

Testimony to the
Senate Committee on Health

March 18, 2011, 3:00 pm
Room 229, Hawaii State Capitol

House Bill 608, HD3 – Relating to Health

Good afternoon Chair Green, Vice Chair Nishihara and members of the Senate Health Committee. My name is Marilyn A. Matsunaga and I am submitting testimony in **STRONG SUPPORT** of HB 608, HD3 with **one request**.

I am testifying in strongest support of this measure for a very personal reason – my Dad was on the kidney transplant list. He was one of many hoping for the lifesaving miracle of a kidney transplant. Sadly, he died waiting on the list. My family and I clearly remember what his being on the list meant to all of us. We saw and felt what having a transplant center in Hawaii meant to so many families with loved ones waiting for a transplant.

There is just one portion of the bill that I hope you will ponder further -- it is Section 2 where language was amended to now require a dollar-to-dollar match of private funds before public funds can be encumbered. It is so speculative to shift the responsibility for this vital resource from the legislature's purview onto the shoulders of unknown others.

The organ transplant center is a vital community resource and I believe each of us in Hawaii would gladly have about \$2.20 of the taxes we have already paid to secure Hawaii's continued ability to have an organ transplant center. It just takes about \$2.20 each to generate the \$3 million needed to maintain this community resource which saves lives.

The people of Hawaii are fortunate to have a CMS certified organ transplant center for kidney and liver transplants. This means that we meet national standards and criteria to qualify for this well-earned certification.

We are fortunate to have this vital health care resource in our state and it is one that we must protect. We live in one of the most remote places in the world. Hawaii has one of the highest prevalence rates of chronic kidney failure in the United States. Our Native Hawaiian, Filipino and Japanese ethnicities are especially at risk for the disease factors leading to kidney failure. We have a unique population profile not found anywhere else in the nation and our approaches to managing the risk factors leading to kidney failure along with the care needed in case of kidney transplant are valuable additions to the nation's medical knowledge base which contributes to more effective care for everyone.

This support is humbly offered at this time of economic struggles. There are very few services that are so black and white – life and death – in its outcomes as kidney failure, treatment and transplant. I hope that our public funds can maintain Hawaii's ability to have this life saving health care resource in our state.

Thank you for your kind attention to my testimony.