

LATE

SB 2934

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February 8, 2010

Committee on Human Services
Committee on Transportation, International
and Intergovernmental Affairs

Testimony in Support of S.B. 2934
Relating to Medicaid
Tuesday, February 9, 2010, 1:30 P.M.
Conference Room 016

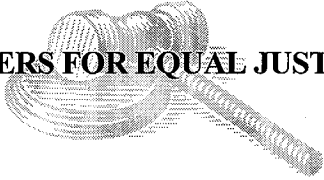
Chair Chun Oakland, Chair English, and Members of the Committees:

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 similar reduction in benefits. Because we believe the number of current enrollees in DHS administered health

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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; detrimentally impacts community clinics by imposing upon them the full cost of attempting to provide health services for this population; and leaves people sick, vulnerable, and unable to care for themselves.

S.B. 2934 is an important measure that would alleviate the disparity in health care benefits provided to COFA residents compared to those available to other Hawaii residents.

Mahalo for this opportunity to testify.

Sincerely,

Elizabeth M. Dunne
Senior Staff Attorney

PUBLIC HEARING – February 9, 2010

LATE

In Support of SB 2934: To Appropriate
general funds to pay QUEST coverage for
citizens of COFA nations

PRESENTED by: WILFRED C. ALIK, MD
CHAIRMAN, MICRONESIAN HEALTH ADVISORY COALITION

My name is Wilfred Alik. I am a native of the Marshall Islands and a practicing physician here in Hawaii. I have also worked and participated under the US Department of Energy Special Medical Program to the Marshall Islands as one of the physicians providing medical care for those who were exposed to the fallout from the US Nuclear Weapon Testing Program. I testify before you today as a member of the Micronesian Health Advisory Coalition (MHAC), which consists primarily of Micronesians advocating for the health and well being of Compact of Freely Associated (COFA) nationals living in Hawaii. I wish to make several points in support of SB 2934.

By way of background, the Department of Human Services plans to save money for the State of Hawaii by balancing its budget on the backs of COFA nationals, the most disenfranchised and high risk population in the State.

However, DHS fails to fully consider how such medical plan will severely cause pain and suffering in the lives of the COFA population, the newest migrant group to the State. DHS fails to take into account the numerous socioeconomic challenges already faced by this migrant population such as lack of workforce skills and work opportunities, limited education, dismal living conditions, homelessness, limited language access services, and other factors normally encountered by any new migrant group. Also, DHS fails to take into account the population's high prevalence of chronic diseases such as diabetes, cardiovascular diseases including heart attacks, stroke, and peripheral vascular diseases, cancers, chronic kidneys diseases, infectious and communicable diseases, and others. Faced with these enormous socioeconomic challenges and chronic medical problems, it's no wonder the COFA migrant population suffers high rates of morbidity and mortality, facts which DHS has apparently decided to ignore.

For instance, diabetes, which is highly prevalent among Pacific Islanders, requires a well coordinated medical multi disciplinary team care approach. Diabetic patients are at risk for developing

major medical complications including coronary artery diseases, strokes, chronic kidneys diseases, leg infections, limb amputations and blindness to name just a few. It's estimated that over 85% of diabetics die from coronary artery diseases. The treatment of diabetes then must be fully comprehensive to prevent any such serious complications.

But the most egregious part of the DHS's proposed medical plan is its total disregard for life saving treatments. It does not provide for life saving dialysis and cancer treatments. Kidney dialysis treatment is done on a regularly scheduled basis as most patients require dialysis 2 to 3 times a week, thus preventing serious medical complications. To withhold dialysis for even 1 or 2 treatments can have fatal medical consequences including death. Dialysis treatment must be done routinely in the kidney dialysis centers and not in the emergency room settings.

Cancer patients, like patients on kidney dialysis, rely on life-savings treatment modalities consisting of chemotherapy and radiotherapy protocols, surgical care, and certain special non-generic medications. On this note, I would like to bring to your attention the 2004 National Cancer Institute study, which concluded that there will be over 500 cancers above the natural background of cancers, caused by the US thermo - nuclear weapon testing in the Marshall Islands. Therefore, I submit that

some of the cancers that will be denied treatment under the proposed DHS plan were in fact cancers related to the US thermo - nuclear testing program.

Due to the inadequacy of care under the DHS's proposed medical plan, the burden of chronic diseases felt by the patients, their families, the community and the State is only expected to worsen as more medical complications rapidly develop. The utilization of Emergency Medical Services will rise as patients massively flood the emergency rooms and quickly fill up the hospitals to critical capacity. Children will miss more school days as parents care for sick relatives or become sick themselves. As more unsupervised children roam the streets there's potential for public safety concerns. Loss of income and work productivity will rise due to increasing sick leaves and absenteeism. Clearly, these compounding factors can only have a devastating impact on the State economy and thus further exacerbate the economic downturn.

According to two reputable studies on healthcare in Hawaii as it relates to the COFA population, the 2004 Hawaii Uninsured Brief entitled Impacts of COFA on Hawaii's Health System, and the 2009 COFA Task Force Report, both reports conclusively advocate for continuing full healthcare services to COFA citizens in a more comprehensive and proactive way. More

importantly, neither report recommends cutting back services to the COFA nationals.

In my opinion as a primary care physician and having provided medical care for this population, I can surmise that the most cost effective medical plan is the one which provides a full comprehensive medical coverage. Such a medical plan will not only save the lives of the COFA nationals but will save money for the State in the long term. It's definitely a worthy investment and a win – win situation.

Therefore, we testify in strong support of SB 2934, which provides for comprehensive medical coverage for citizens of COFA nations under the MedQuest program.

Thank you for your time.

Wilfred C. Alik, MD
Chairman, MHAC