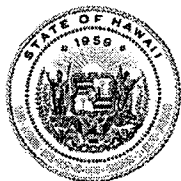


SB 1274



NEIL ABERCROMBIE
GOVERNOR

BRIAN SCHATZ
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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HONOLULU, HAWAII 96809
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KEALI'I S. LOPEZ
DIRECTOR

EVERETT KANESHIGE
DEPUTY DIRECTOR

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Thursday, February 24, 2011
9 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 1274, S.D. 1 – RELATING TO HEALTH INSURANCE.

TO THE HONORABLE DAVID Y. IGE, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department supports this Administration bill which replaces the existing external review process for deciding health insurance coverage disputes with a new process based on a review by an independent review organization ("IRO") that conforms to the requirements of the federal Patient Protection and Affordable Care Act ("PPACA"). An IRO is a private organization that contracts with a medical doctor to give a medical opinion on a health insurance coverage dispute. Although we support this bill, we have some concerns about the S.D. 1 that we wish to bring to the attention of the Committee. Therefore, our testimony will be in two parts.

A. Generally, we support the intent of this bill.

Hawaii already has an existing external review process located at Hawaii Revised Statutes section 432E-6 which involves review by a 3 member panel, but the

process has suffered some serious setbacks. In 2004, the Hawaii Supreme Court ruled that this process was pre-empted by ERISA which means that those members who get their health insurance through their private employers could no longer use the external review process. In 2008, the Department of the Attorney General ruled that the EUTF was also exempted from the external review process. Today, the external review process only handles individual, non-group members and Medicaid members. Also, we should point out that because Medicaid offers an administrative hearing at the Department Human Services we are offering a duplicative process to Medicaid members. Today, we get about one request per month for an external review, if that. As a result, there is almost nothing left of the original external review process and the process therefore does not help very many of Hawaii's citizens.

The PPACA regulation on external reviews (see Federal Register / Vol. 75, no. 141, July 23, 2010 / Rules and Regulations) requires that by July 1, 2011, Hawaii come into compliance with federal requirements and contemplates an IRO process. The regulation also cites to the National Association of Insurance Commissioner's model act on external reviews using an IRO. This is the model we used in developing HB 1047. In order to meet the federal requirements, and restore a workable process to Hawaii's people, we believe it is advisable to enact HB 1047. Note that we have carved out the EUTF and Medicaid from the proposed IRO program because they both have their own existing administrative appeals process.

The use of an IRO for external reviews is well established. Medicare uses an IRO process as do many other states.

We believe that an IRO can handle a review of Hawaii's medical necessity statute (see HRS section 432E-1.4), which is only applicable in selected cases where there is no specific coverage exclusion. Currently, medical directors of health plans must do a medical necessity review.

We should also note that the existing external review process has been problematic because it is difficult to get practicing physicians to take the time out to volunteer for service on an external review panel.

B. We have some concerns about the S.D. 1

On page 3, line 9, the word "commission" should be "commissioner".

Proposed section 432E-F, pertaining to external review of experimental or investigational treatment adverse determinations, deleted requirements for: (1) assignment of the external review to clinical reviewers (instead, requiring a single reviewer); and (2) assignment of an additional reviewer if there is a split decision. The Department prefers the original process set forth in the NAIC model law, which required as least two reviewers for external reviews of experimental or investigational treatment.

Proposed section 432E-L on page 48, lines 18 to 22, and page 49, lines 1 to 4, subjects the Insurance Division to the procurement process. This creates unnecessary burdens on the Insurance Division and will delay the IRO payments.

We thank this Committee for the opportunity to present testimony on this matter and ask for your favorable consideration.



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COMMITTEE ON WAYS AND MEANS

Senator David Y. Ige, Chair
Senator Michelle Kidani, Vice Chair

DATE: Thursday, February 24, 2011
TIME: 9:00am
PLACE: Conference Room 211
State Capitol
415 South Beretania Street

TESTIMONY IN STRONG OPPOSITION TO PASSAGE OF S.B.1274 S.D.1

Honorable Chair David Ige and Vice Chair Michelle Kidani:

Thank you for the opportunity to offer testimony in opposition to S.B. 1274 S.D. 1.

