



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-FIFTH LEGISLATURE, 2010**

ON THE FOLLOWING MEASURE:

H.B. NO. 2467, RELATING TO MEDICAL ASSISTANCE.

BEFORE THE:

HOUSE COMMITTEES ON HUMAN SERVICES AND ON HEALTH

DATE: Thursday, February 04, 2010 **TIME:** 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Mark J. Bennett, Attorney General, or
Lee-Ann N. Brewer, Deputy Attorney General

Chairs Mizuno and Yamane and Members of the Committees:

The Department of the Attorney General provides these comments regarding this bill.

This measure requires the Department of Human Services (DHS) to provide medical assistance for dialysis, chemotherapy, and limited inpatient and outpatient physician visits and prescription drugs for aliens who are not eligible for federally funded medical assistance, known as Medicaid. Specifically, the beneficiaries of this measure are resident aliens who have resided in the United States for less than five years, and nonimmigrants from countries with a Compact of Free Association (COFA) with the United States, namely, Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia (collectively referred to in the measure as "covered noncitizens").

Since enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (known as PRWORA, or the Welfare Reform Act), this population has been ineligible for federally-funded Medicaid services. Since then, however, the State of Hawaii has provided citizens of countries with a COFA (COFA migrants) Medicaid-like benefits, to the same extent as

U.S. citizens, but paid for entirely with state funds. It appears that this measure is in response to the DHS' efforts to implement Basic Health Hawaii, a limited state-funded medical assistance program for COFA migrants and permanent residents who are not eligible for federally-funded Medicaid benefits. The DHS has begun rulemaking for this program and conducted the hearing on the rules on January 25, 2010. The program benefits for Basic Health Hawaii are similar to those this bill would provide, but this measure expressly covers medically necessary dialysis and chemotherapy, which visits are not counted against the covered inpatient and outpatient visits, and covers more prescription drugs (eight instead of four per month).

This measure defines a "covered noncitizen" as a legal, permanent resident of Hawaii. A "permanent resident" is an alien who has obtained permanent resident status under U.S. immigration laws. The term does not apply to COFA migrants, who are classified as "nonimmigrants" pursuant to the COFAs. Therefore, the word "permanent" should be deleted from page 2, line 2.

If a covered noncitizen, other than a COFA migrant, must be a permanent resident in order to be eligible for this program, then this criterion should be stated in a paragraph of subsection (b). The drafters may wish to refer to section 346-59.4, Hawaii Revised Statutes, which defines general eligibility requirements for certain noncitizen children that are similar to those described in this measure.

If the committees wish to move the measure forward, we request that appropriate amendments be made.

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

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

February 4, 2010

MEMORANDUM

TO: Honorable John M. Mizuno, Chair
House Committee on Human Services

Honorable Ryan I. Yamane, Chair
House Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 2467 – RELATING TO MEDICAL ASSISTANCE**

Hearing: Thursday, February 4, 2010, 9:00 A.M.
Conference Room 329, State Capitol

PURPOSE: The purpose of this bill is to require the Department of Human Services (DHS) to provide medical assistance for dialysis, chemotherapy, inpatient and outpatient physician visits, and drug prescriptions for immigrants and noncitizens from the Marshall Islands, the Federated States of Micronesia, or Palau.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) strongly opposes this bill as many of the services proposed are already covered, those services not already covered would increase expenditures at a time when DHS faces a substantial budget shortfall, and it will result in a loss of federal funds.

Basic Health Hawaii (BHH) is a new program to provide medical assistance, as proposed in this bill, to those who are citizens of nations with a Compact of Free

Association with the United States (COFAs) and who are currently eligible for State-only funded medical assistance and also to legal immigrants residing in the United States for less than five years who are currently uninsured because, although they are legal residents, they are ineligible for federal Medicaid medical assistance. BHH is intended to expand medical assistance to a greater number of the State's residents.

The services covered under BHH, as indicated in the proposed Hawaii Administrative Rules for BHH that went for public hearing on January 25 and 26, 2010, include four prescription medications, either brand name or generic, and emergency services under the federal alien emergency medical assistance program, such as dialysis. Anti-neoplastic medications, more commonly referred to as chemotherapy, are included among the covered prescription medications.

