

**SB 788**

Testimony of  
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Before:  
Senate Committee on Ways and Means  
The Honorable David Y. Ige, Chair  
The Honorable Michelle Kidani, Vice Chair

February 25, 2011  
9:00 am  
Conference Room 211

**Re: SB 788, SD1 Relating to Health**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB 788, SD1 creating a presumptive eligibility for Medicaid eligible waitlisted patients.

**Kaiser Permanente Hawaii supports this bill.**

It has been reported that Hawaii hospitals have lost millions of dollars due to delays in discharging patients waitlisted for long term care. According to a report to the legislature by the Healthcare Association of Hawaii, the Medicaid eligibility and re-eligibility application process in Hawaii is unable to handle the current volume.

Duration of these delays has ranged between several days to several months, and in some cases even more than a year. Contributing to these delays in many cases was the lengthy application, review and approval process for Medicaid eligibility for waitlisted patients. Furthermore, each day that a waitlisted patient remains in an acute care hospital bed is another day that a bed is not available for an acute care patient in need of that bed.

Some, if not much, of this delay could be shortened by the presumptive eligibility measures proposed in this bill. For this reason, Kaiser Permanente Hawaii supports this bill.

Thank you for the opportunity to comment.



# 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 25, 2011 – 9:00 a.m.  
State Capitol, Conference Room 211

## **In Strong Support of SB 788 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 788 SD1, which creates presumptive Medicaid eligibility for waitlisted patients.

We have testified on this bill in previous years, and again submit testimony in strong support this year, because 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. These patients may remain at Queen's for a matter of days, weeks, or months and in some cases over a year pending the arrangement of needed community services.

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.

A presumptive eligibility process will remove one of the barriers hospitals face when trying to discharge patients to long term facilities. We respectfully ask that you consider development of a presumptive eligibility process to ease some of the burden that is placed on hospitals due to the limitations in our State Medicaid eligibility process.

Thank you for the opportunity to testify.