

House Committee on Finance Rep. Sylvia Luke, Chair Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

> Tuesday, April 1, 2014 Conference Room 308 2:00 p.m. Hawaii State Capitol

Testimony Strongly Supporting Senate Bill 3064, SD2, HD1 Relating to Hawaii Health Systems Corporation. Allows for the transition of the Hawaii Health Systems Corporation or one or more regional systems, to a new healthcare management system organized under the laws of the State as a nonprofit corporation or public benefit corporation registered to do business in the State. Establishes a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system. Effective July 1, 2150.

Alice M. Hall
Acting President and Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony in strong support of Senate Bill 3064, SD2, HD1, which allows the transition of the Hawaii Health Systems Corporation or one or more a regional systems to a new healthcare management system. We have two recommendations for amendment.

What are the current challenges facing HHSC?

Operating costs for health care facilities continue to rise, while government funding continues to decline, resulting in current losses and adding to future financial deficits.

(\$ in millions)	2010	2011	2012	2013
Operating Loss	\$(97.2)	\$(108.2)	\$(138.8)	\$(139.3)

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General Fund Subsidy	\$96.7	\$82.0	\$71.9	\$84.6
Net Income (Loss)	\$(0.4)	\$(27.6)	\$(67.7)	\$(53.4)

Factors increasing this gap include:

- Growing expenditures for **infrastructure maintenance and upgrades**, and **health IT improvements** to adhere to new Affordable Care Act requirements;
- Rising costs for recruitment, retention and training, which include offering competitive salaries, benefits and collective bargaining;
- **Unfunded bargaining mandates** and liabilities including health fund and retirement systems; and
- **Declining Medicare and State subsidies**, reduced Medicaid and private insurance payments, and effects from the federal budget sequestration; and

What are the current needs of HHSC facilities?

To continue to provide the same level of service and meet Affordable Care Act requirements, **HHSC facilities will require an increase in annual State subsidies**. Immediate needs include an emergency appropriation to cover underfunded collective bargaining raises, decrease in reimbursements from the Federal government, decrease in census (Kauai), and increased technology costs, such as, mandatory change in medical bill coding and electronic health record installations.

In order to maintain the existing level of services at its facilities, **HHSC will need an estimated \$1 billion in capital improvement funds over the next 10 years**. Currently there is only \$40 million available for the entire HHSC system to cover an estimated \$189 million for CIP and life safety needs.

How does this affect HHSC facilities and services?

HHSC's aging facilities are in need of major updating and repair in order to provide for the well-being and safety of our employees and patients. Facility infrastructure and grounds will continue to deteriorate resulting in more costly repairs and increased difficulty with recruiting qualified staff.

Continued and growing losses by community hospitals will inevitably affect services, accessibility and staffing and the ability for HHSC to remain competitive in service quality and cost will be compromised. If not resolved, this may result in **possible facility closures and loss of jobs**, which will negatively impact communities that HHSC facilities serve, especially low income and low income elderly.

What options are available to remedy the situation?

In order to meet funding shortfalls, the HHSC may need to consider possible reductions in medical services, inventory of supplies and pharmaceuticals, availability of services and/or number of employees. In view of current drafts of the FY '15 budget, the boards have begun discussions as to what steps are needed to account for this huge anticipated financial shortfall.

Over the decades, the Legislature has reorganized and restructured the HHSC, which has not helped to alleviate budget deficits or current health care concerns. **The only other viable alternative is to explore a public-private partnership** for HHSC facilities to improve quality and the delivery of health care services, as allowed by Act 182 (2009).

Why a private-public partnership?

A public-private partnership will reduce dependence on government subsidies and provide access to private capital. This would help HHSC facilities:

- Broaden access to private capital and services and address physical plant needs;
- · Create efficiencies of scale and increased resources;
- Standardize and improve clinical practice through evidence-based guidelines, access to best practices and health information systems which support tracking and monitoring progress;
- Enhance information technology infrastructure;
- Offer private sector compensation packages to attract, retain and integrate qualified medical service personnel; and
- Provide greater access to quality healthcare and lower costs.

Various studies over the years have found that a public/private partnership would save costs and improve the efficiency and cost of the hospital system. For example, the Stroudwater report (January, 2010) found that privatization of the HHSC workforce would save the state between \$50,000,000 per year in leave and retirement benefits, and other labor savings, alone. Other recent studies have shown a much greater impact on the labor costs by implementing a new retirement system and negotiating a more appropriate collective bargaining agreement with our healthcare workers that takes into consideration the unique aspects of hospital operations. In addition, bringing in a private partner would open access to private capital and services.

The legislation being proposed outlines the basic framework for transitioning to a private entity. However, it is recommended that the following amendments be considered by the committee:

- 1. The transition committee is not fully defined. The number of members is undefined nor is there a mechanism for determining the number of members. In addition, the voting and decision making mechanism is not defined. Will it be a majority vote to make decisions? In addition, the transition committee appears to be an advisory committee, yet it has decision making powers and does not appear to be a legal entity. Is this committee a state agency? It isn't defined so its legal status is unclear.
- 2. It is recommended that the provision of continuing state services provision (Page 8, line 15, 323F-G, be amended to make the continued services dependent on receiving supporting general funding. Therefore, subparagraphs a and b would be combined. The two subparagraphs would become one, connected with "provided". In that way, the legislature will be agreeing to pay for deficit services that are continued. We recommend this as a manner in which the legislature can express intent to pay for funding beyond the biennium years in order to pay for the safety net services that do not break even.

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

TESTIMONY BY KALBERT K. YOUNG DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE STATE OF HAWAII TO THE HOUSE COMMITTEE ON FINANCE ON SENATE BILL NO. 3064, S.D. 2, H.D 1

April 1, 2014

RELATING TO HAWAII HEALTH SYSTEMS CORPORATION

Senate Bill No. 3064, S.D. 2, H.D. 1, amends Chapter 323F, HRS, to allow the Hawaii Health Systems Corporation (HHSC), a regional system or a combined regional system of two or more regional systems to transition to a new healthcare management system organized under the laws of the State as a nonprofit corporation or public benefit corporation registered to do business in the State. Establishes a transition committee to assist the Governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems, to a new healthcare management system.

The Department of Budget and Finance supports the general intent of transitioning HHSC into "a more economically efficient system of health care delivery." We feel that this version of the bill is more workable, however, the bill still contains some areas of concern:

• It is unclear what is meant by "general fund support sufficient to maintain equivalent hospital services in the acquired regions." Is the general fund support equal to what HHSC or a region is receiving currently? Does the level of support increase due to inflation or other cost increases? When does the support end?

- It is unclear what is meant by all liabilities transferred to HHSC or a region and all liabilities related to collective bargaining contracts. Is there a baseline of accounting of these liabilities so a determination can be made of what was transferred? Do the liabilities for collective bargaining contracts include all of the salaries of HHSC employees or only the differential covered by general fund subsidies? What is envisioned continued general fund payments to the nonprofit hospital corporation for these liabilities on an annual basis, a lump sum payment, or something else?
- What happens to the various applicable collective bargaining contracts and State pension and health benefits from the point of transition? Does the nonprofit hospital corporation assume responsibility? Can the nonprofit hospital negotiate a new contract and new pension and health benefits?
- Does the nonprofit hospital assume responsibility for constructing, upgrading,
 maintaining and repairing facilities and equipment from the point of transition?
- Is the nonprofit hospital corporation responsible for ceded lands revenue payments for facilities on ceded lands?

Many of the aspects contemplated in this bill are surely to be more thoroughly deliberated during the negotiation process with any transition entity. Therefore, we strongly believe statutory legislation should be sufficiently general to allow for business negotiations that can be structured to be of the best value to the State, taxpayers, and HHSC operational concerns.



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OFFICE OF THE MAYOR

Ke'ena O Ka Meia COUNTY OF MAUI – Kalana O Maui

TESTIMONY OF ALAN ARAKAWA, MAYOR COUNTY OF MAUI

BEFORE THE HOUSE COMMITTEE ON FINANCE

Tuesday, April 1, 2014, 2:00 p.m., Conference Rm. 308

SENATE BILL 3064, SD2, HD1 RELATING TO HAWAII HEALTH SYSTEMS CORPORATIONS

The Honorable Rep. Sylvia Luke, Chair Honorable Rep. Scott Y. Nishimoto, Vice Chair Honorable Aaron Ling Johanson, Vice Chair And Members of the House Committee on Finance

Thank you for this opportunity to testify in support of SB 3064, SD2, HD1, relating to the Hawaii Health Systems Corporations.

This measure would provide the option of a public-private partnership and establish guidelines for the transition of the Hawaii Health Systems Corporation to a non-profit hospital corporation.

As Mayor of Maui County, I can support this measure but share many of the concerns being voiced by the members of our health care community in Maui County. As this measure would significantly impact everyone in Maui County, we feel strongly that the partner selection not have any restrictions, and that any partnership decision be made by, or in large part by, the communities affected – all of us in Maui County.

As a potential remedy, I would suggest that you consider blending the concepts of SB2949 into SB3064. The Transition Board of SB2949 is region-based, while the Transition Committee of SB3064 is Oahu-centered. The concept of SB3064 makes little sense. For instance, it would be like if Oahu hospitals were going to partner with a private entity and all decisions relating to the transition were made by a transition team made up of Maui County residents.

If the legislature decides to stay with the Transition Committee, please consider adding (1) a representative from the Nursing Community of the affected region, (2) a representative from the Physician Community of the affected region, and (3) the Mayor or designee of the affected region. Also consider having the transition committee chaired, or co-chaired, by the Mayor or designee, or someone from the affected region.

Rep. Sylvia Luke SB 3064, SD2, HD1 relating to the Hawaii Health Systems Corporations April 1, 2014 Page 2 of 2

That being said, we also ask that you consider the following revisions to SB 3064:

(Page 5, Line 1) "The health needs of the communities being served are fulfilled through the provision of quality and accessible services and facilities."

(Page 6, Line 1) "Establishing a governance and management structure including alignment with the clinical staff leadership that will improve the performance of the hospitals and facilities of the corporation, regional system or combined regional systems;"

(Page 8, Line 15) "(a) The selected healthcare management system shall maintain at least equivalent hospital services in acquired regions unless medical and scientific advances render such services obsolete."

In closing, I'd like to reiterate that SB3064, with the suggested revisions, is vital for the future of Maui County for the following reasons:

- As currently structured, the Hawaii Health Systems Corporation is neither financially self-sufficient nor able to ensure the long-term delivery of quality health care services to the people of Maui County. Passage of this bill is essential for the delivery and sustainability of quality health care for the residents of Maui County.
- The aging facilities continue to require costly repairs and updates in order to provide for the safety and well-being of medical personal/employees and patients. Furthermore, operating costs continue to rise while government funding continues to decline.
- Exploring the option of a private-public partnership may reduce dependence on government subsidies, while ensuring that our neighbor island residents continue to have access to quality health care services.

For these reasons, I support of SB 3064, SD2, and strongly urge that this honorable committee assure transparency and community participation by allowing stakeholders, including medical staff, hospital staff, and our community to provide input prior to any final decision on the choices.

Written Testimony Presented Before the House Committee on Finance April 1, 2014 2 p.m. Conference Room 308

Support for SB 3064 SD2 HD 1 RELATING TO HEALTH SYSTEMS CORPORTATION

Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the House Committee on Finance, I appreciate the opportunity to provide testimony in strong support of this bill, SB 3064, SD2, HD 1

I strongly support SB 3064, SD 2, HD1. Healthcare is a dynamic industry with ongoing challenges. This measure increases flexibility to respond to all available health care opportunities, during transition of Hawaii's primary health care system, Health Systems Corporation (HHSC). It allows for more choice during the transition to a new healthcare management system organized under laws of the state as a nonprofit corporation or public benefit corporation registered to do business in the State.

