

SB 787



THE QUEEN'S MEDICAL CENTER

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Senator David Y. Ige, Chair
Senator Michelle Kidani, Vice Chair
COMMITTEE ON WAYS AND MEANS

February 24, 2011 – 9:00 a.m.
State Capitol, Conference Room 211

In Strong Support of SB 787 SD1, Relating to Health

Chair Ige, Vice Chair Kidani and Members of the Committee,

My name is Christina Donkervoet, Director of Care Coordination and Patient Flow at The Queen's Medical Center (QMC), testifying in strong support of SB 787 SD1, which adjusts the Medicaid reimbursement rates for waitlisted patients remaining in hospitals and develops sub-acute rates for complex patients being cared for in long-term care facilities.

We have testified on this bill in previous years, and again submit testimony in strong support. QMC continues to be greatly impacted by the limited community resources available to serve people in need of long-term care. There are many patients who remain at Queen's well beyond their acute inpatient medical stay, but who are unable to be discharged because the necessary community resources are not available. Prolonged stays at an acute care facility after the patient no longer needs hospitalization can result in a less than optimal quality of life for the patient and creates a serious financial drain on the hospital. The Medicaid reimbursement for these patients is at a rate that is twenty to thirty per cent of the actual cost of acute care hospitalization. The total loss to Hawaii hospitals in 2008 was estimated at over \$72 million.

Our Emergency Department, the busiest in the State, is sometimes forced to go on divert status because we simply do not have the bed capacity to admit patients needing hospitalization. We are often unable to accept patient transfers from hospitals across the state and the Pacific due to patients remaining in hospital beds waiting for long-term care services. This inability to admit acutely ill patients impacts not only QMC, but the health care system state-wide.

QMC understands the challenges of coordinating services between hospitals and long-term care facilities and will continue to work with state agencies and community facilities and programs to ensure access to quality care at the appropriate level for our patients. Thank you for the opportunity to support SB 787 SD1.



HAWAII DISABILITY RIGHTS CENTER

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THE SENATE THE TWENTY-SIXTH LEGISLATURE REGULAR SESSION OF 2011

Committee on Ways and Means Testimony in Support of S.B. 787, SD1 Relating to Health

**Thursday, February 24, 2011, 9:00 A.M.
Conference Room 211**

Chair Ige and Members of the Committee:

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

The purpose of the bill is to provide Medicaid rates to hospitals for patients who are waitlisted for community care homes at a level which will fairly compensate the hospitals for the fact that the patient's level of care has otherwise changed from acute to long term.

We support this bill because it offers potential to assist individuals awaiting placement in community settings. The legislature has seen many examples in the past few years of the long waitlist for community housing experienced by patients in acute facilities. In addition, a few years ago, briefings were provided by the Healthcare Association on the problems of placing "challenging" patients into community settings.

Regarding the payment to hospitals of long term care based reimbursement rates, we are certainly sympathetic to the economic plight faced by the hospitals who are not receiving adequate reimbursement for these patients who really do not need to even be in the hospital after a point. They are often torn between the financial realities they face and the general ethic they do possess which directs them to want to treat and care for

these individuals. Any assistance the legislature can render will not only help these facilities; it will also make it more likely that these patients will continue to receive adequate care while they are developing an appropriate community placement discharge plan. It will alleviate the pressure hospitals may feel to attempt a premature, potentially inappropriate discharge.

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