Currently, non-pregnant immigrants legally residing in Hawaii for less than five years are not eligible for any medical assistance and COFAs are currently eligible for state-only funded medical assistance.

Providing all the services required in this bill can only be achieved through a reduction in services to Medicaid-eligible clients which also means a reduction in federal matching funds for the federal medical assistance programs, such as Medicaid.

In Federal medical assistance programs, the Federal government provides matching Federal funds to the State funds. Currently, for every dollar the State spends in a Federal medical assistance program, the Federal government pays approximately two dollars. So for each dollar of savings not realized through reductions to COFAs, three dollars worth of services will have to be cut for Medicaid recipients. Therefore, this bill will result in the loss of Federal funds to the State, and reduce the net funding for Med-QUEST Division programs.

Under the Compacts of Free Association, citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau can travel freely, work, and reside in the United States as non-immigrants. The intent of the Compacts appears to be to allow the citizens of these nations the opportunity to “live the American dream.” The intent does not appear to have the United States become the safety-net for these nations.

The Compacts expressly state “it is not the intent of Congress to cause any adverse consequences for an affected jurisdiction” and specifically include Hawaii in the definition of affected jurisdiction. The Compacts also expressly state “any alien who has been admitted under the Compact, or the Compact, as amended, who cannot show that he or she has sufficient means of support in the United States, is deportable.” Individuals on any type of public assistance, including Hawaii’s state-only funded medical assistance for COFAs, do not have sufficient means of support.

Consistent with the intent of the Compacts, in 1996 Congress made COFAs ineligible for Medicaid. Since 1996, Hawaii has continued to provide Medicaid-like coverage to COFAs through State-only funded programs without receiving any Medicaid federal funds. In SFY 2009, State expenditures for COFAs for medical assistance alone were almost \$51 million. In Hawai’i, more than \$120 million in State funds are spent each year on health care, education and other services for COFA migrants, yet the U.S. Department of the Interior only provides the State with about \$10.6 million to partially cover the costs.

All this bill would do is increase prescription drug coverage for COFAs and legal immigrants ineligible for federal Medicaid medical assistance, while some U.S. citizens and other immigrants eligible for federal Medicaid medical assistance have very limited access to prescription medications. This additional expense for services

to COFAs and legal immigrants ineligible for federal Medicaid medical assistance will result in three times the decrease in services to U.S. citizens and other immigrants eligible for federal Medicaid medical assistance.

The State cannot afford increasing expenditures while facing a substantial deficit, more than \$1 billion for the biennium, and certainly cannot afford to lose federal funding.

Thank you for this opportunity to provide written testimony.



HAWAII DISABILITY RIGHTS CENTER

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HOUSE OF REPRESENTATIVES THE TWENTY-FIFTH LEGISLATURE REGULAR SESSION OF 2010

**Committee on Human Services
Committee on Health**

**Testimony in Support of H.B. 2467
Relating to Medical Assistance**

**Thursday, February 4, 2010, 9:00 A.M.
Conference Room 329**

Chair Mizuno, Chair Yamane, and Members of the Committees:

I am Louis Erteschik, Staff Attorney at the Hawaii Disability Rights Center, and am testifying in support of this bill.

We believe that this is an important measure which will provide some minimum protection for this population. The Legislature will recall that the Dept. of Human Services attempted to unilaterally eliminate the Medicaid benefits for the COFA residents when it proposed the Basic Health Hawaii plan. As a result of a lawsuit filed by Lawyers For Equal Justice, the Medicaid benefits were kept in place, pending the adoption of Administrative Rules for the Basic Health Hawaii Plan.

While the Basic Health Hawaii plan is supposed to provide some essential health care coverage, it is very unclear what specific services are to be covered. I attended the public hearing on January 25, 2010 and was very dismayed to see the manner in which it was conducted. It lacked any meaningful public participation. Notice of the hearing and the provisions to be considered were not provided in a language which could be understood by many in the audience. Several individuals kept asking questions in the

hope they could better understand the provisions so that they could provide testimony. Instead of providing this information, the Hearing Officer insisted that she would only receive public comments and would provide no information. This circular discussion continued for most of the afternoon. When audience members expressed frustration at this process, another DHS individual stated that if they did not "behave" the sheriff would be called to escort them out. This public hearing can only be described as farcical at best.