As the testimony from the Hawaii coalition For Health, an organization that advocates for healthcare consumers in Hawaii and from the Hawaii Congress of Physicians and Other Professionals, an organization that advocates for healthcare providers in Hawaii, I would like to provide the attached letter these organizations have written to Senators Rosalyn Baker and Josh Green, and to Insurance Commissioner Gordon Ito.

Thank you.

Sincerely,

Arleen Jouxson-Meyers, M.D., J.D., M.P.H.,
President



**HAWAII COALITION
FOR HEALTH**

<http://www.h-c4h.org>

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<http://www.h-cop.org>

February 23, 2011

Senator Rosalyn H. Baker, Chair,
COMMITTEE ON COMMERCE &
CONSUMER PROTECTION

Senator Josh Green, M.D., Chair,
COMMITTEE ON HEALTH

Gordon Ito, Insurance Commissioner,
DEPT. COMMERCE & CONSUMER AFFAIRS

Honorable State Officials:

Please consider this my first of several letters critiquing aspects of S.B. 1274 S.D.1 in which I address only some of the problems manifest by the section on standard external review.

I would like to thank House Health Committee Chair Ryan Yamane and Vice Chair Dee Morikawa for deferring companion HB 1047, a great service to the community.

I am shocked and dismayed that S.B. 1274 S.D.1 has passed through the Senate Consumer Protection and Health Committees and is now on its way to the Ways and Means Committee in its present form. Senators Baker and Green, in passing S.B. 1274 S.D.1, you have placed every citizen in Hawaii who will need to access healthcare for their serious medical problems now or in the future in serious jeopardy, and by passing the Bill on to Ways and Means, as a practical matter, you have terminated senate scrutiny into the serious effects S.B. 1274 S.D.1 may have on the health of our citizens in Hawaii.

S.B. 1274 S.D.1 not only fails miserably in many respects to protect consumers and to ensure that health carriers will act reasonably in the future, but the access to an external review before the insurance commissioner that the Bill promises is purely illusory. Passage of S.B. 1274 S.D.1 as it stands today provides a huge boost for health carriers and deals a death blow to seriously ill patients who are denied access to life-saving medical treatments by their health plan.

I am sure you will agree that meaningful protection of healthcare consumers through an external review by the insurance commissioner, be it through a 3-person panel appointed by the commissioner or by an independent review organization (IRO), requires that all denials are in the public eye and subject to regulatory scrutiny, that the system is fair and not subject to bias or conflict of interest, and that consumers have the resources they need to effectively prepare and argue their case in an external review.

S.B. 1274 S.D.1 accomplishes none of these, and is clearly beyond redemption. At this point, one need look no further than the first few paragraphs of the section on standard external review to realize that this a bill strongly favors health insurance companies and is a death warrant for our seriously ill.

EXCERPT FROM S.B. 1274 S.D.1 (Problems are highlighted and commentary written in italics and bolded.)

§432E-D Standard external review. (a) An enrollee or the enrollee's appointed representative may file a request for an external review with the commissioner within one hundred thirty days of receipt of notice of an adverse action. Within three business days after the receipt of a request for external review pursuant to this section, the commissioner shall send a copy of the request to the health carrier.

(b) Within five business days following the date of receipt of the copy of the external review request from the commissioner pursuant to subsection (a), the health carrier shall determine whether:

(1) The individual is or was an enrollee in the health benefit plan at the time the health care service was requested or, in the case of a retrospective review, was an enrollee in the health benefit plan at the time the health care service was provided;

(2) The health care service that is the subject of the adverse determination or the final adverse determination would be a covered service under the enrollee's health benefit plan but for a determination by the health carrier that the health care service does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness;

(3) The enrollee has exhausted the health carrier's internal appeals process or the enrollee is not required to exhaust the health carrier's internal appeals process pursuant to section 432E-C(b); and

(4) The enrollee has provided all the information and forms required to process an external review, including a completed release form and disclosure form as required by section 432E-C(a).

(c) Within three business days after a determination of an enrollee's eligibility for external review pursuant to subsection (b), the health carrier shall notify the commissioner, the enrollee,

and the enrollee's appointed representative in writing as to whether the request is complete and whether the enrollee is eligible for external review.

If the request for external review submitted pursuant to this section is not complete, the health carrier shall inform the commissioner, the enrollee, and the enrollee's appointed representative in writing that the request is incomplete and shall specify the information or materials required to complete the request.

