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**SENATE COMMITTEE ON HEALTH**  
**Senator Josh Green, MD, Chair**  
**Senator Clarence K. Nishihara, Vice Chair**

**February 10, 2012**  
**2:45 p.m. Room 229**

**Comments on SB 2085**  
**Relating to the Hawaii Health Insurance Exchange**

**Presented by Beth Giesting, Healthcare Transformation Coordinator**

Chair Green, Vice-Chair Nishihara, members of the Committee on Health, the Office of the Governor has comments on Senate Bill 2085, Relating to the Hawaii Health Insurance Exchange, as follows:

Regarding the definition of "Consumer":

We greatly appreciate the intent to increase the voice of consumers in policy-making for the Hawaii Insurance Connector. If we are concerned about representation by people who use this exchange we suggest the proposed definition (Section 2, page 2, lines 1 – 3) might be changed to:

"Consumer" means a person who, after January 1, 2014, receives health care benefits through the Hawaii health insurance exchange or a parent or guardian whose dependents receive health care benefits through the Hawaii health insurance exchange. Until the Hawaii health insurance exchange is operational on January 1, 2014, a "consumer" representative may be more broadly construed to be a person likely to use the exchange to obtain health insurance or a representative of an organization whose mission includes work on behalf of the medically underserved."

We also note and support the specific inclusion of "employers" in Section 4, which is another important constituency for the insurance exchange.

Regarding Section 4 (b) on the composition of the board:

- We appreciate and support the interest in increasing the participation of consumers and ensuring that all islands are represented on the board.
- We have concerns about the real or perceived conflict of interest in having health insurers and dental benefit providers sit on the policy-making board. At the same time, we value the contributions that these insurers have made so far in the development of the Hawaii Insurance Connector. It could be truly said that we could not have brought the Connector to its current state without the considerable expertise and time contributed by the insurers who serve on its board.
- As you know, Act 205 required the Governor to offer nominations by February 1<sup>st</sup>. Should this bill be passed, there would need to be a process articulated for replacing some of the board members expected to be confirmed this session with nominees who meet new criteria.

Regarding offering the Basic Health Plan. The State is exploring the positives and negatives for beneficiaries, providers, and the State related to developing a "Basic Health Plan" for people with incomes between 133 and 200% of poverty. During a recent meeting with the federal agency regulating these programs we learned that they have not developed guidance for the Basic Health Plan. Consequently, we would appreciate more time to work on this issue with the Committee and other interested parties. I believe the insurance exchange would be the vehicle for enrollment in such a plan, should it be offered, but will also ascertain that assumption.

Thank you for the opportunity to offer our comments.



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

Friday, February 10, 2012

To: The Honorable Joshua B. Green, M.D.  
Chair, Senate Committee on Health

From: 'Ohana Health Plan

Re: Senate Bill 2085-Relating to the Hawaii Health Insurance Exchange

Hearing: Friday, February 10, 2012, 2:45 p.m.  
Hawai'i State Capitol, Room 229

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Ohana Health Plan is managed by a local team of experienced health 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 2.4 million Medicaid and Medicare members nationwide. 'Ohana has been able to take WellCare's national experience and that of our local team to develop an 'Ohana care model that addresses local members' health care, long-term care and care coordination needs.

We appreciate this opportunity to testify in support of Senate Bill 2085-Relating to the Hawaii Health Information Exchange. Our comments of support will be limited to the establishment of a Basic Health Plan (BHP) option at this point in time.

We strongly support the adoption of a Basic Health Plan option (BHP). We believe that a BHP offers a high-quality, cost-effective mechanism for providing health coverage for low-income populations. Individuals and families under 200% of poverty frequently change jobs and often experience fluctuations in income. In the past, this meant that they churned, or moved back and forth, between public coverage like Medicaid and CHIP and uninsured status. Since BHP health plans can and should be designed to coordinate seamlessly with Medicaid and CHIP - using the same providers, rate schedules and health plans - BHP enrollees will be able to obtain uninterrupted care even if their source of coverage changes.

We recommend that Hawaii's BHP leverage its existing robust QUEST, QxEA and CHIP health plan community in order to allow families in which parents and children are eligible for varying affordability programs to maintain coverage in the same plan, rather than having parents and children divided between various coverage sources.