It is important that the legislature ensure that minimal protections are put in place for this vulnerable population. This bill accomplishes that by clarifying that such life and death matters as chemotherapy and dialysis benefits will be provided. It also contains no cap on enrollment as was provided in the Basic Health Hawaii Plan, thus guaranteeing that all COFA residents in Hawaii will receive some minimal health care coverage.

Passage of this bill will serve as a guarantee that at a minimum, COFA residents need not worry about obtaining life sustaining medical treatments. Thank you for the opportunity to testify in support of this measure.



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February 3, 2010

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2010

Committee on Human Services, Committee on Health

Testimony in Support of H.B. 2467

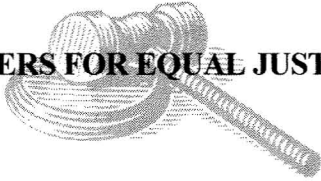
Relating to Medical Assistance
Thursday, February 4, 2010, 9:00 A.M.
Conference Room 329

Chair Mizuno, Chair Yamane, and Members of the Committees:

I am Elizabeth M. Dunne, Senior Staff Attorney with Lawyers for Equal Justice (LEJ), and am testifying in support of this bill. Starting in August 2009, the Department of Human Services (DHS) attempted to unilaterally eliminate Medicaid benefits for individuals residing in Hawaii under Compact of Free Association (COFA) agreements with the United States. DHS eliminated all non-emergency coverage for non-pregnant COFA residents age 19 and older not already enrolled in health programs administered by DHS's MED-QUEST division and attempted to transfer enrolled COFA residents from their current programs to a new program called Basic Health Hawaii.

The new program would have dramatically reduced benefits to this population and would have abruptly ended coverage for lifesaving dialysis and chemotherapy treatments. As a result of two lawsuits filed by LEJ and co-counsel, Alston Hunt Floyd & Ing, the Medicaid benefits were kept in place, pending compliance with the Hawaii Administrative Procedures Act's public hearing and rulemaking procedures.

DHS has now proposed a new Basic Health Hawaii program with a 7,000 person maximum statewide enrollment cap and a virtually identical reduction in



Page 2

benefits. Because we believe the number of current enrollees in DHS administered health programs exceeds 7,000, this cap effectively eliminates coverage for any new enrollees. Put another way, the purpose of the proposed BHH program is *not* to provide health care coverage, but to significantly reduce or eliminate it for a portion of the State's population. We understand that adoption of the proposed BHH program is in its final stages.

We believe the new proposed BHH program continues to violate the equal protection clause because it provides COFA residents and legal permanent residents admitted to the U.S. for less than five years (age 19 years and older and who are not pregnant) fewer health benefits than other Hawaii residents. This difference in benefits is based upon their citizenship status and duration of residency.

The elimination of health care negatively impacts everyone. It increases health care costs by forcing people to seek care in hospital emergency rooms and it leaves people sick, vulnerable, and unable to care for themselves.

H.B. 2467 is an important measure that is a step toward alleviating the disparity in health care benefits provided to COFA residents compared to those available to other Hawaii residents. We recommend that the bill be amended to mandate coverage for "cancer treatments", instead of "chemotherapy", because chemotherapy is just one method of treating cancer. While, if DHS finalizes the new Basic Health Hawaii program rules as proposed, COFA residents will be ineligible for a number of different health benefits available to other residents, passage of this bill will, at a minimum, guarantee that COFA residents need not worry about coverage for certain life sustaining medical treatments.

Mahalo for this opportunity to testify.

Sincerely,

Elizabeth M. Dunne
Senior Staff Attorney



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Every Day"

Written Testimony

**The House Committee on Human Services
Representative John. M. Mizuno, Chair
Representative Tom Brower, Vice Chair**

**The House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice Chair**

**Thursday, February 4, 2010
9:00 a.m.
Conference Room 329**

HB 2469, MAKING AN EMERGENCY APPROPRIATION FOR THE DEPARTMENT OF HUMAN SERVICES TO ADDRESS THE BUDGET SHORTFALL FOR HAWAII QUEST
Makes an emergency appropriation from the Emergency and Budget Reserve Fund to meet the general fund shortfall for payments to managed care plans contracted with the Department of Human Services to provide QUEST services.