If the enrollee is not eligible for external review pursuant to subsection (b), the health carrier shall inform the commissioner, the enrollee, and the enrollee's appointed representative in writing that the enrollee is not eligible for external review and the reasons for ineligibility.

Notice of ineligibility for external review pursuant to this section shall include a statement informing the enrollee and the enrollee's appointed representative that a health carrier's initial determination that the external review request is ineligible for review may be appealed to the commissioner by submission of a request to the commissioner.

(d) Upon receipt of a request for appeal pursuant to subsection (c), the commissioner shall review the request for external review submitted by the enrollee pursuant to subsection (a), determine whether an enrollee is eligible for external review and, if eligible, shall refer the enrollee to external review. The commissioner's determination of eligibility for external review shall be made in accordance with the terms of the enrollee's health benefit plan and all applicable provisions of this part. If an enrollee is not eligible for external review, the commissioner shall notify the enrollee, the enrollee's appointed representative, and the health carrier within three business days of the reason for ineligibility.

This section of S.B. 1274 S.D.1 is an example of the proverbial fox guarding the hen house. It enables health carriers to regulate themselves with the insurance commissioner's hands tied behind his back.

Under existing 432E-6(a), all denials of care by a health carrier are entitled to external review by the insurance commissioner, contingent only upon obtaining a final denial from the health plan. Furthermore, the commissioner may dismiss a request without a review ONLY if he finds the request to be frivolous or without merit. 432E-6(a)(6).

In the new proposed 432E-D(b) and (c) not all denials are eligible for external review. The health carrier determines whether the denial of care is eligible for external review, and the commissioner must make his eligibility determination according to the health plan's rules. In the likely event that the commissioner determines, under these circumstances, that the denial is not eligible for external review, there is apparently no appeal of the commissioner's determination.

In my professional opinion, this may exclude all disputes regarding insurance contract interpretation, rendering many denials of care by insurers ineligible for external review. Health carriers have historically taken the position that their insurance contracts specifically exclude all care they deem experimental or investigative, even though our medical necessity

statute 432E-1.4 has included care that may be experimental or investigative, if the care meets applicable standard of care, or is deemed to be most appropriate for the patient by expert opinion. I am concerned that none of these cases would be subject to an external review under S.B. 1274 S.D.1. With 432E-6 repealed, there is no requirement that health plans apply 432E-1.4 in making denials of care and I believe there is no right of appeal under Chapter 91. Even if there were a right of appeal, the commissioner's determination would not be overturned because his determination followed the law.

In addition, repeal of 432E-6 would gut a plan's internal appeals process. Determination of medical necessity goes to the very heart of external review. Under existing 432E-6(a)(7)(B), a plan's medical director must properly apply the medical necessity criteria in 432E-1.4 in making the final internal determination, and will be scrutinized in the external review hearing. In the new proposed 432E-D(b)(2), there is no required adherence to 432E-1.4, the health carrier gets to insert its own medical necessity criteria, and then in 432E-D(d), the commissioner adheres to those terms, when deciding whether the enrollee is eligible for external review.

Under these circumstances, I strongly suspect that few denials of care will ever be subjected to external review, thus permitting health carriers to deny care with impunity.

Senators Baker and Green, perhaps as non-attorneys, you are unable to fully understand the legal intricacies involved, but it appears Senator Baker that you have relied on Ellen Godbey Carson, Esq. of Alston Hunt Floyd and Ing (AHFI) as your legal advisor in this matter. I was present at the hearing in Conference Room 229 at the State Capitol on February 10, 2011 when you asked Ms. Carson to advise you on this matter. Perhaps, you are not aware that (AHFI) has represented almost all health insurance companies in Hawaii on health care matters including defending them against patients in the 432E-6 and 6.5 external appeal hearings held before the insurance commissioner since passage of the Patients' Bill of Rights about 12 years ago. In fact, AHFI represented health carriers in 27 of 32 external review cases, about which I have personal knowledge, brought to completion under 432E-6 and 6.5. 75% of these cases either settled before hearing or the health plan's denial of care was reversed by the commissioner. The health carrier's denial of care was upheld by the 3-person panel in only 8 cases. In one of those cases, the plan later reversed itself and provided, in that case, heart surgery. The circuit court reversed the panel in two of those cases. Thus, in only 5 cases was the patient denied the benefit. In one of those cases, about to be appealed, the hearing officer dissented. Another is presently on appeal to the circuit court. I have also been involved in many cases that were resolved before we even requested an external review. Thus, it is not difficult to see why health carriers and their attorneys may want to change the odds against them, but this also speaks to the fact that, but for the existence of 432E-6 which you now aim to repeal, at least 27 seriously ill patients would have been denied the care they needed.