We recommend that the QUEST and QxEA plans be automatically deemed as approved BHP plans. Medicaid plans have significant experience serving low-income populations and contracting with essential community providers. Medicaid managed care plans are already subject to stringent licensing and certification processes that far exceed the minimum requirements set out in the Affordable Care Act to participate as a BHP provider. Automatic deeming of QUEST plans will reduce the administrative burden on the state and facilitate rapid implementation. To further simplify BHP implementation, we recommend that Hawaii establish a BHP by amending existing Quest, QxEA and CHIP managed care contracts. Building upon these existing infrastructures, BHP becomes a "turnkey" start-up, thus reducing administrative costs and improving seamless coordination with other programs.

Thank you for the opportunity to provide these comments.



TO: The Honorable Senator Josh Green MD, Chair  
The Honorable Senator Clarence K. Nishihara, Vice Chair

FROM: Sheila Beckham, RD, MPH  
CEO  
Waikiki Health Center

DATE: February 7, 2012

RE: SB2085 Relating to Hawaii Health Insurance Exchange

On behalf of Waikiki Health Center, I would like to urge your support for increasing consumer representation for the Hawaii Health Insurance Exchange. The Department of Health and Human Resources in their draft rules recommends that a majority of consumers govern health insurance exchange boards and recommends that health plans do not directly sit on the insurance exchange board.

The intent of the insurance exchanges, according to the Affordable Care Act of 2010, was to make health insurance available to all segments of society, increasing the number of insured individuals across the United States that receive medical insurance coverage. Establishing a structure that is developed by consumers will strengthen the system and ensure that it is developed to meet the most basic needs of those without adequate insurance coverage.

Additionally we are advocating for a basic health plan that supports the needs of those with incomes between 134 and 200% of poverty level.

Thank you for your time and we look forward to your support.

**HDS**  
Hawaii Dental Service

February 7, 2012

The Honorable Josh Green, M.D., Chair  
Hawaii State Senate  
Senate Committee on Health

Re: SB 2085 - Relating to the Hawaii Health Insurance Exchange

Dear Chair Green and Members of the Committee:

HDS submits this testimony in opposition to SB 2085 – Relating to the Hawaii Health Insurance Exchange.

The Affordable Care Act requires each state to establish by 2014 a health insurance exchange where individuals and small businesses can purchase affordable health insurance plans. Last year Hawaii passed legislation to establish an insurance exchange and provided for a governing board comprised of stakeholders statewide. It is important to engage all stakeholders, including representatives of health plans, providers and health facilities, employers, patient advocates and consumers, so as to develop a process for Hawaii that provides our citizens with the best options for health insurance, both inside and outside our state-based exchange.

Improving the oral health of Hawaii residents is HDS's mission and standalone dental benefits are the overwhelming choice of Hawaii employers and consumers. Pediatric oral health benefits are part of the essential benefits package required to be offered on the state exchanges and it is important that Hawaii residents be offered a choice of affordable standalone dental plans as well as plans embedded within medical plans, with transparent pricing and user-friendly navigation.

HDS supports the existing governance structure for our state exchange and appreciates this opportunity to testify in opposition to SB 2085.

Sincerely,



Faye W. Kurren  
President and CEO



February 10, 2012  
1:30pm  
Conference Room 229

To: The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Senate Committee on Health

From: Paula Arcena, Director of Public Policy  
Robert Toyofuku, Government Affairs

Re: SB2085 Relating to the Hawaii Health Insurance Exchange

Thank you for the opportunity to testify.

AlohaCare supports the provision of SB2085 measure that allows the Hawaii Connector to make available the basic health plan as defined in the federal Affordable Care Act, among other qualified health and dental plans on or before January 1, 2014.

We are not taking a position on the provision of the bill that seeks to exclude insurers from the Hawaii Connector's board of directors.

The basic health plan provides an opportunity for the State of Hawaii to expand its health safety net. It would provide Medicaid health coverage for those with incomes from 133-200% of the federal poverty level. We believe a basic health plan would provide continuity of coverage for those who churn in and out of QUEST eligibility.

While the state has not yet decided whether it will adopt a basic health plan, we believe merits inclusion in the Hawaii Connector's scope, should the state decided to implement it.

AlohaCare is a non-profit, Hawaii based health plan founded in 1994 by Hawaii's community health centers to serve low-income families and medically vulnerable members of our community through government sponsored health insurance programs. We serve beneficiaries of Medicaid and Medicare on all islands.