**Testimony of Edward Chu
Interim Chief Financial Officer**

Thank you for the opportunity to provide testimony in support of HB 2469. We strongly support this bill because a major portion of the cash flow for HHSC's critical access hospitals and long-term care facilities comes from the QUEST and QUEST Expanded Access programs.

For the Hawaii Health Systems Corporation, our facilities have experienced significant cash flow issues in the past fiscal periods. Despite HHSC's efforts to initiate contingency strategies in meeting revenue shortfalls, it continues to face additional financial burden in the current fiscal year 2010 due to delays from the QUEST and QUEST Expanded Access Plans. Without available cash to absorb delays in payments, HHSC facilities face an exacerbated financial situation that results in increased accounts payable and more importantly, strains our ability to respond effectively to the health care needs of our island communities. As of December 31, 2009, HHSC's accounts receivable from the QUEST Expanded Access plans totaled \$8.1 million, with some accounts going back as far as March 2009. HHSC has communicated its issues regarding payment delays in writing to the presidents of both Ohana and Evercare, the QUEST Expanded Plan administrators, and is also fully participating with the Healthcare Association of Hawaii in its ongoing efforts to continue dialogue with both plans on behalf of all of Hawaii hospitals. As of December 31, 2009, HHSC's accounts receivable from the QUEST program totaled \$3.3 million. While HHSC's cash collections from the QUEST program have been much more stable on a monthly basis, there are still amounts owed to HHSC that date back more than one year.

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HHSC strongly believes that support for this measure underscores the sentiment of other hospital systems throughout the state of Hawaii, and consequently, deserves consideration for further review and approval.

Micronesians United - Big Island

Supporting a fuller life for Micronesians living in Hawai'i

February 3, 2010

Testimony in Support of H.B. 2467

Relating to Medical Assistance

before the House Committees on Human Services and Health

Thursday, February 4, 2010, 9:00 A.M.

Chair Mizuno, Chair Yamane, and Members of the Committees:

I am Samuel M. Nathan, offering testimony in support of this bill in a significantly amended form. HB2467, as written, would fund a slightly enhanced version of the Basic Health Hawaii program designed by DHS, which greatly reduces the medical benefits for adult Compact of Free Association (COFA) migrants now served through the comprehensive MedQUEST program.

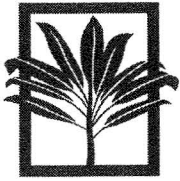
We request that this bill be amended to appropriate funds to keep COFA migrants in the comprehensive QUEST program. We request the continuation of comprehensive MedQUEST benefits for COFA migrants for the following reasons:

- * Discontinuing most of the health benefits that COFA migrants now have through MedQUEST would have a drastic impact on their overall health status. Many of them require procedures and services beyond those that are reimbursable through Basic Health Hawaii.
- * Severely curtailing low-income COFA migrants' health benefits would have a serious economic impact on the entire community. We fear that many families would find it necessary to go in debt to pay for the health care of members of their extended families who only have the medical coverage available through Basic Health Hawaii, or this bill in its unamended form.
- * We want to emphasize that the COFA migrants are only one of many groups that have immigrated to Hawaii over the years to make their way in life. Though the COFA migrants are not citizens, they are in Hawaii legally and most of them will live out their lives here. Many of them have family members who are U.S. citizens. Many of them are working, paying taxes, and contributing to their communities in the state of Hawaii. They are our friends and neighbors, and they are integral parts of our communities. Accordingly, we strongly believe that we should provide generous health care benefits through MedQUEST to those COFA migrants who have low incomes and limited ability to pay for their own health care. [We note that this bill as submitted would only fund benefits for eligible COFA migrants who arrived on or after August 22, 1996, which would exclude the many COFA migrants who arrived before that date.]

* We do agree with the state administration that the federal government should pay for health care for low-income COFA migrants. I do hope that we can work together to have the federal government take on that responsibility. In the meantime, we urge that the State continue to serve low-income COFA migrants through the MedQUEST program.