Commissioner Ito, as a highly competent and respected attorney, I know you understand the potential for consumer harm that S.B. 1274 S.D.1 presents. I do understand that our fiscal problems must weigh heavily on our new administration's mind. However, a seriously ill patient's right to medically necessary health care must be protected, and a health carrier's

conduct must be properly regulated, and I strongly believe that S.B.1274 S.D.1 won't accomplish that.

It is also my understanding that you have been told that Hawaii is required to replace its external review law. That is false. Last week, Rafael del Castillo and Prof. Miller held a conference call with staff from the DHHS Office of Consumer Information and Insurance Oversight and they confirmed our belief that they have NOT reviewed Hawaii's law and that federal law will supersede state laws only if they are determined by DHHS to be inferior to the 16 federal elements in the regulations. In other words, if our legislature does nothing, the worst that could happen is the federal regulations will supersede our law on July 1, 2011 until our legislature passes legislation that DHHS deems as good as or better than the federal elements. OCIO staff invited Rafael and Prof. Miller to submit a position paper on our external review law and the federal policy makers will review it and give them a response on the OCIO's position.

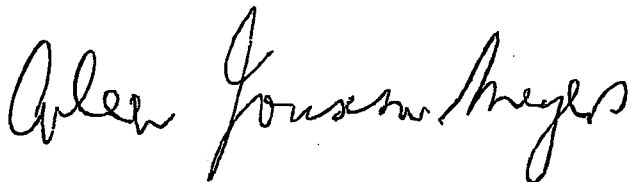
It is also my understanding that you have been told that too few consumers have access to Hawaii's law because our court held that it was preempted for ERISA plans. The OCIO staff told Rafael and Prof. Miller that only self-insured plans are exempt, and that has always been the case. Fully-insured plans are mandated to comply with state external review law whether or not they are ERISA benefits. Furthermore, at this time, the 264,000 Medicaid enrollees in managed care have access to the external review. S.B. 1274 S.D. 1 removes them from the consumers who have access to external review. In other words, S.B. 1274 S.D. 1 does not increase access to our external review, but instead dramatically reduces the number of consumers who may use the external review.

You all know better than I what you need to do to stop this train wreck from happening.

PLEASE DO WHAT YOU HAVE TO, NOW.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Arleen Jouxson-Meyers". The signature is written in black ink and is positioned above the printed name.

Arleen Jouxson-Meyers

Faith Action for



Community Equity

Gamaliel Foundation Affiliate

February 24, 2011

1352 Liliha Street, Room 2
Honolulu, HI 96817

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The Rev. Alan Mark
Statewide President

The Rev. Sam Domingo
Oahu President

The Rt. Rev. Monsignor
Terrence Watanabe
Maui President

Mr. Rosario Baniaga
Statewide Treasurer

Ms. Judy Ott
Statewide Secretary

Mr. Drew Astolfi
Executive Director

Mr. Patrick Zukemura
Oahu Lead Organizer

Ms. Terri Erwin
Maui Lead Organizer

COMMITTEE ON WAYS AND MEANS

Senator David Y. Ige, Chair
Senator Michelle Kidani, Vice Chair

DATE: Thursday, February 24, 2011
TIME: 9:00am
PLACE: Conference Room 211

**SB 1274
RELATING TO HEALTH CARE**

Dear Senator Ige and members of the Committee::

I am Rev. Bob Nakata and I am the Chair of the FACE Health Care Committee and its past President. FACE is the largest State inter-faith and community organizing non-profit. We have 24 institutions on Maui, 27 on Oahu and one statewide. There are 38 churches, a Buddhist Temple, 2 Jewish congregations, 10 community groups and non-profit organizations and one labor union. FACE has a statewide participating membership base in excess of 40,000

We DO NOT SUPPORT THIS BILL.