Thank you for this opportunity to testify.

Testimony for HTH 2/10/2012 1:30:00 PM SB2085

Conference room: 229

Testifier position: Support

Testifier will be present: No

Submitted by: Monica Adams

Organization: Bay Clinic, Inc.

E-mail: [madams@bayclinic.org](mailto:madams@bayclinic.org)

Submitted on: 2/8/2012

Comments:

Bay Clinic, Inc. is a community health center serving 18,000 patients on Hawaii Island.

We strongly support SB 2085 and HB 2114 and hope you will too. We are an active participant of the Connector and support the work it must do. But, like you, we believe the Connector must be true to the basic function it was created for: to ensure a health care market that supports access to quality care and information for consumers and small businesses.

Thank you,  
Monica Adams



Moloka'i Community Health Center  
PO Box 2040  
Kaunakakai, HI 96748

Senate Committee on Health  
Senator Josh Green, M.D., Chair  
Senator Clarence K. Nishihara, Vice Chair

February 8, 2012

Aloha,

I am writing today to ask for your full support in the passage of SB 2085 in order to ensure that the equal and fair representation of the consumer is maintained throughout the establishment of health insurance exchanges.

It is important as we move forward as a State and a nation that our consumers remain an intricate player in all areas of decision making concerning implementation of quality and affordable health care programs to ensure their success.

I thank you in advance for all you do for our communities in the area of health care.

Respectfully,  
Jane Woolsey RN  
Quality Improvement & Performance Specialist

LĀNA'Ī COMMUNITY HEALTH CENTER

P. O. Box 630142  
Lāna'ī City, HI 96763-0142



Phone: 808-565-6919 x114  
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dshaw@lanaicommunityhealthcenter.org

*The Community is our Patient -- men, women, children, uninsured, insured!*

February 8, 2012

**Senate Committee on Health**

The Hon. Josh Green, Chair

The Hon. Clarence K. Nishihara, Vice Chair

**Testimony in Support of Senate Bill 2085  
Friday, February 10, 2012, 1:30 p.m., Room 229**

**Relating to Health**

**Submitted by Diana M. V. Shaw, PhD, MPH, MBA, FACMPE, Executive Director**

The Lana'ī Community Health Center (LCHC) provides services to residents on Lana'ī — the only FQHC on island, and the only provider serving the uninsured on Lana'ī — **strongly supports Senate Bill 2085**. We are an active participant, through our support of HPCA, of the Connector and support the work it must do. But, we believe the Connector must be true to the basic function it was created for: to ensure a health care market that supports access to quality care and information for consumers and small businesses.

*E Ola nō Lāna'ī*

LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī

**Hawaii Health Connector**

P.O. Box 3767  
Honolulu, HI 96812

COMMITTEE ON HEALTH  
February 10, 2012 1:30 p.m.  
State Capitol, Conference Room 229  
Senator Josh Green, Chair  
Senator Clarence Nishihara, Vice-Chair

**Comments Provided in Response to SB 2085**

Chair Green, Vice-Chair Nishihara and Members of the Committee,

My name is Coral Andrews, Executive Director of the Hawaii Health Connector. Thank you for the opportunity to provide comments in response to SB 2085. The Hawaii Health Connector, as you are aware, was established during the 2011 State Legislative Session as SB 1348 SD2 HD3 CD1 and subsequently signed into law on July 8, 2011 as Act 205. The Connector is governed by an interim Board that was established by Act 205 and I have been serving as the Executive Director since December 5, 2011.

Since the establishment of the interim Board, its priority was to seek Level 1 exchange establishment funding via a grant application to the Department of Health and Human Services' and to do so before the published deadline (September 2011). Their efforts subsequently resulted in a \$14.4M award to DCCA in November 2011. Prior to that, Hawaii had received a \$1M planning grant to support planning activities. These funding sources contribute to the overall planning and establishment activities of the Connector.