We appreciate your sincere interest in the welfare of COFA migrants, and we thank you for the opportunity to provide this testimony.

Samuel M. Nathan
Chair, Health Care Task Force
Vice-President, Micronesians United - Big Island



Hawai'i Primary Care Association

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House Committee on Human Services

The Hon. John M. Mizuno, Chair
The Hon. Tom Brower, Vice Chair

House Committee on Health

The Hon. Ryan I. Yamane, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

Testimony in Support of House Bill 2467

Relating to Medical Assistance

Submitted by Beth Giesting, Chief Executive Officer

February 4, 2010 9:00 a.m. Agenda, Room 329

The Hawai'i Primary Care Association strongly supports this measure, which would ensure that immigrants and migrants to Hawaii have access to essential health care. We believe that this could be a very cost-effective approach. For migrants this program would fulfill our basic humanitarian obligation to continue to meet the basic health care needs of people who should be entitled to our support. Fewer immigrants would need this help because most get health coverage through employment but the availability of this safety net is also needed.

We would like propose that the bill also require that Medicaid prospective payment system (PPS) rates be paid to any federally qualified health center (FQHC) that renders care under this program. Migrants and immigrants who would be eligible for this assistance are more likely to need considerable case management, health education, linguistic and cultural support, and other services in order to improve health and restore productivity. Without such additional services, the beneficiaries are much more likely to end up with costly emergency needs and hospitalizations. FQHCs offer the extensive array of health care enabling services needed for these groups and are proven to reduce costs by investing more in primary care and care management. Accordingly, migrants and immigrants should be encouraged or even mandated to use FQHCs (most already do) and the FQHCs must be paid adequately to render effective care. We also propose a clarifying amendment to Section 1 lines 10 through 13 to reflect that the dialysis or chemotherapy treatments do not count toward in the inpatient and outpatient visits granted in Section 1 lines 1 through 10, if that is the intent.

Thank you for this opportunity to testify in support of this measure.

HOUSE COMMITTEE ON HUMAN SERVICES
Rep. John Mizuno, Chair

HOUSE COMMITTEE ON HEALTH
Rep. Ryan Yamane, Chair

Conference Room 329
Feb. 4, 2010 at 9:00 a.m.

Supporting HB 2467.

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. Thank you for this opportunity to testify in support of HB 2467, which provides additional medical assistance to migrants from nations that have entered into Compacts of Free Association (COFA) who would be eligible for Medicaid.

The United States government has agreed to allow citizens of the COFA nations of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau to travel freely, live, work and attend school in America. In 1996, Congress made COFA migrants ineligible for Medicaid. Since that time, Hawaii has stepped up to take on this responsibility by providing them with free and comprehensive Medicaid-like coverage.

Last year, however, the Department of Human Services (DHS) attempted to remove COFA citizens from that comprehensive coverage and to shift them to a limited benefit plan called Basic Health Hawaii. At that time the coverage options of Basic Health Hawaii would not provide adequate care to many COFA citizens, including hundreds with medical conditions including cancer and renal failure. The limited coverage provided to these patients by Basic Health Hawaii would endanger their lives and place severe financial stresses on hospitals and other health care providers because they would not be fully compensated for their services.

Health care providers are already under financial hardships due to low payments for services from insurers. In addition hospitals provided \$141 Million in uncompensated care last year to patients with partial or no insurance. Hospitals and other health care providers could incur additional losses amounting to millions of dollars in uncompensated care if COFA citizens are transferred to Basic Health Hawaii.

A federal judge issued a temporary restraining order based on procedural grounds preventing the State from removing COFA residents from the State-funded health programs in which they were participating. Since then DHS has engaged in more extensive formal procedures to establish Basic Health Hawaii, with the intent of transferring COFA citizens to it.

HB 2467 would appropriate funds to allow DHS to provide comprehensive care for COFA migrants including dialysis, radiation therapy, chemotherapy, physician visits, and prescription drugs. As such, it is an improvement over the previously proposed Basic Health Hawaii coverage.

For the foregoing reasons, the Healthcare Association of Hawaii supports HB 2467.