This law would establish a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system.

Further I respectfully ask that the decision making be regional, that there be no restrictions on partner choice, and that the transistion committee be composed of primarily members from the region affected including the Mayor, healthcare leaders, and healthcare providers (physician and nursing representation).

Therefore, I respectfully requests that this Committee pass SB 3064 SD2, HD1 as reqested. Mahalo for this opportunity to testify.

Anne Trygstad, RN, MSN Nursing Instructor University of Hawaii Maui College 310 Ka'ahumanu Ave, Kahului, HI 97632

annetryg@hawaii.edu Tel: 808-463-5117

TESTIMONY BY WESLEY K. MACHIDA EXECUTIVE DIRECTOR, EMPLOYEES' RETIREMENT SYSTEM STATE OF HAWAII

TO THE HOUSE COMMITTEE ON FINANCE ON SENATE BILL NO. 3064, S.D. 2, H.D. 1

APRIL 1, 2014, 2:00 P.M.

RELATING TO HAWAII HEALTH SYSTEMS CORPORATION

Chair Luke and Members of the Committee:

S.B. 3064, S.D. 2, H.D. 1 allows for the transition of the Hawaii Health Systems Corporation (HHSC) to a new, non-profit healthcare management system organized under the State and establishes a transition committee to assist in implementing, reviewing, and negotiating the transition of the HHSC to the new healthcare management system.

Section 4 of the latest amended version of S.B. 3064, S.D. 2, H.D. 1, specifies that no employee who is separated from service as a result of the transition of the HHSC to the new healthcare management system "shall suffer any loss of retirement allowance earned as provided in section 88-74, Hawaii Revised Statues." This particular section covers the service retirement allowance for contributory plan members of the ERS; however, it does not apply to ERS noncontributory or hybrid plan members. Further, this section does not address the separation from service for members who may not be vested, nor for members who may be vested but are ineligible for retirement.

If the intent of this proposal is to protect the ERS benefits for HHSC employees who may be separated from service due to the proposed transition, Section 4 of S.B. 3064, S.D. 2, H.D. 1 should be revised to include Chapter 88, HRS, in its entirety.

If it is the pleasure of this Committee, the ERS would be happy to provide clarifying language regarding the protection of retirement benefits for S.B. 3064, S.D. 2, H.D. 1.

Thank you for the opportunity to submit testimony on this important measure.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Twenty-Seventh Legislature, State of Hawaii House of Representatives Committee on Finance

Testimony by
Hawaii Government Employees Association
April 1, 2014

S.B. 3064, S.D. 2, H.D. 1 - RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes the intent of S.B. 3064, S.D. 2, H.D. 1, which amends Chapter 323F, Hawaii Revised Statutes by allowing for the transition of the Hawaii Health Systems Corporation to a new healthcare management system as a non-profit corporation or public benefit corporation registered to do business in the State of Hawaii.

As the Exclusive Representative of employees included in bargaining units 02, 03, 04, 09 and 13 of the Hawaii Health Systems Corporation, we oppose S.B. 3064, S.D. 2, H.D. 1, as currently drafted. The language does not sufficiently identify the long-term liabilities the State would face through provider subsidies. Furthermore, we believe the legislature should address concerns with the current governance of the Hawaii Health Systems Corporation as opposed to having new providers come in and manage the system.

For these reasons, we respectfully oppose S.B. 3064, S.D. 2, H.D. 1.

Respectfully **subi**nitted,

Randy Perreira Executive Director





WEST MAUI HOSPITAL AND MEDICAL CENTER FOUNDATION

PO BOX 10338, LAHAINA, HI 96761 PHONE: 808-661-7990 / FAX: 808-661-7992 E-MAIL: PLUTA@MAUI.NET / Website: WWW.WestMauiHospital.org

Joseph Pletta

By: Joseph D Pluta, President

SB 3064, SD2, HD1 RELATING TO HAWAII HEALTH SYSTEMS CORPORATION

COMMITTEE ON FINANCE, TUESDAY, APRIL 1, 2014- 2-PM CONFERENCE ROOM 308

Aloha Chair Sylvia Luke, Vice Chair Scott Nishimoto and Vice Chair, Aaron Ling Johanson and Members of the Committee:

<u>I am Testifying IN SUPPORT OF SB 3064, SD2, HD1 WITH AMENDMENTS</u> as its purpose is essential to the sustainability of quality health care services for the residents of the County of Maui.

The Mission of the WMHMCF IS TO IMPROVE AND ENHANCE ACCESS TO LIFE SAVING HEALTH CARE, GENERAL HEALTH CARE, AND THE QUALITY OF HEALTH CARE SERVICES IN THE WEST MAUI COMMUNITY. WE ARE URGING YOU TO SUPPORT AND PASS THIS BILL TO ENABLE EXPLORATION OF PUBLIC PRIVATE PARTNERSHIPS IN

OUR SOLE HOSPITAL ON MAUI AT MAUI MEMORIAL MEDICAL CENTER HAS BEEN BURDENED WITH ANNUAL LOSSES IN THE MILLIONS OF DOLLARS. IT MUST SEEK MANY MILLION OF DOLLARS EACH YEAR TO MERELY BE SUSTAINED ON "LIFE SUPPORT." THE STATE OF HAWAII SIMPLY CANNOT AFFORD TO SPEND THE HUNDREDS OF MILLIONS OF DOLLARS NECESSARY TO RESTORE AN UNSUSTAINABLE SYSTEM.

WE BELIEVE THAT A PUBLIC-PRIVATE PARTNERSHIP WILL PROVIDE ACCESS TO PRIVATE CAPITAL NECESSARY TO RESTORE ABILITY TO ADDRESS ESSENTIAL NEEDS IN EFFICIENCIES OF SCALE AND INCREASED RESOURCES VITAL TO QUALITY HEALTHCARE AND LOWER COSTS.

PLEASE CONSIDER AMENDING THE BILL TO:

- ELIMINATE ANY/ALL LIMITS ON WHO CAN BE CONSIDERED IN ANY PARTNERSHIPS—(YOU WANT THE LEAST AMOUNT OF RESTRICTIONS TO ENABLE THE BEST POSSIBLE CHOICE!)
- ADD LANGUAGE THAT ANY PARTNERSHIPS WILL PROVIDE COMPETITIVE WAGES AND BENEFITS FOR STAFF
- PROVIDE LANGUAGE TO ENSURE CONTINUED ACCESS TO QUALITY HEALTHCARE SERVICES

MAHALO NUI LOA FOR YOUR THOUGHTFUL CONSIDERATION AND FOR YOUR CONTINUED DEDICATION TO THE PEOPLE OF THE STATE OF HAWAII IN YOUR SERVICE TO OUR COMMUNITY.



Japanese Chamber of Commerce & Industry of Hawaii

March 30, 2014

Rep. Sylvia Luke, Chair Rep. Aaron Ling Johanson, Vice Chair Rep. Scott Y. Nishimoto, Vice Chair

Testimony in strong support of Senate Bill 3064 SD2 HD1 Relating to Hawaii Health Systems Corporation. Allows for the transition of the Hawaii health systems corporation, a regional system, to a new healthcare management system organized under the laws of the State as a nonprofit corporation or public benefit corporation registered to do business in the State. Establishes a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system. Effective July 1, 2150. (SB 3064 HD1)

April 1st, 2014, 2:00 p.m., Room 308

Carol A. VanCamp, President Japanese Chamber of Commerce & Industry of Hawaii

Thank you Chair Luke, Vice Chair Johanson, Vice Chair Nishimoto and esteemed Committee Members for the opportunity to our nearly 300-member Chamber to present testimony in **strong support** of Senate Bill 3064 SD2 HD1, that seeks to establish guidelines for the transition of one or more regions of the Hawaii Health Systems Corporation (HHSC) into a nonprofit corporation.

My main concern is the future of health care services on our island. We need to work together to find a viable solution that will enable us to transform, modernize and expand to meet the existing and growing needs of our community.

HHSC is in a financially perilous condition. It received a "Going Concern" finding as part of its 2008 independent audit report, calling the future financial viability of the

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organization into question. Five years later, its liquidity remains at dangerously low levels with barely enough current assets to meet current liabilities. The age of its facilities and other physical assets is well above national averages. Its future viability is at risk, as the State does not have the capacity or tolerance to fund increasing subsidies going forward, and seeks options that will allow it to substantially reduce HHSC subsidies as part of its overall imperative to balance the State Budget.

In 2009, Stroudwater Associates conducted an in depth assessment of HHSC and recommended that the organization focus on achieving efficiencies of scale, expanding its expertise and developing a more integrated clinical service delivery system. In response, the Maui, East Hawaii and West Hawaii Regional Boards in conjunction with the HHSC Corporate Board have engaged in a formal process to identify a capital/operating partner, including both instate and mainland options, to help accelerate its transformation to a high performing contemporary delivery system. This endeavor rests upon the conclusion that as a system HHSC by itself is insufficient in scale to move to the highest levels of performance. Many of its basic systems and infrastructure are in need of major updating, requiring the reputable and established resources of a more advanced system to help it excel under health care reform.

The challenges that will affect HHSC under Health Care Reform are as follow:

- In FY 2010, Medicare began reducing annual cost-of-living increases in hospital payments
- In FY 2012, Medicare began making productivity adjustments to hospital payments
- In FY 2013, Hospitals penalized when the rate at which they readmit Medicare
 patients within 30 days of discharge exceeds that of other hospitals for patients
 who suffer from heart attacks, heart failure and pneumonia
- In FY 2013, Medicare introduced a value-based purchasing program that rewards some hospitals and penalizes others based on the outcomes of selected quality measures
- In FY 2014, Medicare reduced by up to 75% the disproportionate share hospital (DSH) payments it makes to qualified hospitals
- In FY 2014, Medicaid introduced significant reductions in Medicaid DSH payments to qualified hospitals

I believe a public-private partnership is a great opportunity for Hilo Medical Center and other HHSC facilities across the state to become sustainable and rely less on government subsidies.

It would also broaden access to private capital and services, create efficiencies of scale, standardize and improve our clinical practice, enhance information technology infrastructure, and allow us to offer private sector compensation packages to attract, retain and integrate qualified medical services personnel.

The legislation being proposed outlines the basic framework for transitioning to a private entity. It sets forth partnership guidelines to ensure that the transition protects employees, the State, and the communities served. It provides for the existing employees by requiring that they be given earned retirement benefits and the same or

better compensation as currently in place. A collaborative process is outlined which includes input from the medical staffs, hospital staffs, affected communities, affected boards, the legislature, the attorney general and the director of budget and finance. It requires the promotion and protection of the health care needs of the areas being served. We submit that this is a good plan and presents a valid alternative to either cutting services or increasing subsidies for HHSC.

I urge you to pass this legislation that will allow us to explore the option of a public-private partnership.

Thank you,

Carol A. VanCamp, President

Japanese Chamber of Commerce & Industry of Hawaii.









HAWAII HEALTH SYSTEMS CORPORATION

"Health care that is safe, health care that works, and health care that leaves no one behind"

HAWAII HEALTH SYSTEMS CORPORATION EAST HAWAII REGION BOARD OF DIRECTORS

Rep. Sylvia Luke, Chair Rep. Aaron Ling Johanson, Vice Chair Rep. Scott Y. Nishimoto, Vice Chair

April 1, 2014, 2:00 pm, Room 308

<u>Testimony in support of SB 3064 SD2 HD1, Relating to HHSC. Allows for the transition of HHSC, a regional system, to a nonprofit hospital corporation.</u>

On behalf of our East Hawaii Regional Board of Directors, I am submitting testimony in support of SB 3064 SD2 HD1 which allows the transition of HHSC, a regional system, to a nonprofit hospital corporation incorporated in Hawaii.