For today's hearing, I will focus my comments on the three provisions included in SB 2085:

**Basic Health Plan:** The Interim Board has acknowledged during their meetings that the Affordable Care Act includes a provision that allows states the opportunity to establish a Basic Health Plan (BHP). In addition, they have discussed the possibility of utilizing planning grant monies to research the pros/cons of establishing a BHP in Hawaii. The Urban Institute published a report in September 2011 entitled "Using the Basic Health Program to Make Coverage More Affordable to Low-Income Households: A Promising Approach for Many States". This study serves as one example of research and analysis that was conducted to evaluate the BHP option. The report provides a methodology that could be useful to Hawaii in completing an analysis of the pros/cons of implementing a BHP in Hawaii. The key factor that states need to assess is whether or not the implementation of the BHP will reduce the size of the exchange volume/utilization. As a result of the interplay between the exchange and the State's option to elect a BHP, it is important that more discussion and research occur to facilitate decision making among and between the Connector Board and the State. We

need to better understand what impact the establishment of a BHP will have on the individual and small group markets served by the insurance exchange.

**Funding BHP:** SB 2085 includes language that tasks the Hawaii Health Connector with the implementation of a BHP alongside other qualified health plans offered through the Exchange. I sought technical assistance from HHS/CCIIO to clarify whether or not this provision in SB 2085 was consistent with the ACA and if it was authorized given our federal funding sources. Below is the Question and Answer included in the technical assistance guidance under the topic of Basic Health Program Funding:

Question: Under what circumstances may Exchange planning grant dollars or the Exchange establishment grant dollars be used by a State exploring or establishing a Basic Health Program under section 1331 of the Affordable Care Act?

Answer:

Planning grants: Planning grant funds may be used to support research and explore health insurance coverage options permitted under the Affordable Care Act, including the option of a Basic Health Program.

Establishment grants: Establishment grant funds may be used for Exchange establishment activities that would coordinate or overlap with activities undertaken pursuant to the establishment of an optional Basic Health Program. For example, a call center may provide consumer information on a range of coverage options including the Basic Health Program, and could therefore be funded through Establishment grant funds. However, funding under the Establishment grants cannot be used to support operations of the Basic Health Program or to investigate the feasibility of the Basic Health Program.

Other funding sources: States electing to establish a Basic Health Program may opt to fund the Basic Health Program through user fees or other State funding.

Additionally, the Notice of Grant Award in the Level 1 establishment funding to Hawaii outlines under #12, page 6 of the award the following: "Basic Health Program. Exchange Establishment Cooperative Agreement Funds cannot be used by the state for the purpose of applying for a waiver of the Exchange requirements. To the extent that there are Exchange establishment activities that would need to be coordinated with or overlap with activities undertaken pursuant to sections 1331 and 1332 (ACA), Establishment Cooperative Agreement funding could be available for those activities. However, funding under the Establishment Cooperative Agreements may not be used solely for waiver activities, the Basic Health Program or investigation of the feasibility of those options." This language further reinforces the information included in the technical assistance Q&A provided above.

The proposed language in SB 2085 pertaining to the Connector's responsibilities for BHP exceeds what is authorized by the federal government. Therefore, we cannot support this provision in the bill.

**Proposed changes to the Board composition:** Below is the federal proposed guidance re: health plan participation on Exchange Boards. Under the Proposed Rule on Exchange Implementation, insurers can be on the governing board as long as they don't make up the majority of the membership and they must meet ethics and conflict of interest standards set by the board and disclose any financial interests. The Interim Board composition appears to comply with the intent of the proposed federal regulation on this topic.

Proposed Rule Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans

adding 45 CFR § 155

76 FR 41913 (July 15, 2011)

SUBTITLE A—DEPARTMENT OF HEALTH AND HUMAN SERVICES

SUBCHAPTER B—REQUIREMENTS RELATING TO HEALTH CARE ACCESS

PART 155—EXCHANGE ESTABLISHMENT STANDARDS AND OTHER RELATED STANDARDS UNDER THE AFFORDABLE CARE ACT

Subpart B—General Standards Related to the Establishment of an Exchange by a State

§ 155.110 Entities eligible to carry out Exchange functions.

(c) Governing board structure. If the Exchange is an independent State agency or a non-profit entity established by the State, the State must ensure that the Exchange has in place a clearly- defined governing board that:

(1) Is administered under a formal, publicly-adopted operating charter or by-laws; .

(2) Holds regular public governing board meetings that are announced in advance;

(3) Represents consumer interests by ensuring that overall governing board membership is not made up of a majority of voting representatives with a conflict of interest, including representatives of health insurance issuers or agents or brokers, or any other individual licensed to sell health insurance; and

(4) Ensures that a majority of the voting members on its governing board have relevant experience in health benefits administration, health care finance, health plan purchasing, health care delivery system administration, public health, or health policy issues related to the small group and individual markets and the uninsured.