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Affiliated with the American Hospital Association, the American Health Care Association,
the National Association for Home Care and the National Hospice & Palliative Care Organization



CATHOLIC CHARITIES HAWAII

LATE
Testimony

TO: Representative John Mizuno, Chair
Representative Tom Brower, Vice Chair
Members of the Human Services Committee (HUS)

FROM: Sr. Earnest Chung,
Social Policy Director,
Catholic Charities Hawaii – 527-4810

RE: **HB 2467 – in full support of providing medical assistance to non-citizens and Pacific Islanders**

Hearing February 4, 2010
9:00 AM
Room 329

Chairman Mizuno, Vice chair Brower and members of the Human Services Committee, thank you for this opportunity to submit our testimony.

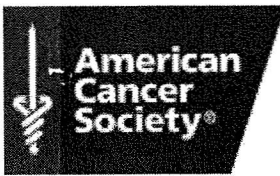
I am Sr. Earnest Chung, the social policy director for Catholic Charities Hawaii. We wish to convey **our full support for HB 2467 which provide medical assistance to non-citizens and Pacific Islanders.**

We believe that while health care in the area of dialysis and chemotherapy for this special population is not covered by Medicaid of the Federal Government, the State of Hawaii should see this as a high priority in allocating funding for those affected and need dialysis and chemotherapy.

Without dialysis and chemotherapy, those who need it often will not survive. Our State is one of the most advanced in the country in providing appropriate health care to all its residents and it is inconceivable that we will not provide dialysis and chemotherapy to those who need it.

Previous reports at an informational hearing estimated the cost for a one time dialysis in a clinic as \$350 per session while an admission to the hospital for dialysis treatment through the emergency room would cost about \$10,000. If all dialysis patients referred here have to resort to the emergency room, it will flood all hospital emergency rooms and definitely affect the availability of emergency room care to the general population.

We, therefore, fully support this bill and urge your committee to pass HB2467 to the Finance Committee for serious consideration and priority. Thank you.



LATE Testimony

The Official Sponsor of Birthdays

February 2, 2010

Committee on Human Services
Representative John Mizuno, Chair
Representative Tom Brower, Vice Chair

Committee on Health
Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair

Hearing:

9:00 A.M. Thursday, February 4, 2010
Hawaii State Capitol, Room 329

RE: HB2467 – Relating to Medical Assistance

Testimony in Strong Support

Chairs Mizuno and Yamane, and members of the Committees on Human Services, and Health. Thank you for the opportunity to testify in strong support of HB2467 which requires the Department of Human Services to provide medical assistance for dialysis, chemotherapy, inpatient and outpatient physician visits, and drug prescriptions for immigrants and noncitizens from the Marshall Islands, the Federated States of Micronesia, and Palau, know collectively as COFA residents.

The American Cancer Society Hawaii Pacific Inc., was founded in 1948, and is a community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering caused from cancer, through research, education, advocacy, and service. This mission includes strongly advocating for groups and individuals to obtain and retain appropriate medical assistance for treatment of cancers.

As the Committee members are aware, last summer the Department of Human Service proposed transferring 7,000 of our COFA residents and other non-citizens from Medicaid/QUEST to Basic Health Hawaii. The coverage provisions of Basic Health Hawaii were less than adequate for individuals suffering from various cancers; offering no chemotherapy coverage, very limited prescription drug coverage, and limited inpatient and outpatient physician visits.

Since that time, the Society has been working closely with other health care organizations, the Legislature, and the legal group, Lawyers for Equal Justice, to halt the QUEST – Basic Health Hawaii transfer via the courts. Presently, there are pending Federal and State court cases, and the State has been enjoined from effectuating the transfer.

On a National level, we have been working with our Congressional delegation to increase federal funding for the QUEST programs in Hawaii, specifically for COFA migrant coverage. Until this matter is resolved in the courts or in Congress and a permanent solution found, the Society will utilize its resources to ensure all COFA migrants continue to receive all life-saving chemotherapy, prescriptions, physician visits, and medical follow-up.

We strongly urge the Committees to move HB2467 forward to ensure that the Department of Human Services has the necessary funds to continue providing QUEST coverage to COFA migrants and other non-citizens.

Thank you for the opportunity to offer testimony here today.

Respectfully,



George S. Massengale, J.D.
Director of Government Relations