DO NOT REPEAL HRS 432E-6.

**DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE
WHEN WE ARE DENIED BENEFITS.**

This is necessary for all consumers of health insurance in Hawaii including those
on Medicaid



94-450 Mokuola Street, Suite 106, Waipahu, HI 96767
808.675.7300 | www.ohanahealthplan.com

Thursday, February 24, 2011

To: The Honorable David Y. Ige
Chair, Senate Committee on Ways and Means

From: 'Ohana Health Plan

Re: Senate Bill 1274, Senate Draft 1-Relating to Health Insurance

Hearing: Thursday, February 24, 2011, 9:00 a.m.
Hawai'i State Capitol, Room 11

Since February 2009, 'Ohana Health Plan has provided services under the Hawai'i QUEST Expanded Access (QExA) program. 'Ohana is managed by a local team of experienced care professionals who embrace cultural diversity, advocate preventative care and facilitate communications between members and providers. Our philosophy is to place members and their families at the center of the health care continuum.

'Ohana Health Plan is offered by WellCare Health Insurance of Arizona, Inc. WellCare provides managed care services exclusively for government-sponsored health care programs serving approximately 2.3 million Medicaid and Medicare members nationwide. 'Ohana has utilized WellCare's national experience to develop an 'Ohana care model that addresses local members' healthcare and health coordination needs.

We appreciate this opportunity to submit testimony in strong support of Senate Bill 1274, Senate Draft 1-Relating to Health Insurance, as it necessary in order to help the State of Hawai'i conform to requirements under the Patient Protection and Affordable Care Act of 2010 (ACA).

This bill seeks to update Hawai'i's insurance laws to conform to the requirements relating to external medical reviews as established under the ACA, also known as National Healthcare Reform, and is based on the National Association of Insurance Commissioners (NAIC)'s Uniform Health Carrier External Review Model Act. Passage of this bill will provide a uniform and consistent external review procedure and will make the insurance statutes governing the external review of adverse determinations by health plans consistent and available to enrollees, while reducing confusion and inefficiencies in implementing Hawaii law.

The external review process, through an independent review organization (IRO) is very clearly laid out in the bill and ensures the protection of rights for plan enrollees, while balancing the necessity of proper and timely medical treatment. According to this bill, the IRO shall be comprised of physicians or other health care professionals who meet the minimum qualifications described in 432E- C and, through clinical experience in the past three years, are experts in the treatment of the enrollee's condition and knowledgeable about the recommended or requested health care service or treatment.

Additionally, neither the enrollee, the enrollee's authorized representative, if applicable, nor the health carrier shall choose or control the choice of the physicians or other health care professionals to be selected to conduct the external review and in reaching an opinion, clinical reviewers are not bound by any decisions or conclusions reached during the health carrier's utilization review process or internal appeals process, thus preserving the integrity of the medical decisions being made in the best interest of the patient.

To ensure timely accessibility and transparency the IRO is required, under this bill to maintain a toll-free telephone service to receive information on a twenty-four-hour-day, seven-day-a-week basis related to external reviews that is capable of accepting, recording or providing appropriate instruction to incoming telephone callers during other than normal business hours, and must agree to maintain and provide to the commissioner the information required by this part.

To further protect impartiality, under this proposal an IRO may also not own or control, be a subsidiary of, or in any way be owned or controlled by, or exercise control with a health benefit plan, a national, state or local trade association of health benefit plans, or a national, state or local trade association of health care providers, nor have a material professional, familial or financial conflict of interest with any of the health carriers that is the subject of the external review, the covered person whose treatment is the subject of the external review or the covered person's authorized representative, any officer, director, or management employee of the health carrier that is the subject of the external review, the health care provider, the health care provider's medical group, or independent practice association recommending the health care service or treatment that is the subject of the external review, the facility at which the recommended health care service or treatment would be provided, or the developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of the external review.

The process and procedures laid out under this bill are consistent with the model utilized by the NAIC on a national level, and strike the necessary balance to best ensure patient protection and timely access to medical treatment and supplies. More importantly, passage of this measure is necessary in order to conform Hawai'i's insurance laws to provisions of ACA.

We respectfully request that you pass Senate Bill 1274, Senate Draft 1-Relating to Health Insurance. Mahalo for this opportunity to provide testimony in support of this measure.