(d) Governance principles.

(1) The Exchange must have in place and make publicly available a set of guiding governance principles that include ethics, conflict of interest standards, accountability and transparency standards, and disclosure of financial interest.

(2) The Exchange must implement procedures for disclosure of financial interests by members of the Exchange board or governance structure.

**Definition of Consumer:** the definition of consumer as proposed in SB 2085 is more restrictive than the anticipated consumer population that would be accessing the Connector's web portal. I recommend that the definition of consumer be left broad and that it reflect an individual who receives benefits through the health insurance exchange. This is more consistent with the conceptual design of the exchange.

Thank you for the opportunity to provide comments on SB 2085.



**AlohaCare**

For a healthy Hawaii.

February 10, 2012  
1:30pm  
Conference Room 229

To: The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Senate Committee on Health

From: Paula Arcena, Director of Public Policy  
Robert Toyofuku, Government Affairs

Re: SB2085 Relating to the Hawaii Health Insurance Exchange

Thank you for the opportunity to testify.

AlohaCare supports the provision of SB2085 that allows the Hawaii Connector to make available the basic health plan as defined in the federal Affordable Care Act, among other qualified health and dental plans on or before January 1, 2014.

We are not taking a position on the provision of the bill that seeks to exclude insurers from the Hawaii Connector's board of directors.

The basic health plan provides an opportunity for the State of Hawaii to expand its health safety net. It would provide coverage similar to Medicaid, with a significant federal subsidy, for those with incomes from 133-200% of the federal poverty level. Although the final details of the program have not been released, in concept the basic health plan would provide continuity of coverage for those who churn in and out of QUEST eligibility and ensure health protection for those who cannot afford to buy coverage on the Connector

If the state decides to offer the Basic Health Plan, it should be included on the Hawaii Connector as an option for those who might qualify.

AlohaCare is a non-profit, Hawaii based health plan founded in 1994 by Hawaii's community health centers to serve low-income families and medically vulnerable members of our community through government sponsored health insurance programs. We serve beneficiaries of Medicaid and Medicare on all islands.

Thank you for this opportunity to testify.

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 10, 2012

The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K. Nishihara, Vice Chair

Senate Committee on Health

**Re: SB 2085 – Relating to Hawaii Health Insurance Exchange**

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2085, Relating to the Hawaii Health Insurance Exchange. HMSA opposes this Bill as drafted.

Act 205, SLH 2011, establishes the nonprofit Hawaii Health Connector (Connector) as the State's health insurance exchange, in compliance with the federal Affordable Care Act (ACA). SB 2085 eliminates plan representation on the Connector's Board of Directors (Board) - an action that will be detrimental to the State's success in meeting the ACA's mandate of having a fully operational health insurance exchange by January 1, 2014. States are required to submit their exchange plans to the federal government for review later this year so they may be approved by January 1, 2013, and executed by the 2014 deadline.

The current statute provides for the 15-member, Governor appointed, Senate confirmed, Board to be effective July 1, 2012. The statute also, specifies that, in addition to four State Cabinet representatives, the Board's membership "shall reflect geographic diversity and the diverse interests of stakeholders including consumer, employers, insurers, and dental benefit providers." (Emphasis added.)

The current statute also created an Interim Board that includes members from three plans. The Interim Board has been actively working since August, hiring an Executive Director, retaining legal counsel, and initiating the solicitation for proposals for an information technology consultant. The Interim Board participated with the State in drafting the recently approved \$14.4 million federal Level 1 Establishment Grant. And, the Interim Board has begun developing policy recommendations for the Legislature, and the initial set of recommendations are reflected in SB 2434, which has been scheduled for consideration jointly by three Senate committees, including this Committee.

The current statute diminishes the potential for conflicts of interest by members of the Board by mandating the Insurance Commissioner, and not the Connector, to be responsible for determining eligibility for insurers and plans to participate in the exchange. Additionally, the Interim Board already has adopted policies governing conflicts of interests, as well as procurement policies. And, the statute also provides for the State Auditor to submit an annual audit of the Connector to the Insurance Commissioner, who is to transmit those reports to the Legislature.