Our communities, governmental leaders and policy makers, HHSC and regional systems – have attempted to meet our current needs and prepare for the numerous future healthcare challenges which must be addressed in order to provide quality and accessible healthcare at a sustainable cost. Working together, we have taken internal action at the corporate and regional levels (i.e., electronic medical records, implemented operational efficiencies, electronic cost accounting system, improved care coordination and integration, improved quality metrics and outcomes) to meet our communities' needs. It is not enough and the future, with new challenges, is upon.

Throughout the past several years, we have studied various care delivery models to meet our current needs and address future challenges. We want to continue to provide accessible quality care at an affordable and sustainable cost, and therefore look to external alternatives. SB 3064 SD2 HD1 outlines the framework for transitioning to a nonprofit corporation, and sets forth partnership guidelines to ensure the transition protects employees, the State, and the communities served.

We ask for your support of SB 3064 SD2 HD1. Thank you very much.

Sincerely,

GARY YOSHIYAMA

CHAIRPERSON

HHSC East Hawaii Regional Board

finance1

From: mailinglist@capitol.hawaii.gov

Sent: Monday, March 31, 2014 8:21 AM

To: FINTestimony
Cc: rkawasaki@hhsc.org

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Richelle Kawasaki	Hawaii Health Systems Corporation, Maui Region	Support	No

Comments: Thank you for this opportunity to testify in support of this measure. It is critical that HHSC be provided with the means to continue to seek ways in which to sustain and grow health care services throughout our State. The recent reductions in proposed Sta te general funding for HHSC will further impact the ability of the Regions and facilities to continue to provide quality services to our residents and visitors. Your support of this measure would be greatly appreciated. Richelle Kawasaki, Chief of Organizational Development Maui Region Hawaii Health Systems Corporation

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Testimony of
Lisa H. Paulson
Executive Director
Maui Hotel & Lodging Association
on
SB3064 SD2 HD1
Relating To Hawaii Health Systems Corporation

COMMITTEE ON FINANCE Tuesday, April 1, 2014, 2:00pm Room 308

Dear Chair Luke, Vice Chair Nishimoto, Vice Chair Johanson and Members of the Committee,

The Maui Hotel & Lodging Association (MHLA) is the legislative arm of the visitor industry. Our membership includes over 150 property and allied business members in Maui County – all of whom have an interest in the visitor industry. Collectively, MHLA's membership employs over 20,000 local residents and represents over 19,500 rooms. The visitor industry is the economic driver for Maui County. We are the largest employer of residents on the Island - directly employing approximately 40% of all residents (indirectly, the percentage increases to 75%).

MHLA <u>supports</u> SB3064 SD2 HD1 that purposes to establish guidelines for the transition of the Hawaii Health System Corporation (HHSC), one or more of the regions of the HHSC into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County.

Maui Memorial Medical Center (MMMC) is Hawaii Health Systems Corporation's (HHSC) largest acute care facility and only full-service hospital in Maui County, with one fifth the total inpatient hospital volume in the state. It is also the only hospital in the state with a 24/7 stroke prevention program and only neighbor island hospital that provides comprehensive cardiovascular services. This facility cares for MHLA employees, their families and our visitors to Maui.

The current structure of HHSC is not sustainable for the long-term delivery of quality healthcare services for residents, especially those of us living on the neighbor islands. A public-private partnership will reduce dependence on government subsidies and provide access to private capital. This would help HHSC facilities: Broaden access to private capital and services and address physical plant needs; Create efficiencies of scale and increased resources; Standardize and improve clinical practice through evidence-based guidelines, access to best practices and health information systems which support tracking and monitoring progress; Enhance information technology infrastructure; Offer private sector compensation packages to attract, retain and integrate qualified medical service personnel; and Provide greater access to quality healthcare and lower costs.

MMMC's aging facilities are in need of major updating in order to provide for the well-being and safety of our residents and visitors. Facility infrastructure and grounds continue to deteriorate resulting in more costly repairs and increased difficulty with recruiting qualified staff. Growing losses by community hospitals will inevitably affect services, accessibility, staffing and the ability for MMMC to remain competitive in quality and costs. If not resolved, this may result in facility closures leaving residents and visitors alike to seek care on Oahu. This scenario, especially with urgent care, is not the future we want to see for Maui.

Thank you for the opportunity to testify.







Věteráns Home

HAWAII HEALTH SYSTEMS CORPORATION

"Health care that is safe, health care that works, and health care that leaves no one behind"

HOUSE COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair Rep. Aaron Ling Johanson, Vice Chair Rep. Scott Y. Nishimoto, Vice Chair

April 01, 2014, 2:00 p.m., Room 308

Testimony in strong support of Senate Bill 3064 SD2 HD1, Relating to Hawaii Health Systems Corporation. Allows for the transition of the Hawaii health systems corporation, a regional system, to a new healthcare management system organized under the laws of the State as a nonprofit corporation or public benefit corporation registered to do business in the State. Establishes a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system. Effective July 1, 2150. (SB 3064 HD1)

Howard N. Ainsley
East Hawaii Regional Chief Executive Officer
Hawaii Health Systems Corporation

Thank you Chair Luke, Vice Chair Johanson, Vice Chair Nishimoto and esteemed Committee Members for the opportunity to present testimony in strong support of Senate Bill 3064, HD1 SD 2, that seeks to establish guidelines for the transition of one or more regions of the Hawaii Health Systems Corporation (HHSC) into a nonprofit corporation.

As Chief Executive Officer of East Hawaii Region for HHSC, my main concern is the future of health care services on our island. We need to work together to find a viable solution that will enable us to transform, modernize and expand to meet the existing and growing needs of our community.

HHSC is in a financially perilous condition. It received a "Going Concern" finding as part of its 2008 independent audit report, calling the future financial viability of the organization into question. Five years later, its liquidity remains at dangerously low levels with barely enough current assets to meet current liabilities. The age of its facilities and other physical assets is well above national averages. Its future viability is at risk, as the State does not have the capacity or tolerance to fund increasing subsidies







Věterans Home

HAWAII HEALTH SYSTEMS CORPORATION

going forward, and seeks options that will allow it to substantially reduce HHSC subsidies as part of its overall imperative to balance the State Budget.

In 2009, Stroudwater Associates conducted an in depth assessment of HHSC and recommended that the organization focus on achieving efficiencies of scale, expanding its expertise and developing a more integrated clinical service delivery system. In response, the Maui, East Hawaii and West Hawaii Regional Boards in conjunction with the HHSC Corporate Board have engaged in a formal process to identify a capital/operating partner, including both instate and mainland options, to help accelerate its transformation to a high performing contemporary delivery system. This endeavor rests upon the conclusion that as a system HHSC by itself is insufficient in scale to move to the highest levels of performance. Many of its basic systems and infrastructure are in need of major updating, requiring the reputable and established resources of a more advanced system to help it excel under health care reform.

The challenges that will affect HHSC under Health Care Reform are as follow:

- In FY 2010, Medicare began reducing annual cost-of-living increases in hospital payments
- In FY 2012, Medicare began making productivity adjustments to hospital payments
- In FY 2013, Hospitals penalized when the rate at which they readmit Medicare
 patients within 30 days of discharge exceeds that of other hospitals for patients
 who suffer from heart attacks, heart failure and pneumonia
- In FY 2013, Medicare introduced a value-based purchasing program that rewards some hospitals and penalizes others based on the outcomes of selected quality measures
- In FY 2014, Medicare reduced by up to 75% the disproportionate share hospital (DSH) payments it makes to qualified hospitals
- In FY 2014, Medicaid introduced significant reductions in Medicaid DSH payments to qualified hospitals

I believe a public-private partnership is a great opportunity for Hilo Medical Center and other HHSC facilities across the state to become sustainable and rely less on government subsidies.

It would also broaden access to private capital and services, create efficiencies of scale, standardize and improve our clinical practice, enhance information technology infrastructure, and allow us to offer private sector compensation packages to attract, retain and integrate qualified medical services personnel.

The legislation being proposed outlines the basic framework for transitioning to a private entity. It sets forth partnership guidelines to ensure that the transition protects employees, the State, and the communities served. It provides for the existing









HAWAII HEALTH SYSTEMS CORPORATION

employees by requiring that they be given earned retirement benefits and the same or better compensation as currently in place. A collaborative process is outlined which includes input from the medical staffs, hospital staffs, affected communities, affected boards, the legislature, the attorney general and the director of budget and finance. It requires the promotion and protection of the health care needs of the areas being served. We submit that this is a good plan and presents a valid alternative to either cutting services or increasing subsidies for HHSC.

I urge you to pass this legislation that will allow us to explore the option of a public-private partnership.

Thank you.

Howard N. Ainsley East Hawaii Regional Chief Executive Officer Hawaii Health Systems Corporation To: Members of the House Finance Committee

From: Tony Krieg, C.E.O., Hale Makua Health Services

Aloha Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

I am testifying in support of S.B. 3064, SD2, which establishes guidelines for the transition of one or more of the regions of the Hawaii Health Systems Agency into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County.

The acute and post acute inpatient system on Maui has been facing lower reimbursement rates from Medicare and managed Medicare plans as well as the Hawaii's MedQuest payment system. As these are our main sources of reimbursement, the healthcare system needs to find new solutions to mitigate this dwindling financial payer strategy. Merging with a larger system will bring economies of scale and centralize administrative, human resource and electronic data and clinical systems, making the cost per patient day more efficient.

As you well know, the State of Hawaii must find a way to reduce or eliminate its subsidies for its rural hospitals while, at the same time, continuing to encourage ways for quality health care to be provided for its citizens on the Neighbor Islands. I believe a private-public partnership will reduce HHSC's dependence on government. There is a critical need for increased access private capital to improve facilities, reduce debt and invest in new cost effective technology to enhance patient care and reduce operating expense.

This bill is certainly not perfect, but it does create a pathway with representation from a variety of key stakeholders to evaluate proposals from successful healthcare systems to re-shape the inpatient health delivery system in our community.

I urge you to pass this bill out of committee to enable further debate in a joint Senate— House conference committee.

MELVIN D. BURTON, M.D., Maui Chest Medicine, 380 Huku Lii Place, 204, Kihei, HI

HOUSE COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair Tuesday, April 1, 2014 2:00 PM State Capitol, Room 308

RE: TESTIMONY IN SUPPORT OF SB 3064 SD2, HD1, WITH ADMENDMENTS

Greetings Chair Sylvia Luke, Vice Chairs and Committee Members:

I support S.B. 3064 SD2, HD1 and recommend amending the bill as follows:

- Provide language creating a Transition Committee composed primarily of members from the region affected, with the Mayor (or Mayor Designee) of the affected region as chair. Include providers of healthcare from the affected region. Include recipients of healthcare from the affected region.
- Provide language that has no restrictions on the choice of partner. Local and National candidates must be allowed consideration to permit best decision making.
- Provide language to ensure continued access to Quality Services.
- Delete the language requiring legislative approval after the selection process is completed.
- Provide that any partnership would provide fair/competitive wages and benefits for staff.