From: Ka'iulani Mahuka [kaigirlsurf@gmail.com]
Sent: Wednesday, February 23, 2011 8:23 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov;
senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen.
Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen.
Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Cc: Rafael del Castillo
Subject: SB1274

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

Ka'iulani Edens Huff
310 Apana Rd
Kapaa 96746

From: tred eyerly [teyerly@hotmail.com]
Sent: Wednesday, February 23, 2011 8:23 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov;
senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen.
Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen.
Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: SB 1274

Honorable Senators:

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

Thank you,

Tred Eyerly
1164 Kaeleku St.
Honolulu, HI 96825

SB 1274

From: Treblig Dirdam [gmad2@hotmail.com]
Sent: Wednesday, February 23, 2011 8:49 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL HRS 432E-6.
DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

G. Madrid, Ma
1861-A Kilauea Ave
Hilo, Hi 96720

From: Brian Carter [wbkotter@hotmail.com]
Sent: Wednesday, February 23, 2011 9:17 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Cc: Raphael DelCastillo; Kevin Glick; farlander; Wayne Cobb; Erin Sharpe; E. Cobb
Subject: S.B. 1274 (external review repeal)

ATTENTION ALL;

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

DO NOT PASS SB 1274 IT WILL CAUSE PATIENTS HARM AND SUFFERING !!!!!

Aloha,
Brian Carter RPh.
Westside Pharmacy
1-3845 Kaunualii Highway
Hanapepe, HI 96716
(808)335.5342Store
(808)821.9418
(808)645.0491Mobile

SB 1274

From: Dan Metsch [danmetsch@yahoo.com]
Sent: Wednesday, February 23, 2011 8:52 AM
To: WAM Testimony

-DO NOT REPEAL HRS 432E-6
-DO NOT REPEAL OUR RIGHT TO A LOCAL HEARING FOR
MEDICAL CARE
-DO NOT REPEAL OUR RIGHT TO HAVE A PRIVATE
ATTORNEY AND EXPERTS PRESENT OUR CASE FOR
HEALTHCARE

From: C Marrows [cmarrows@yahoo.com]
Sent: Wednesday, February 23, 2011 9:14 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Cc: rafa@hawaii.rr.com
Subject: Hearing on S.B. 1274

Aloha Honorable Senate Ways and Means Committee,

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

This is one of the most important issues facing Hawaii today!

Best regards,

M. Christine Watanabe

.. SB 1274

From: jkolomalu@aol.com
Sent: Wednesday, February 23, 2011 9:41 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: DO NOT REPEAL HRS 432E-6

DO NOT REPEAL HRS 432E-6.
DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

We have personal experience with the Big Insurance Company trying to cut benefits in 2010 for my ventilator dependant quadriplegic son who has no movement from the chin down. The Insurance Company wanted to make the cuts even if most of my son's other medical costs are covered by my personal HMSA coverage. We filed 2 Appeals with the Insurance Company and both were denied forcing us to go to the State for a Hearing Review.

Only once the State Hearing was scheduled did the Insurance company wanted to talk and negotiate with us. We could not come to a negotiated compromise so we were scheduled to go to the Hearing this month. However, after the Insurance Company's reassessment of Chad's condition for 2011, Chad was award the same coverage as he had in 2009. Thus, the Hearing was dismissed because the Insurance Company had to reverse their to denial of our Appeal for the 2010 cuts.

We STRONGLY feel that it is because of the State's Hearing Review and the threat that the Hearing Review Panel will SEE and HEAR the patient and the patient's representative forces the Insurance Companies to take a better look at the individual patient's needs and even negotiate prior to the Hearing.

Again, please DO NOT TAKE OUR CHANCE TO BE HEARD AND SEEN AWAY.

Thank you for your time and consideration.

SB 1274

From: Chad Kolomalu [chad.kolomalu@gmail.com]
Sent: Wednesday, February 23, 2011 9:48 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: DO NOT REPEAL HRS 432E-6

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

I have personal experience with the Big Insurance Company trying to cut benefits in 2010. I am ventilator dependant quadriplegic who has no movement from the chin down. The Insurance Company wanted to make the cuts even if most of my other medical costs are covered by my mom's personal HMSA coverage. We filed 2 Appeals with the Insurance Company and both were denied forcing us to go to the State for a Hearing Review.

