of the
21 National Coordinator of Health Information Technology, gives



1 Hawaii a chance to participate in a new program that will
2 advance healthcare in the State.

3 The purpose of this Act, to be known as "The Hawaii Doctor
4 Exchange Act of 2009", is to expand the primary health care
5 incentive program by adding health information technology,
6 health information exchange, and a doctor exchange database to
7 the program's duties. This Act is one of eight proposals
8 introduced in the twenty-fifth Hawaii state legislature designed
9 to address the increasingly problematic medical environment in
10 Hawaii. Collectively, these eight measures shall be known as
11 "The Hawaii Doctor Recruitment and Retention Action Plan of
12 2009".

13 SECTION 2. Section 321-1.5, Hawaii Revised Statutes, is
14 amended to read as follows:

15 "[+] §321-1.5 [+] Primary health care incentive program;
16 establishment. (a) There is established within the department
17 of health a primary health care incentive program. The program
18 shall:

- 19 (1) Utilize existing personnel and resources to focus on
20 primary health care;



1 (2) Study the adequacy, accessibility, and availability of
2 primary health care with regard to medically
3 underserved persons in the State of Hawaii;

4 (3) Convene and provide staff support for a volunteer
5 primary health care roundtable composed of
6 knowledgeable health care professionals, consumers,
7 and other interested persons whose advisory purpose
8 shall be to:

9 (A) Investigate and analyze the extent, location, and
10 characteristics of medically underserved areas,
11 and the numbers, location, and characteristics of
12 medically underserved persons in Hawaii, with
13 particular attention given to shortages of health
14 care professionals available to provide care to
15 these areas and persons;

16 (B) Assess the feasibility of family practice
17 clerkships, preceptor programs, residency
18 programs, and placement programs for medical
19 school students and graduates as a means of
20 increasing the number of family practitioners
21 available to serve medically underserved areas
22 and populations;



1 (C) Investigate and make recommendations regarding
2 incentives, such as tuition exemptions, to
3 increase the pool of primary health care
4 practitioners, including family practitioners,
5 other physicians in related specialties, nurse
6 practitioners, nurse midwives, and physician
7 assistants, that are available to serve medically
8 underserved areas and populations;

9 (D) Develop a strategy for meeting the health needs
10 of medically underserved areas and populations
11 based upon the findings that result from its
12 investigations; ~~and~~

13 (E) Develop and maintain a list of healthcare
14 providers, their specialties, and locations that
15 they are willing to serve, either permanently or
16 on a rotational basis, which shall be used by
17 healthcare facilities when they lack necessary
18 healthcare providers to perform certain medical
19 health care. This list shall be made readily
20 accessible, through written copies, verbally, or
21 electronically, to any healthcare facility
22 requesting the information; and



1 ~~[-E+]~~ (F) Maintain an ongoing electronic forum for the
2 discussion of data collection regarding primary
3 health care gaps, incentives to promote primary
4 health care, and the development of cooperative
5 interdisciplinary efforts among primary health
6 care professionals;

7 (4) Develop a strategy to provide appropriate and adequate
8 access to primary health care in underserved areas~~[-]~~,
9 which shall include an electronic list of healthcare
10 providers, their specialties, and locations they are
11 willing to serve either permanently or on a rotational
12 basis;

13 (5) Promote and develop community and consumer involvement
14 in maintaining, rebuilding, and diversifying primary
15 health care services in medically underserved areas;

16 (6) Produce and distribute minutes of volunteer primary
17 health care roundtable's discussions, and submit
18 annual reports to the legislature on recommended
19 incentives and strategies, as well as a plan for
20 implementation, with the first report to be submitted
21 to the legislature no later than twenty days prior to
22 the convening of the ~~[1993]~~ 2010 regular session; and



1 (7) Facilitate communication and coordination among
 2 providers, health care educators, communities,
 3 cultural groups, and consumers of primary health care.

4 (b) For purposes of this section:

5 "Health care facilities" shall have the same meaning as
 6 defined in section 323D-2.

7 "Health care provider" means a health care facility as
 8 defined in section 323D-2, a physician or surgeon or osteopathic
 9 physician or surgeon licensed under chapter 453, and a
 10 podiatrist licensed under chapter 463E. The term shall not mean
 11 any nursing institution or nursing service conducted by and for
 12 those who rely upon treatment by spiritual means through prayer
 13 alone, or employees of the institution or service."

14 SECTION 3. Statutory material to be repealed is bracketed
 15 and stricken. New statutory material is underscored.

16 SECTION 4. This Act shall take effect on July 1, 2009.

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INTRODUCED BY: Jill Karamito
W. B. Lee
John M. Mignone
 CARRIED BY: Mel Carrroll
Andy Evans
Ray F. Basher



Report Title:

Primary Health Care Incentive Program

Description:

Amends the primary health care incentive program to include the development and maintenance of a list of doctors, their specialties, and locations in which they are willing to help serve.