I support the intent of SB 3064 SD2, HD1 which is to allow a transition of the Hawaii Health System Corporation (HHSC), one or more of the regions of the HHSC into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County. However, if the bill passes in its current form our hospital may see a decrease in services with an associated increase in patients referred off island for care. This will result in delays in definitive care and increased financial and emotional hardship on Maui's families.

Population growth patterns show the neighbor islands leading in Hawaii. A strong reliable healthcare system is essential for the support of an expanding population. Reducing healthcare services at the leading edge of our state's population expansion would be careless. Hawaii needs to be actively expanding its healthcare services in these neighboring islands to meet the growing local needs and to provide a measure of redundancy in high quality healthcare in the state. The passage of S.B. 3064 SD2, HD1 with the above amendments will move us closer to that end.

Sincerely,

/s/Melvin D. Burton, M.D., Chief of Staff, MMMC

Pulmonary Diseases, Sleep Medicine, Critical Care and Neuro-Critical Care

Testimony of Wesley Lo

Regional Chief Executive Officer
Maui Memorial Medical Center

on

S.B. 3064, SD2 HD1 Relating to Hawaii Health Systems Corporation

Committee on Finance Tuesday April 1, 2014 2:00 p.m. Conference Room 308

Aloha Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

I am testifying in **support of S.B. 3064**, **SD2**, **HD1 with Amendments** that purposes to establish guidelines for the transition of the Hawaii Health System Corporation (HHSC), one or more of the regions of the HHSC into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County.

The delivery of healthcare services across the Nation is undergoing a major transformation on all fronts. Here in Hawaii, there also need to be major change to our state's healthcare system as it relates to HHSC. The current structure of HHSC is not sustainable for the long-term delivery of quality health care services for residents, especially those on the Neighbor Islands.

Maui Memorial Medical Center (MMMC) is Hawaii Health Systems Corporation's (HHSC) largest acute care facility and only full-service hospital in Maui County, with one fifth the total inpatient hospital volume in the state. It is also the only hospital in the state with a 24/7 stroke prevention program and only neighbor island hospital that provides comprehensive cardiovascular services. With more than 1,400 employees, including 200 attending physicians, MMMC is one of the largest employers on Maui.

At MMMC our operating costs continue to rise as government funding continues to decline, resulting in current losses and adding to future financial deficits. The factors that are increasing the gap include growing expenditures for infrastructure upgrades and maintenance, and health IT improvements to adhere to Affordable Care Act requirements; rising costs for recruitment, retention and training, including offering competitive salaries, benefits and collective bargaining; unfunded bargaining mandates

and liabilities including health fund and retirement systems; and declining Medicare and State subsidies, reduced Medicaid and private insurance payments, and effects from the federal budget sequestration.

In order to meet funding shortfalls, MMMC is currently working on updating its budget and we may be forced to consider possible reductions in medical services, inventory of supplies and pharmaceuticals, availability of services and/or number of employees.

MMMC's aging facilities are in need of major updating in order to provide for the well-being and safety of our employees and patients. Facility infrastructure and grounds continue to deteriorate resulting in more costly repairs and increased difficulty with recruiting qualified staff. Growing losses by community hospitals will inevitably affect services, accessibility, staffing and the ability for MMMC to remain competitive in quality and costs. If not resolved, this may result in facility closures and loss of jobs, which will negatively impact communities that MMMC serves especially low income and elderly.

Over the decades, MMMC has been reorganized and restructured, which have not helped to alleviate budget deficits or current health care concerns. This also requires additional funding. The only other viable alternative is to explore a private-public partnership option to improve quality and delivery of health care services, per Act 182 (2009).

The 2009 Stroudwater Report, commissioned by the State Legislature, recommended that HHSC focus on efficiencies of scale, expand its expertise and develop a more integrated clinical delivery system that may include engaging a capital-operating partner as the most effective option for the future.

We believe a private-public partnership will reduce our dependence on government subsidies and provide access to private capital. This would help MMMC facilities broaden access to private capital and services and address physical plant needs; create efficiencies of scale and increased resources; standardize and improve clinical practice through evidence-based guidelines, access to best practices and health information systems which support tracking and monitoring progress; enhance information technology infrastructure; offer private sector compensation packages to attract, retain and integrate qualified medical service personnel; and provide greater access to quality healthcare and lower costs.

We are currently in discussions with key stakeholders to determine the best way to address issues that face MMMC and other HHSC facilities across the state, this

includes exploring the option of a public-private partnership. We are working together to come up with options that addresses key issues including clinical services, financial obligations, our labor force and the needs of the community.

This legislation will help us move forward and explore engaging in private public partnership. Our primary focus is to ensure that residents, especially those on the neighbor islands, continue to have access to quality health care services.

We support S.B. 3064, SD2, HD1 and recommend amending the bill as follows:

- Provide that legislation does not limit who the regions can consider in any partnership
- Provide for regional decision making including all regional stakeholders.
- Provide language to ensure continued access to Quality Services
- Provide that any partnership would provide fair/competitive wages and benefits for staff

Mahalo for your consideration.

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 30, 2014 10:48 PM

To: FINTestimony

Cc: icuburton@gmail.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/30/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Melvin D Burton	MMMC MEDICAL STAFF	Support	Yes

Comments: Having practiced as a physician on Maui for 15 years and having served in leadership roles for 13 years, I am fully conscious of the challenges and the views of my peers in the medical community and at the hospital where I current serve as Chief of Staff. We, physicians of Maui, seek to provide the best of care for our community. Although proud of our progress, we have been limited inherent inefficiencies of our State public hospital system. We aspire to deliver a higher quality of care for our community and create a vibrant teaching atmosphere akin to that seen in the nation's teaching institutions. Our current system struggles to meet the basics and does not have the will and resources for more elegant pursuits. We need a new system, less we stagnate. We support SB 3064 SD2, HD1 with the following amendments: (1). The transition committee should be composed primarily of members from the region affected. The Mayor (or Mayor Designee) of the region affected should serve as chair. Healthcare Providers from the region affected should be members of the committee. Healthcare recipients from the region affected should be on the committee. (2). There should be no limitations on the partner choice. Local and National candidates must be allowed consideration. (3). The requirement of legislative approval at the end of the selection process should be eliminated. (4). The Nursing and Hospital Staff must be treated fairly in this transition process. We thank you for your consideration. Melvin D. Burton, M.D., MMMC Chief of Staff

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Subject:

Patient Document

To:

HOUSE COMMITTEE ON FINANCE

Fax Number: 18005353859

From:

Morishita, Michael

Fax Number: 808-874-8947

Business Phone:

808-874-8774

Company:

Maui Chest Medicine

NOTE: PLEASE CALL 808-874-8774

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House Committee on Finance

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members.

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: J.M. (IIMM)
Address: 371 vun Sr /wasuury 16773
Phone: 412-111-1741

Signature:

(films)

House Committee on Finance (fax 1-800-535-3859)
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

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SB 3064 SD2, HD1 should be amended as follows:

- 1. Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name

Address:

Phone:

Signature:

3/2-342-6421

House Committee on Finance

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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SB 3064 SD2. HD1 should be amended as follows:

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Address Phone:

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House Committee on Finance

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

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SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: __

Address: 380 Huky Lii P. "
Phone: 874-8774

Kihei, H1 96753

Signature:

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FACSIMILE TRANSMITTAL FORM

Date/Time:

3/31/2014 11:25:53 AM

Pages:

25

Subject:

Patient Document

To:

HOUSE COMMITTEE ON FINANCE

Fax Number: 18005353859

From:

Morishita, Michael

Fax Number: 808-874-8947

Business Phone:

808-874-8774

Company:

Maui Chest Medicine

NOTE: PLEASE CALL 808-874-8774

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House Committee on Finance

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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SB 3064 SD2, HD1 should be amended as follows:

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Thank you for your considerations.

Name: NWN WONG

Address: WOD. MCKUThi STREE MAKUWUD, HI 94748

Phone: 808-357-1029

Signature: Daw W.

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HOHER COMMITTEE OM FINIMME

Fax Number. 18005353859

From:

Morishita, Michael

Fax Number: 808-874-8947

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

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Name:

Address:

Phone:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME; 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: ELON TAN

Address: COAC KIMIN P KATTILUI
Phone: 008 2011 1915

Signature: () M

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

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RE: SB 3064 SD2, HD 1

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(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: Seen +

Address: 47 William P

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Address: 413 Koul

Phone: 801 - 276 6798

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

ACP, 1200011 DIES COMMENCES, 1200 CHAM

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

A Liu L illiaidheann illundeachadal an dha ibland af Dùnna. It eo mith ann nann tau mar tallairt with the manner of the contract of the problem of the state of the sta

You will be making a decision on SB 3064 SD2, HD1.1 support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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Thank you for your considerations.

Phone:

Signature:

-oop-waituku 96793

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(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: SUSAN

M. JANG

Address: 950 LEKEO

Lp, WALLIKU HI.

son M. Song

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

j nuo n'ilphithreure iluntenarannat au the taluma at âteari. It in ribth eameanman teu mair taljetti

You will be making a decision on SB 3004 SD2, HD1. I support the intent of SB 3004 SD2, HD1 which is to allow a transition for our public hospital system through a public primary materials in more 11. The hill in its natural form in likely to have unintended.

SB 3064 SD2, HD1 should be amended as follows:

- 1. Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected chould be members of the transition committee.
- 2. There should be no finitiations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be elliminated.

Thank you for your considerations

Name:

A tideno

Phone:

Signaturot

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

HME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- 1. Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: _

Address: Phone:

House Committee on Finance (fax 1-800-535-3859) Rep. Sylvia Luke, Chair Rep. Scott Y. Nishimoto, Vice Chair Rep. Amon Ling Johanson, Vice Chair

DATE. T...J., April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE; SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members.

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.
- 4. I don't believe the governor should get 6 votes per the page 14 lines 14-16. Shame on the governor for even ratheresting to take power from the people!!!

Thank you for your considerations.

Address: 224 Mahalani Waithto HI 96793 Phone: (808) 276-5085

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
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Thank you for your considerations.

Name: Chape Manaill

Address: 221 MANAIL ST

Phone: 808 242 210 4

Signature: 9

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johancon, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2. HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: N. BRIA

Address: 221 MAHACANI ST. WAILNEN 96793

Phone: 690 - 242 - 2101

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: Zalyda Parveen Address: Phone: 908-242-2068

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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SB 3064 SD2, HD1 should be amended as follows:

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Thank you for your considerations.

Address: Phone:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE; Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: _

Address: Phone:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
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Thank you for your considerations.

Phone:

Address: (

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nichimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

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Thank you for your considerations.

Address: 🖟

Phone:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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Thank you for your considerations.

Name: Kustian Ston

Address: 31 E Kun AKu Lu # 217, Laborna

Phone: 709-442-2899

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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Thank you for your considerations.

Name: Carn'e Hayase Address: 9/0 Mmmc

Phone: (308) 242-2252
Signature: Carrie Hayase

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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Thank you for your considerations.

Name: /

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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Thank you far your considerations.

Name: ___ Address:

1078

Phone: Kula,

Signature:

ella RN

Poli Kdi 96-190

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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Thank you for your considerations.

Name: Meen

Address: 47 Wiltows
Phone: 463 - 8444

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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Thank you for your considerations.

Address: 413

Signature: Jum m 3 Comdi Ry

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members.

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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Thank you for your considerations.

waitaku 96793

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Phone

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: SUSAN M.

Address: 950 LEKEONA

Ip WALLIKU HI

Signature:

eson M. Song

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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- 4. I don't believe the governor should get 6 votes per the page 14 lines 14-16. Shame on the governor for even attempting to take power from the people!!!

Thank you for your considerations.