Only once the State Hearing was scheduled did the Insurance company wanted to talk and negotiate with us. We could not come to a negotiated compromise so we were scheduled to go to the Hearing this month with our lawyer. However, after the Insurance Company's reassessment of Chad's condition for 2011, Chad was award the same coverage as he had in 2009. Thus, the Hearing was dismissed because the Insurance Company had to reverse their to denial of our Appeal on the 2010 cuts.

I STRONGLY feel that the State's Hearing Review and the threat that the Hearing Review Panel will SEE and HEAR the patient and the patient's representative forces the Insurance Companies to take a better look at the individual patient's needs and even negotiate prior to the Hearing.

Again, please DO NOT TAKE OUR CHANCE TO BE HEARD AND SEEN AWAY.

Thank you for your time and consideration

--
Chad A. Kolomalu

SB 1274

From: Shana Metsch [shanametsch@yahoo.com]
Sent: Wednesday, February 23, 2011 9:57 AM
To: WAM Testimony
Subject: DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

Thank you,

Shana Metsch

PO Box 339

Kilauea, HI 96754

808-652-9206

SB 1274

From: Earle Koga [koga.eri@gmail.com]
Sent: Wednesday, February 23, 2011 10:05 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: DO NOT REPEAL HRS 432E-6

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

SB 1274

From: Robert Stiver [stiver-aloah@hawaii.rr.com]
Sent: Wednesday, February 23, 2011 10:37 AM
To: WAM Testimony; Sen. David Ige; Sen. Michelle Kidani; Sen. Suzanne Chun Oakland; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom; Sen. David Ige
Subject: Senate Bill 1274

Mr. Chair the Honorable Senator Ige, Ms. Vice Chair the Honorable Senator Kidani, and all members of the Senate Ways and Means Committee:

I am advised, *via* a citizens' communications network, that your Committee is conducting a hearing on S.B. 1274 tomorrow/Thursday, February 24th. In concise summary, my position, to which I expect you to give due consideration, is that no legislation pending or offered in the future should:

--repeal H.R.S. 432E-6; or

--repeal the citizens' (We, the People's) right to have an advocate supporting them when they are denied health benefits.

Thank you for your attention and for your service as legislators for the citizens of Hawaii.

Aloha,

Robert H. Stiver
98-434 Hoomailani Street
Pearl City 96782-2334

Tel. 455-9823

E-mail stiver-aloah@hawaii.rr.com

SB 1274

From: LokelaniT@aol.com
Sent: Wednesday, February 23, 2011 10:45 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: *****SPAM***** DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

SB 1274

From: mike latif [latif.bass@hawaiiantel.net]
Sent: Wednesday, February 23, 2011 11:16 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: Hrs 432E-6

Aloha senator

We have so much trouble dealing with insurance companies to help our patients out already, this bill will put the nails on the coffin.

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS

Mike latif RPH

From: WINIFRED KUHAULUA [wkuhaulua@yahoo.com]
Sent: Wednesday, February 23, 2011 11:34 AM
To: WAM Testimony
Subject: DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS

Winifred Kuhaulua

4760 Malu Road

Kapaa, HI 96746

808-634-3320

From: Colleen Conner [cdconner50@gmail.com]
Sent: Wednesday, February 23, 2011 11:56 AM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov;
senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen.
Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen.
Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: Do Not Repeal HRS 423E-6

Dear WAM members:

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED
BENEFITS.

Colleen Conner

From: LokelaniT@aol.com
Sent: Wednesday, February 23, 2011 4:09 PM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: Fwd: DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS. PLEASE!!

Regards,

M/M Blackford Tully

From: Bob Joseph [robt.joseph@gmail.com]
Sent: Wednesday, February 23, 2011 2:26 PM
To: WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: SB1274

Dear Senators

Please:

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

Aloha

Bob & Judy Joseph

1468 Kalanikai Place
Honolulu HI 96821

From: Carolyn [cysanto@hawaii.rr.com]
Sent: Wednesday, February 23, 2011 12:53 PM
To: WAM Testimony; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: Please do NOT repeal HRS 432E-6

I'm writing this email because I am strongly opposed to eliminating any potential avenue for appeal that the individual patient has vis-a-vis a health insurance carrier or health plan. Due to the outrageous cost of medical procedures and care, the vast majority of patients do not have the luxury of opting to pay for treatment out of pocket and fight it out with the insurer later. In fact, the fortunate few who have extra funds, usually opt to spend their hard-earned dollars trying to pay for the medical care instead of financing a legal battle with a health insurance provider that has vast financial resources and a vested interest in dragging out a dispute.

