

STATE OF HAWAII
DEPARTMENT OF DEFENSE

TESTIMONY ON SENATE BILL 1538
A BILL RELATING TO HEALTH

COMMITTEE ON HEALTH

BY

MAJOR GENERAL DARRYLL WONG
INTERIM DIRECTOR OF CIVIL DEFENSE

February 16, 2011

Chair Green and Committee Members:

I am Major General Darryll Wong, Interim Director of Civil Defense, State Department of Defense. I am providing written testimony on Senate Bill 1538.

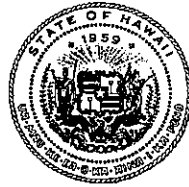
We support the intent of the proposed bill which directs both the Department of Health and the State Civil Defense Agency to implement the statewide dialysis emergency plan developed by a task force under the City and County of Honolulu Metropolitan Medical Response System (MMRS) so long as it does not replace or adversely impact priorities established in the Executive Biennium Budget Request.

State Civil Defense continues to take an active interest in the welfare and safety of residents with end state renal disease during emergencies and welcomes the opportunity to address the recommendations and tasks the statewide dialysis emergency plan may provide.

We recommend that the language of the proposed bill be revised in SECTION 2 to include the City and County of Honolulu MMRS and other organizations as appropriate in the implementation of the statewide dialysis emergency plan.

Thank you for the opportunity to provide written testimony on Senate Bill 1538.

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



Written Only Testimony

LORETTA J. FUDDY, A.C.S.W., M.P.H.
ACTING DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Senate Committee on Health

SB 1538, Relating to Dialysis Center Emergency Planning

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Acting Director of Health**

February 16, 2011, 2:45 p.m.

1 **Department's Position:** The Department of Health (DOH) supports the intent of this measure with
2 reservations.

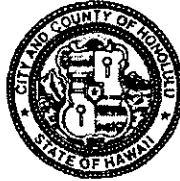
3 **Fiscal Implications:** Undetermined.

4 **Purpose and Justification:** While we support the intent of the bill, we must defer on the fiscal
5 implications of a potential appropriation to DOH until the Executive Biennium Budget is finalized. This
6 measure would require the Department of Health and Hawaii State Civil Defense (SCD) to carry out and
7 to report progress in implementing the statewide dialysis emergency plan produced by a task force
8 established under the Metropolitan Medical Response System (MMRS) grant administered by the City
9 and County of Honolulu. About 3,000 people in Hawaii are dependent on regular dialysis treatments
10 and interruption of these services can be fatal. We support planning for the emergency provision of
11 water, power and other supplies necessary for the continuation of dialysis treatments in the face of large-
12 scale disasters. DOH is actively participating in the MMRS task force to develop the statewide dialysis
13 emergency plan. The state plan has not been finalized yet, and we do not know the expected date of
14 completion.

15 Thank you for the opportunity to testify.

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1869
Phone: (808) 723-7800 • Fax: (808) 833-3934



PETER B. CARLISLE
MAYOR

JAMES H.E. IRELAND, M.D.
DIRECTOR

February 15, 2011

The Honorable Josh Green, M.D., Chair
and Members
The Honorable Clarence K. Nishihara, Vice Chair
and Members
Committee on Health
The Senate
Twenty-Sixth Legislature
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Re: SB 1538, RELATING TO HEALTH

Dear Chair Green, Vice Chair Nishihara and Members of the Committee:

The City and County of Honolulu's Emergency Services Department strongly supports the intent of SB 1538.

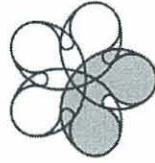
Dialysis patients represent a population with special medical needs. Having a Statewide plan will maximize care and survival in the event of a large-scale emergency or disaster.

Thank you for the opportunity to testify on this bill.

Sincerely,

A handwritten signature in black ink, appearing to be "James H.E. Ireland", written over a horizontal line.

James H.E. Ireland, M.D., Director
Honolulu Emergency Services Department



National Kidney Foundation[™]
of HAWAII

1538

February 14, 2011

Senator Green, Chair
Senator Nishihara, Vice Chair
Committee on Health
Hawaii State Capitol
Conference Room 229
Honolulu, HI 96813

RE: S.B. No. 1538 – Relating to Health

Dear Chairman Green, Vice Chair Nishihara and members of the Senate Committee on Health:

Thank you for the opportunity to present. The National Kidney Foundation of Hawaii (NKFH) is strongly in favor of S.B. 1538 which support the current action of a task force that was established in 2010 to create a Statewide Dialysis Emergency Plan for Hawaii partially in response to a mandated back-up generator bill heard in this committee a couple of years ago. Several agencies including the Healthcare Association of Hawaii, major hospitals, both private Hawaii dialysis, State Department of Health, State Civil Defense, Honolulu Emergency Management and Tripler Army Medical Center along with the City and County of Honolulu Emergency Services Department were members of this group. It commissioned a study to identify risks and needs, and more importantly, make recommendation to prepare for and respond to an event involving a power outage, hurricane, earthquake, water outage, or other large-scale emergency. A report is expected in the coming months.

As we have experienced over the last ten years, emergencies can be minor or major, local, national or worldwide but they share a few things in common – they disrupt our lives, are usually unpredictable, and may cause great loss of life, damage or hardship.