Address: 221 Mahalani Waitaku HI 96793 Phone: 608 276-5885

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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Thank you for your considerations.

Name: CAMPO MANALLI
Address: 221 MANALLAM ST
Phone: 808 242 2104
Signature: CA

(fax_1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

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Thank you for your considerations.

Name: N. BRINK

Address: 18-1 MAHALANI ST. WAILMEN 96793

Phone: 890 - 242 - 2105

Signature: Ch

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- 1. Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: Zalyda Farveen Address:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Address: Phone:

FACSIMILE TRANSMITTAL FORM

Date/Time:

3/31/2014 11:48:11 AM

Pages:

25

Subject:

Patient Document

To:

HOUSE COMMITTEE ON FINANCE

Fax Number: 18005353859

From:

Morishita, Michael

Fax Number: 808-874-8947

Business Phone:

808-874-8774

Company.

Maui Oliest Medicine

NOTE: PLEASE CALL 808-874-8774

IF DOCUMENTS ARE INCOMPLETE

OR NOT LEGIBLE.

The information contained in the facsimile message may be confidential and/or legally privileged information intended only for the use of the individual or entity named above.

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(fax 1-800-535-3859)

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DATE: Tuesday, April 01, 2014

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Thank you for your considerations.

Name:

Donne Lu Robello, R

Address: _ Phone: - 96-190

Signature:

Lono Julabulo, un

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Kep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

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(fax 1-800-535-3859)

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Thank you for your considerations.

Address: 6

Phone:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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SB 3064 SD2, HD1 should be amended as follows:

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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: Ween the

Address: 47 William Phone: 463 - 8444

Cinantum

(lax 1-800-53<u>5-3859)</u>

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Kep. Scott T. INISHIMOTO, VICE CHAIF

Page Amore Ling Interesting View Claim

PATE Turnby, April 81, 2014

A DESPITE ANDREAS PARES

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RE-SH 3064 SD2, HD 1

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- him and a principle of the collection of the collection and a principle of the collection are collections are a be eliminated.

Thank you for your considerations.

Address: 413 Louis

(fax 1 800 535 3859)

Reo. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Ren. Aaron Ling Johanson, Vice Chair

DATE: Tuosday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Address: 413 touben

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: Jeanice

900 hekaona l

waituku 96793

1

Signatur

Phone:/

re Jennie William

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

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Thank you for your considerations.

Name: SUSAW M. JANE

Address: 950 LEKEONA Lp. WAILUKU HI

Phone: 808- 242-6769

Signature: Kusan

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE. Conference Room 508

RE: SB 3064 SD2, HD 1

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Phone:

(fax 1-800-535-3859)

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Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

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- 3. The requirement of legislative approval at the end of the selection process should be eliminated.
- 4. I don't believe the governor should get 6 votes
 per the page 14 lines 14-16. Shame on the governor
 for even attempting to take power from the people!!!

Thank you for your considerations.

Name: Mothew Johnson

Address: 231 Mahaloni Wailer HI 96793

Phone: 1808 276 - 5085

Signature: Natt Juns

FACSIMILE TRANSMITTAL FORM

Date/Time:

3/31/2014 12:09:44 PM

Pages:

25

Subject:

Patient Document

To:

HOUSE COMMITTEE ON FINANCE

Fax Number: 18005353859

From:

Morishita, Michael

Fax Number: 808-874-8947

Business Phone:

808-874-8774

Company:

Maui Chest Medicine

NOTE: PLEASE CALL 808-874-8774

IF DOCUMENTS ARE INCOMPLETE

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(fax 1-800-535-3859)

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: CAMPO MANDILLI
Address: 221 MANDILLI
Phone: 808 242 2104

Signature: _____

(fax 1-800-535-3859)

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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Thank you for your considerations.

Name: N. Bei

Address: 121 MAHALANI ST. WAILMEN 9679:

Phone: 690 - 242 - 2105

House Committee on Finance (tax 1-800-535-3859)
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: Zalyda Parveen

Address:

Phone: \$08-7 U2-7648

Signature: Aladel

(fax 1-800-535-3859)

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

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Haiku 141 96708

Thank you for your considerations.

Name: William Kith Address: 1111 Hamlin

Phone: 908 5 12 1962

(fax 1-800-535-3859)

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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Phone:

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Thank you far your considerations.

Name: __

Donne Lie Robello. RA

Address: Phone:

ula, bb. 96190

Signature:

Commowellowith

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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Name: _

Address: _ Phone: KAHULUII H

(fax 1-800-535-3859)

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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- 1. Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Address:

Phone: 4

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

1 am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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Thank you for your considerations.

Name: Theer the

Address: 17 William P

Phone: 463 - 844

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members.

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Address: 413 toules of

Signature: Man m 3 Candi Ry

(fm: 1 900 535 3959)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RES. ULI 0064 ULIZ, 11D-1

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Thank you for your considerations.

waitaku 96793

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Phone:/9

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: SUSAW M. SANG Addreso: 950 (FKEDAIN In Islanticia H). Phone: 808-242-6769

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Address Phone:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

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Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

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4. I don't believe the governor should get 6 votes
per the page 14 lines 14-16. Shame on the governor
for even attempting to take power from the people!!!

Thank you for your considerations.

Name: Mothew Shyrson

Address: 231 Mahelani Wailwww HI 96793

Phone: 1808 276 - 5085

Signature: Watte dunc

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name:	CAARO	MANA	1214	
Address:	221	MAHAL	HAN	57
Phone:		242		4
Signature:	***************************************	gr	1	

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

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RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: N. BRIN)

Address: 121 MAHALANI ST. WAIMAN 96793

Phone: 690 - 242 - 2105

Signature: Clh

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: Zalida Parveen Address:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: ____ Address:

Ronald Boyo MD Dept Redicting MMM

Phone: ______
Signature:

R Boyl.

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 \$D2, HD 1

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Thank you for your considerations.

Name: HOPE BEAM

Address: 22 POLOHINA LANE #4, LAHAINA, H 96761

Phone: <u>(808) 669-1969</u>

Signature Done

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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MICHOLS

Name: _______Address:

Phone:

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Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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DATE: Tuesday, April 01, 2014

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Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your cons	iderations.
Name:	Pubox32075by Kahala. Haco3
Phone:	808 669 11 90 1000 1
Signature: X MM	

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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DATE: Tuesday, April 01, 2014

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PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Address: 100 9

Phone: 808. 242-243-2974

wa. Luly, HI 96793

3944 ЯЙ

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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RE: SB 3064 SD2, HD I

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Name:	_	_	
Address:			
Phone:	-		

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DATE: Tuesday, April 01, 2014

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RE: SB 3064 SD2, HD 1

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Thank you for your considerations.

Name: DAVOS (20

1/AVIS, C 7200, MD, Oh?

hone: 906 244 - 599

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

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PLACE: Conference Room 308

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Name	GAGE	(MAOK A	

Address: 221 MANALANI ST, WALLIKU 90766

Phone: 808-242-2104

(fax_1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members.

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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Thank you for your considerations.

Name: Shantelle Imanko

Address: 221 Mahalani Street, Warluku 90768

Phone: 868-242-2104

Signature: Simple Signature:

House Committee on Finance (fax 1-800-535-3859)

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

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HI RD APT 102, KIHEL, HT 96753

(fax 1-800-535-3859)

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Name: Thani VanBoekha

Address: Walluku Phone: 808-840-2804

Signature: Salke Vangomet en

(fax 1-800-535-3859)

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Address: HAIKU

Phone: 207. 332. 7248

(fax 1-800-535-3859)

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Name: 1
Address:

Phone: 26

Signature

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Name: ___ Address:

- FERENCE MANAGEORE

HT 9675

Phone:

Signature:

03/31/2014 12:39

House Committee on Finance

(fax 1-800-535-3859)

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Name: Fern Kog

Address: 27 Almaola St., Walluku, Ht 96793

Phone: 808 - 38

Signature:

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Name: Ana bolle Part
Address:

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Name: LEI WH

Address: 514 IMI PL. Kpt II 2 WKT

Signatur

(fax 1-800-535-3859)

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Name: _	Lesari Espino	
	MN/WC	
_	3242-2142	
G:	7	

(fax 1-800-535-3859)

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Name: KARLI BERAHFER

Address: 227 MAHALANI ST., SE 99 WAILUKU. HI 96793

Phone: 808-243-2999

Signature: Karli Bergheer

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 30, 2014 1:34 PM

To: FINTestimony

Cc: mike@middlesworth.com

Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/30/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Middlesworth	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

RE: Testimony in Support of SB 3064 SD2, HD1 with Amendments

Dear Members of State Legislature,

My name is Constantin Novoselsky. I am physician at MMMC and I'm in strong support of a bill to allow for transition of one or more regions of the Hawaii Health Systems Corporation (HHSC) into a nonprofit corporation.

I believe that only such transition would allow renovation and expansion of facilities and influx of new physicians. This in turn would improve patient care.

Improved patient care is the most important goal for any transition. Currently, there are two sections in the bill that will prevent us from achieving our goal.

Hawaii has unique geographical location and I believe we should be able to use it to our advantage in **choosing transition partner**. Partnership with Mayo Clinic or Scripps would not only improve patient care in regions but also on Oahu. Hawaii would become more attractive for people with medical conditions who want to travel and their family members.

My other concern is **under-representation of regional members** in the transition committee. Incomplete understanding of regional health care specific puts health and wellbeing of thousands outer islands residents at risk. Even though potentially cost-effective, centralization of health care will cause delays in treatment of time-critical conditions such as Myocardial Infarction, Stroke and other medical emergencies.

Sincerely,

Constantin Novoselsky, MD

3/28/2014

Written Testimony Presented Before the House Committee on Finance
April 1, 2014 2 p.m.
Conference Room 308
by
Rosie I Vierra RDH, B.S., M.S.

SB 3064 SD2 HD 1 RELATING TO HEALTH SYSTEMS CORPORTATION

Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the House Committee on Finance, thank you for this opportunity to provide testimony in strong support of this bill, SB 3064, SD2, HD 1

I strongly support SB 3064, SD 2, HD1. This measure allows for the transition of Hawai'i Health systems coproration to a new healthcare management system organized under laws of the state as nonprofit corporation or public benefit corporation registered to do business in the State.

This law would establish a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system.

Further I respectfullly ask that the decision making be regional, that there are no restrictions on partner choice, and that the transistion committee be composed of primarily members from the region affected including the Mayor, healthcare leaders, and healthcare providers (physician and nursing representation).

Therefore, I respectfully requests that this Committee pass SB 3064 SD2, HD1 as reqested. Mahalo for this opportunity to testify.

DATE: 03/29/2014

TO: Honorable Representative Sylvia Luke, Chair, Committee on Finance
Honorable Representative Scott Nishimoto, Vice Chair, Committee on Finance
Honorable Representative Aaron Ling Johanson, Vice Chair, Committee on Finance and
Honorable Committee Members

RE: SB 3064, SD 2 RELATING TO HAWAII HEALTH SYSTEMS CORPORATION

HEARING DATE: Tuesday, April 01, 2014, 2:00pm

I Support WITH RESERVATIONS, SB3064 "Hawaii Health Systems Corporation; Transition Guidelines; Nonprofit Hospital Corporations". <u>I SUPPORT THE INTENT</u> of this bill but <u>DO NOT SUPPORT</u> the following:

- Requirement for incorporation in Hawaii prior to January 2000. Ability to select the best "fit" will be severely limited to only businesses in Hawaii. The current language does not allow open opportunities for ALL interested healthcare entities that can bring new processes for cost-effective care and improved quality.
- 2. Lack of clarity in protecting transitioning employees until such partnership or purchase is established as related to the State negotiated collective bargaining contracts (e.g. all benefits, pensions and financial obligations).
- 3. Lack of clarity on how the State will provide fiscal support to "maintain equivalent hospital services" for the duration of the transition. The State of Hawaii already expresses fiscal constraints as part of the rationale for departing with HHSC.
- 4. Lack of provision for transparency and community feedback by all affected prior to final decision or selection (e.g. medical staff, hospital staff, and community members). This may lend to decisions by select groups in management that may not solicit input from the many different stakeholders or demonstrate the transparency needed. Maui Memorial is the only acute care hospital on the island and clearer language is needed to ensure services and the safety net will be preserved for our community.