I totally agree with the premise that health care costs are spiraling out of control and that everyone must do their part to try to contain these costs, including patients. I do not see how limiting one of the few avenues available to facilitate a patient appeal would help the situation. In fact, I think increasing the potential cost of an appeal to the patient and limiting the avenues to challenge the health insurance carriers would lead to more egregious examples of the insurers denying costly treatments to patients. The power imbalance between health plans and individual consumers is so uneven, we need ways to ensure that patients' rights to medically necessary benefits are preserved and protected.

Appealing a denial of coverage is not a pleasant experience for a patient and his or her family. The process is emotionally taxing and at times unbearably frustrating and even humiliating because of the unique factors associated with health issues and privacy. The external review is one small way to help individual patients gain access to the care the health plans and/or insurance carriers are obligated to provide. This is especially important because of the issues that are brought to the external review process usually involve costly procedures/treatments that often have life threatening and/or life changing potential.

In short, I strongly oppose the repeal or replacement of HRS 432E-6. Insured people should have strongly protected rights to appeal decisions which deny health care benefits.

Thank you for your attention.

Sincerely,
Carolyn Y. Santo
Kailua, HI

From: Matt & Patty [alohakauai03@hawaii.rr.com]
Sent: Wednesday, February 23, 2011 1:14 PM
To: Sen. Sam Slom; Sen. Glenn Wakai; Sen. Jill Tokuda; Sen. Pohai Ryan; Sen. Ronald D. Kouchi; Sen. Donna Mercado Kim; Sen. Gilbert Kahele; Sen. Carol Fukunaga; Sen. Will Espero; Sen. Donovan Dela Cruz; WAM Testimony; Sen. Suzanne Chun Oakland; Sen. Michelle Kidani
Subject: ** PLEASE** DO NOT REPEAL HRS 432E-6
Importance: High

A plea to all lawmakers involved in the hearing on SB1274:

I am currently dealing with a situation where my mother has been ill for a very long time. Her Neurologist and her PCP have both corresponded directly with EVERCARE, stating that she requires 24/7 personal care and EVERCARE refuses to even acknowledge that they have received those orders. We are currently appealing to the State of Hawaii Insurance Commissioner, as our previous "internal appeal" was of course denied, as they all will be in the future if this horrible bill is passed. Further, I honestly believe that not only will the internal appeal process be a useless strategy for our sick and elderly population, but I also feel very strongly that we will start to see the insurance companies refusing to pay for services and medications that they used to pay for simply because they will know that the clients will have virtually no recourse. The insurance companies will be able to refuse whatever they want in the name of profit.

THIS IS THE WRONG WAY TO TREAT OUR MOST VULNERABLE CITIZENS!!!!

DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

Sincerely,

Patricia Anthony,

on behalf of Helen Finn (82 year old multiple stroke victim and very dissatisfied customer of EVERCARE)

From: Samara Madrid [madridhawaii@yahoo.com]
Sent: Wednesday, February 23, 2011 3:15 PM
To: Treblig Dirdam; WAM Testimony; sendige@capitolhawaii.gov; senkidani@capitolhawaii.gov; senchunoakland@capitolhawaii.gov; Sen. Donovan Dela Cruz; Sen. J. Kalani English; Sen. Will Espero; Sen. Carol Fukunaga; Sen. Gilbert Kahele; Sen. Donna Mercado Kim; Sen. Ronald D. Kouchi; Sen. Pohai Ryan; Sen. Jill Tokuda; Sen. Glenn Wakai; Sen. Sam Slom
Subject: *****SPAM***** DO NOT REPEAL HRS 432E-6.

DO NOT REPEAL HRS 432E-6.
DO NOT REPEAL OUR RIGHT TO HAVE AN ADVOCATE ON OUR SIDE WHEN WE ARE DENIED BENEFITS.

S. Madrid,
1861-A Kilauea Ave
Hilo, Hi 96720