Given the time and effort that has already been expended in establishing the Connector, and given the extremely tight timeline facing the Connector and the State to meet the federal deadlines, it would make sense for the current Interim Board to continue as members of the permanent Board. The Governor has already acknowledged this, and recently transmitted to the Senate (GM No. 681 through and including GM No. 816) his nominees to the Board. For the most



part, that list includes the names of the same individuals who are serving on the Interim Board, including representatives of health plans.

In summary, eliminating plans from membership on the Board absolutely does not make sense:

- (1) The current statute and policies of the Connector address the potential for conflicts of interest.
- (2) The Insurance Commissioner will determine eligibility for plans to participate in the Connector.
- (3) The State Auditor will report annually to the Insurance Commissioner and her report will be transmitted to the Legislature.
- (4) Creating a state exchange is molding a new health insurance marketplace. That demands participation by the plans.
- (5) The mandated deadlines require the Connector to submit its proposed plan of operation to the Department of Health and Human Services by the fall of 2012 – this year. Disrupting the composition of the Board jeopardizes the Connector's ability to succeed.
- (6) The Connector has submitted to the Legislature recommended changes to current statute (SB 2434). We request any additional amendments to the Connector statute be considered along with the Connector's recommendations.
- (7) While this Bill, SB 2085, is being considered, the Governor has already transmitted to the Senate his nominees to the Board, including current members of the Interim Board.

Thank you for the opportunity to testify today. We ask that the provision eliminating plan membership on the Connector Board be struck from the legislation.

Sincerely,



Jennifer Diesman  
Vice President  
Government Relations



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

Conference Room 229  
February 10, 2012 at 1:30 p.m.

**Commenting on SB 2085: Relating to the Hawaii Health Insurance Exchange.**

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. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 40,000 people. Thank you for this opportunity to comment on SB 2085, which restructures the representation on the Board of Directors of the Hawaii Health Connector.

The Hawaii Health Connector will perform a critical role in health care reform that is being driven by the federal Affordable Care Act (ACA). An interim board was established by Act 205, SLH 2011, to recommend policies and procedures to define and operate the Hawaii Health Connector. The Act specifies the membership of the interim board, as follows:

- (1) Three members representing health or dental insurance plans that provide insurance throughout the State;
- (2) One member representing a health care provider group that is located on a neighbor island and that employs a wide range of licensed health care providers including physicians, nurse practitioners, nurses, and physician assistants;
- (3) One representative of a hospital trade association;
- (4) One representative of an organization that represents health care consumers;
- (5) One representative from a labor-management committee organization;
- (6) One representative of a native Hawaiian health care organization;
- (7) One representative of an organization representing federally qualified health care centers;
- (8) One representative of an organization representing businesses or employers;
- (9) One representative of a health information exchange;
- (10) The director of health or the director's designee;
- (11) The director of human services or the director's designee;
- (12) The director of labor and industrial relations or the director's designee; and
- (13) The director of commerce and consumer affairs or the director's designee.

This interim board is broadly representative of the relevant interest groups in Hawaii, and it has worked well to establish the parameters for the operation of the Hawaii Health Connector. From the perspective of the Healthcare Association of Hawaii, we represent hospitals, long term care facilities, home care, hospice and durable medical goods providers. As such, we also represent the patients served by these organizations. These patients include employees of Hawaii businesses, self-employed people, and the unemployed; they include insured and uninsured people; they include native Hawaiians and immigrants. Many are likely to use the Hawaii Health Connector to access insurance coverage. As such, we support maintaining the interim membership categories, although there may be a need to add an additional consumer voice to the board.

Thank you for the opportunity to comment on SB 2085.

Testimony for HTH 2/10/2012 2:45:00 PM SB2085

Conference room: 229

Testifier position: Support

Testifier will be present: No

Submitted by: Brenda Kosky

Organization: Individual

E-mail: [Brenda.Kosky@gmail.com](mailto:Brenda.Kosky@gmail.com)

Submitted on: 2/5/2012

Comments:

Testimony for HTH 2/10/2012 1:30:00 PM SB2085

Conference room: 229

Testifier position: Support

Testifier will be present: No

Submitted by: Francine Dudoit-Tagupa

Organization: Individual

E-mail: [fdudoit@waikikihc.org](mailto:fdudoit@waikikihc.org)

Submitted on: 2/8/2012

Comments:

SB 2085

I am strongly supporting consumer representation in the health insurance exchange board includes geographic diversity consisting of representation from all islands. I think it is also important to removes health plans from the board and requires the health insurance exchange to offer a basic health plan.