Government management has not allowed efficiency and flexibility to meet the demands of changing technology, reimbursements and regulatory requirements for fiscal sustainability. Continued restructuring and reorganization has resulted in multi-tiered growth in management and 'free' spending for some despite the financial shortfall, while cuts to services and staff at the patient care level is implied.

It is with much contemplation that I submit this testimony. The adage "Be careful what you wish for" comes to mind, however I have to believe that there is something better than this for our healthcare on Maui. My best hope in supporting the 'intent' of this bill is to provide a voice that change is needed NOW. Accountability and efficiencies will be essentially non-existent until change occurs for a private entity, buyout or partnership. Then and only then, can we move toward effective leadership, efficiencies of scale, improved clinical practice and processes, and financial solvency.

Mahalo for allowing me to submit this testimony.

Gail Miyahira P.O. Box 5052 Kahului, Hawaii – 96732

Gina Flammer P.O. Bo 2418 Wailuku, Hawaii 96793

March 29, 2014

Committee on Finance Representative Sylvia Luke, Chair Representative Scott Nishimoto, Vice-Chair Representative Johanson, Vice-Chair and Members State Capitol, Room 308, 2:00 p.m. hearing

Re: Testimony in SUPPORT and COMMENTS on SB 3064 SD2, HD 1 Relating to HHSC

Aloha Chair Luke, Vice-Chairs Nishimoto and Johanson and Members:

Thank you for this opportunity to provide comments on this important piece of legislation. I am the Vice-Chair of the HHSC Maui Region Board of Directors. Our Board is charged with providing the best possible health care for our region's citizens. Allowing a transition to a nonprofit entity will allow us to not only improve the delivery system of care on Maui, but also better protect the entire state from existing runaway health care costs. This transition can allow Maui Memorial Medical Center and other HHSC acute care hospitals to find a partner with resources to provide the proper funding of capital improvements and to implement higher quality training and standards across the delivery system. If done properly it can also allow us to address the physician shortage that we currently face state-wide. It will only work to achieve these goals, if the regions have a say in who their partner is and also have a wide choice of potential partners.

In order to allow for negotiations which would favor the State of Hawaii as well as Maui residents, it is critically important the potential partners not be limited to a very small number of existing health systems. It is also important to recognize that Maui residents deserve a first class trauma center where patients are not seen as revenue generators for an Oahu facility. It may also be the case that an existing health care system that meets the bill's criteria may not be interested in providing the same high level of care currently being provided at Maui Memorial. Our state of the art stroke program is the only one in the state to provide 24/7 comprehensive care. This program is in direct competition with the entities covered by the bill. Knowing this, no incentive is provided for a future partner to include or improve upon this care at Maui Memorial if they are providing similar services at a facility on another island. This is just one example of how this clause in the bill would work against the intended outcome of the bill. With this in mind, I ask that the bill be amended to allow the system to seek out and truly negotiate with an array of potential partners. Removing the provision limiting the partner does not prohibit a partnership with a health organization formed in the state of Hawaii prior to 2000 (which may not even include Kaiser Permanente), but instead would allow an even playing field in which to evaluate and negotiate with a future partner.

Also, it is critically important that the bill provide for regional decision making, including all regional stakeholders. I also ask that you provide language requiring access to quality services, not just comparable services. Maui Memorial currently provides some of the best medical services

in the state. Residents deserve continued high quality medical care. I also ask that language be included to ensure that any partnership provide fair and competitive wages and benefits for the staff.

Thank you for taking up this critically important bill. Again, I strongly support the measure and your work to improve our health care delivery system. A solution is needed now and your wiliness to address this difficult issue is commendable.

Mahalo, Gina Flammer Written Testimony Presented Before the
House Committee on Finance
April 1, 2014 2 p.m.
Conference Room 308
by
Denise Cohen, PhD, APRN

SB 3064 SD2 HD 1 RELATING TO HEALTH SYSTEMS CORPORTATION

Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the House Committee on Finance, thank you for this opportunity to provide testimony in strong support of this bill, SB 3064, SD2, HD 1

I strongly support SB 3064, SD 2, HD1. This measure Allows for the transition of Hawaii Health systems coproration to a new healthcare management system organized under laws of the state as nonprofit corporation or public benefit corporation registered to do business in the State.

This law would establish a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system.

Further I respectfully ask that the decision making be regional, that there be no restrictions on partner choice, and that the transistion committee be composed of primarily members from the region affected including the Mayor, healthcare leaders, and healthcare providers (physician and nursing representation).

Therefore, I respectfully requests that this Committee pass SB 3064 SD2, HD1 as reqested. Mahalo for this opportunity to testify.

finance8-Danyl

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 9:18 AM

To: FINTestimony
Cc: hyada@hawaii.edu

Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Harry Yada	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 0'., 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: DAVIDS (

DAVIDS, CRONS MD, OLD

Phone: 90% 2411 -59

Signature:

finance1

From: George Powell < gpowell@mauimedical.com>

Sent: Monday, March 31, 2014 8:19 AM

To: FINTestimony Cc: George Powell

Subject: SB3064

Dear Hon. Members,

As currently written I do not support SB3064. It basically puts the healthcare fate of Maui residents in the hands of absentee individuals and seems to almost completely exclude any input from Maui residents or the healthcare professionals that we'll be doing all the heavy lifting in health care delivery. This is patently unfair and should be remedied.

I personally support

- (1). Regional decision making
- (2). No restrictions on partner choice
- (3). Transition (selection) Committee composed primarily of members from the region affected including the Mayor and healthcare providers (physician and nursing representation).

Thank you very much for your consideration.

George E. Powell M.D.
Neurology
Maui Medical Group
Chairman, Neuroscience Committee, Maui Memorial Medical Center
Medical Director, Maui Memorial Medical Center Stroke Unit

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 30, 2014 9:19 PM

To: FINTestimony

Cc: jtantisira@hotmail.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/30/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Jivin Tantisira	Individual	Support	No

Comments: I would like no restrictions on the choice of partners and there should be local decision making in partner selection. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Testimony of
Karey Kapoi
on
S.B. 3064, SD2 HD1
Relating to Hawaii Health Systems Corporation

Committee on Finance Tuesday April 1, 2014 2:00 p.m. Conference Room 308

Aloha Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

I am testifying in support of S.B. 3064, SD2, HD1 with Amendments that purposes to establish guidelines for the transition of the Hawaii Health System Corporation (HHSC), one or more of the regions of the HHSC into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County.

The delivery of healthcare services across the Nation is undergoing a major transformation on all fronts. Here in Hawaii, there also need to be major change to our state's healthcare system as it relates to HHSC. The current structure of HHSC is not sustainable for the long-term delivery of quality health care services for residents, especially those on the Neighbor Islands.

At MMMC our operating costs continue to rise as government funding continues to decline, resulting in current losses and adding to future financial deficits. The factors that are increasing the gap include growing expenditures for infrastructure upgrades and maintenance, and health IT improvements to adhere to Affordable Care Act requirements; rising costs for recruitment, retention and training, including offering competitive salaries, benefits and collective bargaining; unfunded bargaining mandates and liabilities including health fund and retirement systems; and declining Medicare and State subsidies, reduced Medicaid and private insurance payments, and effects from the federal budget sequestration.

In order to meet funding shortfalls, MMMC is currently working on updating its budget and we may be forced to consider possible reductions in medical services, inventory of supplies and pharmaceuticals, availability of services and/or number of employees.

MMMC's aging facilities are in need of major updating in order to provide for the well-being and safety of our employees and patients. Facility infrastructure and grounds continue to

deteriorate resulting in more costly repairs and increased difficulty with recruiting qualified staff. Growing losses by community hospitals will inevitably affect services, accessibility, staffing and the ability for MMMC to remain competitive in quality and costs. If not resolved, this may result in facility closures and loss of jobs, which will negatively impact communities that MMMC serves especially low income and elderly.

We believe a private-public partnership will reduce our dependence on government subsidies and provide access to private capital. This would help MMMC facilities broaden access to private capital and services and address physical plant needs; create efficiencies of scale and increased resources; standardize and improve clinical practice through evidence-based guidelines, access to best practices and health information systems which support tracking and monitoring progress; enhance information technology infrastructure; offer private sector compensation packages to attract, retain and integrate qualified medical service personnel; and provide greater access to quality healthcare and lower costs.

This legislation will help us move forward and explore engaging in private public partnership. Our primary focus is to ensure that residents, especially those on the neighbor islands, continue to have access to quality health care services.

We support S.B. 3064, SD2, HD1 and recommend amending the bill as follows:

- Provide that legislation does not limit who the regions can consider in any partnership
- Provide for regional decision making including all regional stakeholders.
- Provide language to ensure continued access to Quality Services
- Provide that any partnership would provide fair/competitive wages and benefits for staff

Mahalo for your consideration.

I have been a practicing physician in Maui since 1999 and an Assistant Clinical professor on the faculty of JABSOM since 2000. I am writing to express my strong support for non-restrictive public/private partnership for MMMC. I do not believe that the Oahu hospitals will be capable of strengthening MMMC. I'm also concerned that MMMC will become a referral hospital and lose services. It is imperative that 50% of the transition board come from the region that will be completely affected by the decision. I recommend that the transition committee consist of the Mayor of Maui County, regional HHSC board members, and senior leaders of the medical and nursing staff in Maui. We have the possibility of engaging a world-class health system partner that could promote the islands as medical destination sites. Would we really reject an association with the Mayo clinic?

Sincerely,

James W Jones, MD, Assistant Clinical professor, JABSOM

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 4:27 AM

To: FINTestimony

Cc: cheryl.jones525@gmail.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Cheryl A Jones	Individual	Comments Only	No

Comments: I have been a Hawaii registered nurse since 1999. For the long term health of our community we must have a private public partnership for MMMC that is unrestricted. At this time in our stressed economy and increasingly stressed health care system we need to attract world class medical institutions which would support medical residency programs, a new hospital building and strengthening the local hospital. Decisions regarding the proposed transition must be made on a local --Maui County level. In truth this type of sustainability is in the best interests of the whole state of Hawaii. MMMC cannot be relegated to a referral center for Oahu. Respectfully, Cheryl A. Jones, RN, PhD

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Written Testimony Presented Before the House Committee on Finance April 1, 2014 2 p.m. Conference Room 308 by Nancy Johnson, MSN, APRN

SB 3064 SD2 HD 1 RELATING TO HEALTH SYSTEMS CORPORTATION

Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the House Committee on Finance, thank you for this opportunity to provide testimony in strong support of this bill, SB 3064, SD2, HD 1

I strongly support SB 3064, SD 2, HD1. This measure Allows for the transition of Hawaii Health systems coproration to a new healthcare management system organized under laws of the state as nonprofit corporation or public benefit corporation registered to do business in the State.

This law would establish a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system.

Further I respectfullly ask that the decision making be regional, that there be no restrictions on partner choice, and that the transistion committee be composed of primarily members from the region affected including the Mayor, healthcare leaders, and healthcare providers (physician and nursing representation).