Dialysis patients are at particular risk since they rely on a life sustaining treatment, and that treatment and the machines used depend on power and water, the very utilities that often go down in an emergency. The communication systems we use, telephones, fax machines, computers, television, etc. also rely

on power, and so patients have a tendency to feel isolated and frightened when they cannot communicate with their usual caregivers. Another "run in circles" development during emergencies is that people want to go to the closest hospital emergency room (ER), whether or not their medical problems are major or minor. Hospitals and emergency rooms will be burdened with very serious cases (such as crush or burn victims) and will most likely turn away anyone who does not need immediate attention. Civil defense and emergency agencies as a rule do not include dialysis clinics and dialysis patients in their plans.

In response to the various emergencies we have experienced over the past decade, there are resources for available for patients to help prepare for an emergency. These are available through CMS, Centers for Medicare and Medicaid Services. As a general rule for emergency planning, the plan makes the assumption that critical services are restored within 72 hours.

Federal regulations require every dialysis clinic to have an emergency plan and that staff and patients are informed about the plan. They are also required to have periodic drills. However, that in an area wide major emergency, all medical care institutions may be damaged. This is another good reason dialysis patients need to know how to manage themselves for a couple of days if they cannot get to dialysis.

There is a common misunderstanding about emergency generators in dialysis clinics. Except for dialysis clinics located inside hospitals, there is at this time no federal requirement to have an emergency generator. Generators are expensive and require large amounts of space and ongoing maintenance. It is up to each clinic to decide whether or not to own one or to rent one during an emergency.

As we all know, the geography of our islands makes Hawaii a unique state. It is expected that this plan will address how all patients needing dialysis will have access to dialysis treatments during an emergency. This should include agreements between every dialysis provider and area hospitals that details the exchange of staff, equipment and supplies, protection of medical records, reimbursement for services and how to identify and record services to patients from other clinics.

The NKFH thanks the Committee's concern that all patients have access to dialysis during an emergency. We strongly support the passage of S.B. 1538.

Thank you for the opportunity to testify this afternoon.



2226 Liliha Street ~ Suite 226 ~ Honolulu, Hawaii 96817 ~ Phone: (808) 585-4600 ~ Facsimile: (808) 585-4601

February 15, 2011

Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair
Committee on Health
Hawaii State Capitol
Honolulu, HI 96813

Re: SB 1538

Dear Chairman Green, Vice Chair Nishihara and Members of the Senate Committee on Health:

Thank you for the opportunity to present the views of Liberty Dialysis Hawai'i as they pertain to SB 1538 and the proposed requirement that the Department of Health and the Hawaii State Civil Defense carry out the Statewide Dialysis Emergency Plan created by the task force established in 2010 under the Federal Metropolitan Medical Response System grant.

Liberty Dialysis stands in support of SB 1538 as it recognizes the need for a comprehensive statewide dialysis emergency plan that does not limit the focus to just one aspect of an emergency plan. Dr. James Ireland, an Oahu nephrologist, was appointed to lead the City and County of Honolulu Emergency Services Department and in that role he has pulled together both Liberty Dialysis Hawaii and Fresenius Medical Care, along with Civil Defense and other agencies, to develop a plan that coordinates care in the comprehensive manner that SB 1538 is looking to achieve. Although the current task force is Oahu focused its scope could be, and should be, expanded to include all islands in the state, and although Dr. Ireland's role is currently limited to Honolulu County his expertise in the care of dialysis patients and his interest in disaster preparedness and planning make him an obvious leader for the expanded focus.

Currently Liberty does have an emergency plan that is specific to Liberty Dialysis clinics. On Oahu we have generator power at the following clinics: Leeward-24 stations (Ewa Beach), Siemens-48 stations (town), and Sullivan-21 stations (HMC West basement), Our Kaimuki facility does not have a generator and in an emergency the patients would be integrated into the Siemens and Sullivan clinics. Our Waianae and Waipahu clinic patients would be integrated into the Leeward clinic for continued care.

Liberty Dialysis has a clinic in West Kauai with generator power which would be used to care for the patients in Kauai County; The Big Island has generator power in our North Hawaii clinic and we are planning a generator for our 36 station Hilo clinic at the time of relocation which is scheduled for late 2011. We now have full generator power for our large 53 station Maui clinic and are able to care for all patients in Maui County at that one location. Not all dialysis facility locations can accommodate a generator or alternative water source and that is why a more comprehensive plan is necessary.

According to the 2008 report of the United States Renal Disease Data System (USRDS) Hawaii has a prevalence rate of dialysis patients that was actually 25% higher than the rest of the nation but the good news is that the incidence rate of dialysis in Hawaii is actually decreasing year over year. The decrease in the number of patients new to dialysis, while good news, does nothing to diminish the need for a statewide emergency plan and that is why Liberty Dialysis Hawaii champions a comprehensive statewide plan that defines which clinics will continue to provide service via generator provided power, and where water resources should be directed. This statewide plan could build on the CMS mandated agreements that dialysis providers already have in place with hospitals and with each other.

On behalf of Liberty Dialysis Hawaii I want to thank the authors of this bill, and this committee, for their concern for all patients in the state of Hawaii who require life-sustaining dialysis services. We share your concern and believe strongly that a better outcome for all will be realized with a comprehensive statewide emergency plan for dialysis services.

Thank you for the opportunity to testify this afternoon.

Jane Gibbons
Executive Vice President
Liberty Dialysis Hawai'i

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 14, 2011 4:15 PM
To: HTHTestimony
Cc: dancercat3@hotmail.com
Subject: Testimony for SB1538 on 2/16/2011 2:45:00 PM

Testimony for HTH 2/16/2011 2:45:00 PM SB1538

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Kalei Jaramillo
Organization: Individual
Address:
Phone:
E-mail: dancercat3@hotmail.com
Submitted on: 2/14/2011

Comments:
I completely support this bill. We need Progress! Sincere thanks!