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GOVERNOR

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TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE  
Regular Session of 2011

Friday, January 28, 2011  
9:30 a.m.

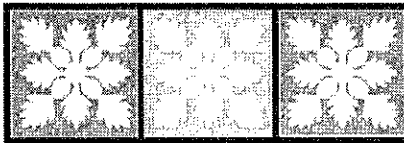
**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON HOUSE BILL NO. 512 – RELATING TO PALLIATIVE CARE.**

TO THE HONORABLE RYAN I. YAMANE, 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 takes no position on this bill which creates a mandated benefit for palliative care. Mandated benefits help some people, but impose costs on other people. We believe this trade off is best left to the wisdom of the Legislature.

We thank this Committee for the opportunity to present testimony on this matter.



## Hawaii Association of Health Plans

January 28, 2011

The Honorable Ryan Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Health

**Re: HB 512 – Relating to Palliative Care**

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

My name is Howard Lee and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of eight (8) member organizations:

AlohaCare  
Hawaii Medical Assurance Association  
HMSA  
Hawaii-Western Management Group, Inc.

Kaiser Permanente  
MDX Hawai‘i  
University Health Alliance  
UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to testify on HB 512 which would expand the scope of palliative care coverage health plans must provide. While HAHP supports and encourages members truly in need of palliative care to seek it, we have some concerns regarding what would seemingly expand the use of this benefit beyond its intended scope.

Currently palliative care is made available to individuals approaching end of life who are not yet ready for hospice care. The definition included in this measure would expand those eligible to receive palliative care to anyone with a “chronic or serious medical condition”. This expanded definition would extremely broaden the scope of palliative care services to the extent that the likelihood of abuse would be great.

In addition the measure lists the types of services which could be included within the scope of palliative care including the services which may not be a covered benefit of most health plans, such as those provided by massage therapists. Perhaps rather than mandating the type of care which must be provided to those making end-of-life decisions, focus should be

- AlohaCare • HMAA • HMSA • HWMG • Kaiser Permanente • MDX Hawaii • UHA • UnitedHealthcare •  
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813  
[www.hahp.org](http://www.hahp.org)

shifted to encourage increased education and outreach on this valuable service. For most plans, there are generally only a small number of members actually taking advantage of the current palliative care services being offered.

Due to our concerns with this measure, we would respectfully request the Committee see fit to hold it at this time.

Thank you for the opportunity to offer comments today.

Sincerely,

A handwritten signature in black ink that reads "Howard Lee". The signature is written in a cursive style with a large, sweeping "H" and "L".

Howard Lee  
President



HOUSE COMMITTEE ON HEALTH  
Rep. Ryan Yamane, Chair

Conference Room 329  
Jan. 28, 2011 at 9:30 a.m.

**Supporting the intent of HB 512.**

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 the intent of HB 512, which requires health plans to provide coverage for palliative care.

The Healthcare Association fully recognizes the benefits of palliative care and encourages its expansion throughout the state. In recent years, insurers, providers, and palliative care advocates such as St. Francis Health Systems and Kokua Mau have been working together to improve access to palliative care. Today, palliative care is available in many more health care settings, and there is much more insurance coverage for it.

It is estimated that hospice usage has doubled in 10 years, and today nearly one-third of all people who die have received hospice care before their deaths. The John A. Burns School of Medicine now requires its students to take a course in palliative care, and student nurses routinely do community rotations through hospice providers.

The Healthcare Association supports the continued collaboration to expand palliative care. However, we feel that a law that mandates insurance coverage is not needed at this time. Instead, we suggest a resolution that recognizes progress that has been made in recent years and encourages continued collaboration and the continued expansion of palliative care.

Thank you for this opportunity to testify on HB 512.

**morikawa2 - Grant**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, January 27, 2011 6:06 AM  
**To:** HLTtestimony  
**Cc:** joslynt001@hawaii.rr.com  
**Subject:** Testimony for HB484 on 1/28/2011 9:30:00 AM

Testimony for HLT 1/28/2011 9:30:00 AM HB484

Conference room: 329  
Testifier position: support  
Testifier will be present: Yes  
Submitted by: Thomas H Joslyn  
Organization: Hawaii Association of Nurse Anesthetists (HANA)  
Address: 226 Kuuhoa Place Kailua, Hi  
Phone: 808 261 0069  
E-mail: [joslynt001@hawaii.rr.com](mailto:joslynt001@hawaii.rr.com)  
Submitted on: 1/27/2011

**Comments:**

HANA is writing to encourage the members of the house to support this bill. APRN's in the state of Hawaii should be allowed to practice to the full extent of their training. Hawaii employers should allow APRN's to practice at their full potential. In the health care environment today, patients should be allowed full access to primary care provides. The recent revised Hawaii Statue 453 is based on APRN's practicing independently and to their full scope of practice. Please support this bill. Thank you. Thomas H Joslyn

# HMSA



An independent licensee of the Blue Cross and Blue Shield Association

January 27, 2011

The Honorable Ryan Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Health

**Re: HB 512 – Relating to Palliative Care**

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 512 which would mandate health plans provide expanded coverage for palliative care. HMSA has concerns with this legislation.

HMSA already provides for palliative care as a benefit for our members. Through case management we educate members on benefits and utilization of benefits to support palliative or comfort care. We have palliative care providers, and we pay for services provided just like any other office visit consultation or evaluation. We believe this Bill is unnecessary.