Therefore, I respectfully requests that this Committee pass SB 3064 SD2, HD1 as reqested. Mahalo for this opportunity to testify.

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 8:28 AM

To: FINTestimony Cc: pgiron@aol.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Pedro Glron MD	Individual	Comments Only	No

Comments: I strongly support this measure. I respectfully ask that the decision making process be regional, and most importantly, that there be no restrictions on partner choice. Maui county needs a healthcare management partner that will maintain the safety net, and grow access to excellent healthcare.

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House Committee on Finance (fax 1-800-535-3859)
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: GABE IMAOKA

Address: 221 MAHALANI ST, WALLIKU 90766

Phone: 808-242-2104

Signature:

House Committee on Finance (fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members.

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: Shantelle Imanko

Address: 221 Mahalani Street Waluku 90768

Phone: 868-242-2-104

Signature: Signature:

House Committee on Finance (fax 1-800-535-3859)

Finance Committee

Rep. Sylvia Luke, Chair Tuesday April 1, 2014 Hawaii State Capitol, Rm 308

RE: TESTIMONY IN SUPPORT OF SB 3064 SD2, HD1, WITH ADMENDMENTS

Dear Chair Luke and Members of the Committee: I am writing in support of SB3064 SD2, HD 1with a reservation.

I support the intent of the public private partnership concept.

I support regional choice of a nonprofit partner that is the best fit for the community without limitations.

I support representation from the affected community on the selection/transition committee. Specifically I request transition committee members from the administration, medical staff, nursing staff, and regional board of the affected region/community.

I do not support a 2/3 vote of legislative approval on the final choice of the selection/transition committee. The legislature should be able to provide a legislative framework for the committee and then trust the committee to make the appropriate decision. A requirement for legislative approval is too stringent and potentially subjects the decision to political forces.

The HHSC system is teetering on the brink of failure in some regions. The HHSC system was established to provide a pathway for sustainability for the state hospital system. Instead this system has required ever increasing subsidies for operational funds from the state and is now suffering from deferred maintenance that will require an investment of \$1billion in the next 10 years. The choice must be made to change the system or endure cuts to services.

This issue truly only affects the neighbor islands where HHSC hospitals are the major, and in some cases only, sources of care. Therefore, the voices of the neighbor island community should be heard and attended to, both during the legislative process and in the selection process of any potential partner. The community, physicians, nursing staff, administration, and Board of the Maui Region have held many joint meetings and we are all in favor of a path to a nonprofit partner.

Thank you for your attention to this matter, Nicole Apoliona, M.D. Medical Director, Kula Hospital and Clinic

From: mailinglist@capitol.hawaii.gov

Sent: Monday, March 31, 2014 10:56 AM

To: FINTestimony

Cc: petithzb@hawaii.edu

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Petith-Zbiciak	Individual	Comments Only	No

Comments: Thank you for considering this testimony. In order to sustain a health care system that works for Maui people, I personally support (1). Regional decision making (2). No restrictions on partner choice (3). Transition (selection) Committee composed primarily of members from the region affected including the Mayor and healthcare providers (physician and nursing representation). Thank you, Carol Petith-Zbiciak

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

finance8-Danyl

From: mailinglist@capitol.hawaii.gov

Sent: Monday, March 31, 2014 11:04 AM

To: FINTestimony
Cc: tamar@chotzen.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Tamar Chotzen Goodfellow	Individual	Support	No

Comments: Please support this legislation. It is a critical step to improving our hospital and health care on Maui. Over time, it will also reduce the expense to the state. Thank you for your support and for understanding how essential this is to our neighbor island community!

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(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations

Name: _

Address: Phone:

Signature:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.

3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: _____K

Phone:

Signatul

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.

3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name:

Address: Phone:

Signature:

03/31/5014 10:50 5455020202020

House Committee on Finance (fax 1-800-535-3859)
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: ___ Address:

Phone:

Signature:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your cons	iderations.
Name:Address:Phone:	PUBOX32075/Julin Haco33
Signature: MW	Win Jimen

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

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I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Address: 250 HOANKE

Signature

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name:

Address: 768 A

raise thos work was made

Signature:

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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- There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name:

Address: 100 9

Phone: 80

Signature M - CL

ω a. Lulm, HI 96793

03/31/5014 10:50 545502020455020

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD I

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You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

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- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Name:		
Address:		
Phone:		

Thank you for your considerations

Dear Representatives,

My name is Bryan Smith. I am a medical doctor working at MMMC. I am writing to oppose SB 3064 sd2 hd1 in its current form, and to express support if two extremely important amendments were added.

First and foremost, I would humbly implore you to please reinstate the stricken language that previously would have allowed for HHSC to partner with an entity from either the mainland or Hawaii, as well as to remove the language limiting the partnership to an entity doing business in Hawaii as of the year 2000.

It is in the best interest of the people of Hawaii to allow businesses nationwide to compete for this partnership. It is unfair to limit competition to just a few Hawaii based entities. A recent example is that Scripps Healthcare, one of the nations leading hospital organizations, expressed an interest in exploring a partnership with HHSC. Because of the language excluding national competition for this partnership, Scripps could not make a proposal. Please do not let us lose out on further outstanding opportunities for our community, remove the restrictions on national competition for this partnership.

Second, the Transition Committee should be mandated to include both physicians and elected officials, such as mayors, from the affected counties. This will allow regional representation for the life-impacting decisions that the committee will be putting forth.

Mahalo Nui Loa,

Most Sincerely,

Bryan Smith, MD

finance8-Danyl

From: mailinglist@capitol.hawaii.gov

Sent: Monday, March 31, 2014 11:52 AM

To: FINTestimony

Cc: natashaa@goodfellowbros.com

Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Natasha Ash	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

finance8-Danyl

From: mailinglist@capitol.hawaii.gov

Sent: Monday, March 31, 2014 12:03 PM

To: FINTestimony

Cc: joycet@halemakua.org

Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing	
Joyce Tamori	Individual	Support	No	

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Steve Perkins Maui Resident 1300 North Holopono Street, Suite 201 Kihei, HI 96753

Committee on Finance Tuesday April 1, 2014 2:00 p.m. Conference Room 308

RE: Testimony in strong support of S.B. 3064, SD2 HD1 Relating to Hawaii Health Systems Corporation

Aloha Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

I am testifying in **support of S.B. 3064**, **SD2**, **HD1 with Amendments** that purposes to establish guidelines for the transition of the Hawaii Health System Corporation (HHSC), one or more of the regions of the HHSC into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County.

This legislation is supported by the competent leadership of our hospital, who are of the opinion that it will allow for added flexibility in addressing shortcomings in the current HHSC system of business.

I urge you to support S.B. 3064.

Thank you,

Steve Perkins

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 1:49 PM

To: FINTestimony

Cc: Charliej@pacificrimland.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Jencks	Individual	Comments Only	No

Comments: With the passage of this bill the people of Hawaii will finally have the opportunity to expand the quality of health care in our state run facilities through a private/public partnership. I urge you to support this bill. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 1:57 PM

To: FINTestimony

Cc: steveg@goodfellowbros.com

Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
James Stephen Goodfellow	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 1:47 PM

To: FINTestimony Cc: Ichun@hhsc.org

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Leslie B. Chun M.D.	Individual	Support	No

Comments: Aloha Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee: I am testifying in support of S.B. 3064, SD2, HD1 with Amendments that purposes to establish guidelines for the transition of the Hawaii Health System Corporation (HHSC), one or more of the regions of the HHSC into a nonprofit corporation. The passage of this bill is critical to the future delivery and sustainability of quality health care services for the residents of Maui County. As a physician, member of Maui Memorial Medical Center's Executive Team and resident of Maui, I believe it is essential to allow HHSC to explore potential partners to look for sustainable models of health care. This legislation will help our community move forward. Our primary focus is to ensure that residents, especially those on the neighbor islands, continue to have access to quality health care services. Thank you for your consideration, Sincerely, Leslie B. Chun MD Chief of Clinical and Medical Affairs Maui Memorial Medical Center

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 2:58 PM

To: FINTestimony Cc: sclifton@hhsc.org

Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Clifton	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.





Tuesday – April 01, 2014 – 2:00pm Conference Room 308

The House Committee on Finance

To: Representative Sylvia Luke, Chair

Representative Scott Y. Nishimoto, Vice Chair Representative Aaron Ling Johanson, Vice Chair

From: George Greene

President & CEO

Healthcare Association of Hawaii

Re: Supplemental Testimony in Support: Proposed Draft Attached

SB 3064, SD2, HD1— Relating to Hawaii Health Systems Corporation

The Healthcare Association of Hawaii (HAH) is a 130-member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to testify in support of SB 3064, SD2, HD1, which would allow for the transition of the Hawaii health systems corporation (HHSC), a regional system, to a nonprofit corporation.

HAH supports the intent of SB 3064, SD2, HD1, would preserve the state's HHSC hospitals by allowing the facilities to transition to non-profit corporation status, thereby maintaining vital parts of the healthcare continuum. SB 3064, SD2, HD1, furthers HAH's vision of a healthy Hawaii where every resident has convenient access to appropriate, affordable, and high quality healthcare.

HAH and its members support the successful transition of any of the HHSC facilities to a nonprofit corporation. HAH's members have agreed on a consensus version of the bill, and HAH respectfully requests the amendments offered in the proposed HD2, which proposes the following changes to the HD1:

(1) Adds a purpose section;

- (2) Deletes almost all of Part I and the proposed sections it would have added and replaces it with a proposed amendment to section 323F-7.6, which would (a) allow HHSC, in whole or in part, to transition to a nonprofit corporation registered to do business in the State before January 1, 2007; and (b) restricts real property assets of HHSC to leasehold transfers, and further conditions such leases on approval by the Governor, Attorney General, and Director of the Department of Budget and Finance; and
- (3) Inserts a new Part II, which adds two new sections to Chapter 323F regarding state funding of any new nonprofit corporation and continuing liabilities of any new corporation;
- (4) Removes original Part II;
- (5) Removes Part III heading;
- (6) Removes sections 4 and 5; and
- (7) Changes the effective date to January 1, 2015.

Thank you for the opportunity to testify in support of SB 3064, SD2, HD1.

A BILL FOR AN ACT

RELATING TO HAWAII HEALTH SYSTEMS CORPORATION

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Hawaii health systems corporation provides much needed health care to our community throughout the state. However, the transition of the Hawaii health systems corporation to a nonprofit corporation is necessary to the sustainability of Hawaii health systems corporation as well as its regional systems. Based on the financial difficulties experienced by Hawaii health systems corporation over the years, the legislature finds that privatization is the only feasible means to sustain continued provision of vital as well as necessary health care in the communities served by Hawaii health systems corporation. The legislature further finds that it is in the public interest to transition Hawaii health systems corporation, its regional system or systems toward privatization through a nonprofit corporation.

PART I

SECTION 2. Chapter 323F, Hawaii Revised Statutes, is amended [by adding a new part to be appropriately designated and] to read as follows:

["PART .TRANSITION OF] §323F-7.6 HAWAII HEALTH SYSTEMS

CORPORATION[, REGIONAL SYSTEM, OR COMBINED REGIONAL SYSTEM];

transition authority.

[\$323F-A Hawaii health systems corporation; transition
authority. Notwithstanding any other law to the contrary, the
corporation, a regional system, or a combined regional system of two
or more regional systems may transition to a new healthcare management
system organized under the laws of the State as a nonprofit
corporation or public benefit corporation registered to do business in
the State. The transition may occur through the sale, lease, or
transfer of the assets of the corporation, regional system, or
combined regional system to implement a more economically efficient
system of health care delivery in the communities being served;
provided that any real property shall only be transferred by lease.