In addition, however, we believe enactment of this measure will confuse ongoing efforts to implement the mandates of the federal Affordable Care Act (ACA). This Legislature has before it Bills to establish a health exchange, the entity through which individuals will shop for their health plans. And, since the Legislature must create the exchange, you will have a role in outlining the scope of the exchange and the degree to which health benefits are offered, as long as federal requirements are met. It would be imprudent for the Legislature to mandate benefit changes on a piece meal basis given the major task it has before it.

We all want our family members to have the best and most humane medical treatment. However, we also have a responsibility to provide that in a way that does not jeopardize our ability to offer other much needed health services to others in the community. We hope that the State's implementation of the ACA will help provide that equity in health care delivery in Hawaii. And, we recommend that HB 512 be deferred to ensure actions are not taken that may confuse efforts to appropriately implement the ACA.

Sincerely,

Mark K. Oto  
Director  
Government Relations



*The Official Sponsor of Birthdays*

January 26, 2011

Committee on Health  
Representative Ryan Yamane, Chair  
Representative Dee Morikawa, Vice Chair

**Hearing:**

January 28, 2011, 9:30 a.m.  
Hawaii State Capitol, Conference Rm. 329

**RE: HB 512 – Relating to Palliative Care**

**Testimony in Strong Support**

Chair Yamane, Vice Chair Morikawa and members of the Committee on Health, my name is George Massengale. I am the Director of Government Relations for the American Cancer Society Hawaii Pacific Inc. Thank you for the opportunity to offer this testimony and comments in strong support of HB 512 which would require health insurance carriers to provide coverage for palliative care.

For over 60 years, the American Cancer Society in Hawaii has been leading the fight against cancer in Hawaii. Although we have made much progress in saving lives through early detection and new cutting edge treatments as a result of on going research, the reality is we don't win them all.

Palliative care is an essential part of cancer care and can be provided relatively simply and inexpensively. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources. For cancer patients, palliative care improves the quality of life for them and their families by providing pain and symptom relief, and spiritual and psychosocial support. Palliative care provides the following:

- relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;

- will enhance the quality of life, and may also positively influence the course of illness; and
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

I would like take a moment to elaborate more on the first point – relief from pain. The American Cancer Society strongly believes that no one should suffer from undue and unbearable pain. Palliative care addresses this issue by ensuring that patients who have pain are identified early and treated appropriately and effectively.

Finally, palliative care helps patients transition from curative treatment to end-of-life care. The palliative care teams can help patients and their loved ones prepare for physical changes that may occur near the end of life and how to best address symptom management for that stage of care. The team can also help patients cope with the different thoughts and emotional issues that arise, such as worries about leaving loved ones behind, reflections about their legacy and relationships, or reaching closure with their life. In addition, palliative care can support family members and loved ones emotionally and with issues such as when to withdraw cancer therapy, grief counseling, and transition to hospice.

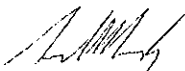
We believe that providing health insurance coverage for palliative care will greatly improve the care for cancer patients with a menu of comprehensive options including licensed providers such as social workers, nutritionist, physical therapist, respiratory therapist, psychologist, as well as others.

The passage of this bill will also help alleviate financial worries that many cancer patients have. It is well documented that the burden of out-of-pocket and total expenditures is heaviest for cancer patients compared to individuals without cancer. Many of our cancer patients in Hawaii are low-income, elderly, uninsured or underinsured.

We urge you to pass HB 512 which will provide much needed services and comfort for the 6,700 cancer patients in Hawaii who die each year.

Thank you for the opportunity to offer this testimony here today.

Respectfully,



George S. Massengale, JD  
Director of Government Relations



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**morikawa2 - Grant**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, January 27, 2011 2:30 PM  
**To:** HLTtestimony  
**Cc:** jyadao@stfrancishawaii.org  
**Subject:** Testimony for HB512 on 1/28/2011 9:30:00 AM

Testimony for HLT 1/28/2011 9:30:00 AM HB512

Conference room: 329  
Testifier position: comments only  
Testifier will be present: Yes  
Submitted by: Joy Yadao  
Organization: St Francis Healthcare System of Hawaii  
Address: 2226 Liliha St, suite 227 Honolulu, HI  
Phone: 808-547-8156  
E-mail: [jyadao@stfrancishawaii.org](mailto:jyadao@stfrancishawaii.org)  
Submitted on: 1/27/2011

Comments:  
Will provide written comments at hearing.

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**morikawa2 - Grant**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, January 26, 2011 11:38 AM  
**To:** HLTtestimony  
**Cc:** manis@lava.net  
**Subject:** Testimony for HB512 on 1/28/2011 9:30:00 AM

Testimony for HLT 1/28/2011 9:30:00 AM HB512

Conference room: 329  
Testifier position: support  
Testifier will be present: No  
Submitted by: Laura Manis  
Organization: Individual  
Address: 1350 Ala Moana Blvd Hoolulu HI  
Phone: 808-597-8838  
E-mail: [manis@lava.net](mailto:manis@lava.net)  
Submitted on: 1/26/2011

**Comments:**

I am testifying as a caregiver caring for my 93 year old Husband showing signs of dementia and caught in the morass of decisions making for our future. We have supplemental insurance, Blue Cross Blue Shield of Michigan which does not cover the kind of service we need that is provided now by St. Francis Hospice. I understand that St. Francis is now absorbing the cost, but also realize that this wont continue forever. I believe this help will delay having to use higher cost treatment and facilities at a savings both to me and eventually the state. Please pass this bill.