\$323F-B Transition committee; establishment. There is established a transition committee to be chaired by the governor or the governor's designee. The committee shall consist of the following members:

- (1) The director of finance or the director's designee;
- (2) The attorney general or the attorney general's designee;

- (3) Members representative of the Hawaii health systems corporation corporate board;
- (4) Members representative of the affected Hawaii health systems

 corporation regional board or boards, who shall each be a

 resident of the respective region represented; and
- (5) Representatives of public sector labor unions with members

 who are employed by the Hawaii health systems corporation.

The chair and the committee shall serve until a new healthcare management system and transition are selected. Additional members shall be selected by the governor. The terms of the members of the transition committee shall be four years. New members of the transition committee shall be selected by a two-thirds affirmative vote of the existing transition committee members.

\$323F-C Transition committee; powers. (a) The transition committee shall assist the governor in implementing, reviewing, and negotiating the transition of the corporation, a regional system, or a combined regional system of two or more regional systems to a new healthcare management system.

- (b) The transition committee shall:
- (1) Give notice inviting healthcare management systems, with expertise and experience in operating an integrated clinical health care delivery system, to submit a transition plan for the transition of the management structure and health care delivery system of the

- corporation, regional system, or combined regional systems

 pursuant to the transition plan criteria in section 323F-D;
- (2) Evaluate the transition plans and any other pertinent information submitted;
- (3) Consult with the medical staff, hospital staff, and the

 affected communities on the transition plans that have been submitted;
- (4) Based on the transition committee's findings, select a transition plan that meets the requirements of section 323F-D;
- (5) Enter into contracts, leases, agreements, or other

 transactions with the selected healthcare management system

 to execute the transition plan approved by the transition

 committee to operate, manage, and control the public health

 facilities of the corporation, regional system, or combined

 regional systems;
- (6) Monitor the execution of the transition plan by the selected healthcare management system and develop measures to determine the effectiveness of the healthcare management system in achieving the outcomes proposed in the transition plan;
- (7) If general funds are requested by the selected healthcare

 management system during the period of transition, submit

to the legislature a proposed budget for which the funds are to be used;

- (8) After the period of transition, monitor the activities of the selected healthcare management system to ensure:
 - (A) The basic health needs of the communities being served are fulfilled through the provision of adequate and accessible services and facilities; and
 - (B) The efficient execution of budgeting, personnel,

 procurement, fiscal, capital planning, and accounting

 policies; and
- (9) Approve the issuance of revenue bonds, as provided in sections 323F-7(c)(15)(A) and 323F-7(c)(15)(B).
- (c) The transition committee shall submit a report to the governor and to the legislature twenty days prior to the convening of each regular session on the achievements of the selected healthcare management system in meeting the goals proposed in the transition plan and the health care needs of the communities being served.
- \$323F-D Transition plan; criteria. (a) The transition

 committee shall develop criteria for evaluating and selecting a plan

 for the transitioning of the corporation, a regional system, or a

 combined regional system to a new healthcare management system. The

 transition plan shall include requirements for:
 - (1) Establishing a governance and management structure that will improve the performance of the hospitals and facilities of

- the corporation, regional system, or combined regional systems;
- (2) Applying efficiencies of scale, consolidation of shared services, and administrative and technological expertise to improve the health care performance of the hospitals and facilities of the corporation, regional system, or combined regional system;
- (3) Implementing operational efficiencies and a financial structure that will reduce or eliminate the need for state subsidies during the period of transition;
- (4) Establishing a personnel system that notwithstanding any law to the contrary, is exempt from Title 7, including but not limited to chapters 77, 89, and 89A, and, notwithstanding any provision of a collective bargaining agreement to the contrary, provides for non-public operation of its health facility or facilities without the need to bargain or consult with any person or entity; provided that the rights of employees under Article XIII, section 1, of the Hawaii State Constitution shall not be abridged; and
- (5) Protecting and promoting the health care needs of the areas being served and delivering a high quality of clinical care and patient services.
- (b) To develop the criteria for the transition plan, the transition committee shall consider:

- (1) Issues relating to the decline of revenues and growth of expenses;
- (2) Implementation of measures to more effectively and efficiently administer the delivery and monitoring of health care;
- (3) Required improvements to existing physical facilities to more efficiently deliver health care in the communities being served; and
- (4) Workforce requirements to maintain, improve, or expand health care in the communities being served.

\$323F-E Transition plan; legislative approval. Any transition plan selected by the transition committee shall be approved by the legislature by a two-thirds vote of both houses in any regular or special session following the date of the selection of the transition plan.]

Notwithstanding any other law to the contrary, the corporation, a regional system, or a combined regional system of two or more regional systems may transition to a nonprofit corporation registered to do business in the State with the department of commerce and consumer affairs before January 1, 2007. The transition may occur through the sale, lease, or transfer of the assets of the corporation, regional system, or combined regional system, to implement a more economically efficient system of health care delivery in the communities being served; provided that any real property shall only be transferred by

lease, and shall be subject to the approval of the governor, attorney general, and director of the department of budget and finance."

[\$323F-F Liabilities; period of transition. (a) Any and all liabilities of the corporation, regional system, or combined regional system transitioning into a new healthcare management system that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the corporation, regional system, or combined regional system related to collective bargaining contracts negotiated by the State, shall become the responsibility of the State.

(b) As used in this section, "period of transition" means the time in the transition plan submitted by the selected healthcare management system during which structural, operational, and financial changes are implemented by the selected healthcare management system to promote the delivery of high quality health care in the areas being served, while reducing or eliminating the need for state subsidies.

\$323F-G Hospital services; state funding. (a) The selected healthcare management system shall maintain equivalent hospital services in acquired regions for no less than

years following the finalization of the transition.

(b) The selected healthcare management system shall receive general fund support from the State sufficient to maintain equivalent hospital services in acquired regions for no less than years following the finalization of the transition."

[-SECTION 2. Section 323F-7.6, Hawaii Revised Statutes, is -repealed.]

PART II

SECTION 3. Chapter 323F, Hawaii Revised Statutes, is amended by adding two new sections to be appropriately designated and to read as follows:

"S323F- Hospital services; state funding. (a) The nonprofit hospital corporation shall maintain equivalent hospital services in acquired regions [for no less than five years] following the finalization of the transition pursuant to section 323F-7.6, provided that the nonprofit corporation shall receive general fund support from the State sufficient to maintain equivalent hospital services in acquired regions.

Liabilities; period of transition. (a) Any and all liabilities of the corporation, regional system, or combined regional system transitioning into a nonprofit hospital corporation pursuant to section 323F-7.6 that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the corporation, regional system, or combined regional system related to collective bargaining contracts negotiated by the State, including all benefits, pensions, and financial obligations, shall become the responsibility of the State.

(b) Notwithstanding any law to the contrary, the personnel system established by the nonprofit corporation shall be exempt from Title 7, including but not limited to chapters 77, 89, and 89A, and, notwithstanding any provision of a collective bargaining agreement to the contrary, provide for non-public operation of its health facility

or facilities without the need to bargain or consult with any person or entity; provided that the rights of employees under Article XIII, section 1, of the Hawaii State Constitution shall not be abridged."

["[§323F-7.6] Transition of Hawaii health systems regional system or health facility to a new entity. (a) Notwithstanding any other law to the contrary, including but not limited to section 27-1 and chapter 171, any of the regional systems or individual facilities of the Hawaii health systems corporation is hereby authorized to transition into a new legal entity in any form recognized under the laws of the State, including but not limited to:

- (1) A nonprofit corporation;
- (2) A for-profit corporation;
- (3) A municipal facility;
- (4) A public benefit corporation; or
- (5) Any two or more of the entities in paragraphs (1) through (4).

A transition shall occur through the sale, lease, or transfer of all or substantially all of the assets of the facility or regional system, except for real property which shall only be transferred by lease. Any transition shall comply with chapter 323D.

(b) A transition shall only occur upon approval of the appropriate regional system board in the case of a regional system or individual facility transition, or upon approval of the regional system boards and the corporation in the case of the transition of the

entire corporation. Any transition shall be subject to legal review by the attorney general who shall approve the transition if satisfied that the transition conforms to all applicable laws, subject to the review of the director of the department of budget and finance who shall approve the transition if it conforms to all applicable financing procedures, and subject to the governor's approval. In addition the transition shall be subject to the following terms and conditions:

- (1) All proceeds from the sale, lease, or transfer of assets

 shall be used for health care services in the respective

 regional system or facility, except that real property

 shall only be transferred by lease;
- transitioning into a new entity that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the regional system or facility related to collective bargaining contracts negotiated by the State, shall become the responsibility of the State; and
- (3) During the period of transition:
 - (A) The State shall continue to fund the provision of health

 care services provided for by the regional system or

 individual facility; and

(B) All applicable provisions of this chapter shall continue to apply.

Upon the completion of the transition of all the facilities in a regional system to a new entity, the regional system board for that regional system shall terminate; provided that if not all of a regional system's facilities are transitioned to a new entity, the existing regional system board shall not terminate but shall continue to retain jurisdiction over those facilities remaining in the regional system."]

[PART II

SECTION 3. Section 89-6, Hawaii Revised Statutes, is amended as follows:

1. By amending subsections (a) and (b) to read:

"(a) All employees throughout the State within any of the following categories shall constitute an appropriate bargaining unit:

(1) Nonsupervisory employees in blue collar positions;

(2) Supervisory employees in blue collar positions;

(3) Nonsupervisory employees in white collar positions;

(4) Supervisory employees in white collar positions;

(5) Teachers and other personnel of the department of education under the same pay schedule, including part-time employees

working less than twenty hours a week who are equal to onehalf of a full-time equivalent; (6) Educational officers and other personnel of the department of education under the same pay schedule; (7) Faculty of the University of Hawaii and the community college system; (8) Personnel of the University of Hawaii and the community college system, other than faculty; (9) Registered professional nurses; (10) Institutional, health, and correctional workers; (11) Firefighters; (12) Police officers; (13) Professional and scientific employees, who cannot be included in any of the other bargaining units; [and] (14) State law enforcement officers and state and county ocean safety and water safety officers[.][; and (15) Employees of the Hawaii health systems corporation who were as of January 1, 2014, in any of units (1) through (14); provided that such employees will continue to be covered by the collective bargaining agreements in effect as of that date except that such collective bargaining agreements

shall be renegotiated once the employer enters into an

A. The employees of the Hawaii health systems corporation, a regional system, or a combined regional system of two or more regional systems electing to transition to a new healthcare management system shall continue to be covered by the collective bargaining agreements in effect upon the establishment of the transition committee, provided that the governor, assisted by the transition committee, shall negotiate with the new healthcare management system, the terms and conditions of employment which are subject to collective bargaining which are to be embodied in a written agreement prior to the period of transition of the selected transition plan.

- (b) Because of the nature of work involved and the essentiality of certain occupations that require specialized training, supervisory employees who are eligible for inclusion in units (9) through][(14)] [(15)] shall be included in units (9) through [(14),] [(15),] respectively, instead of unit (2) or (4)."
- 2. By amending subsection (d) to read:
- "(d) For the purpose of negotiating a collective bargaining agreement, the public employer of an appropriate bargaining unit shall mean the governor together with the following employers:
- (1) For bargaining units (1), (2), (3), (4), (9), (10), (13),

 [and] (14), and (15) the governor shall have six votes and

 the mayors, the chief justice, and the Hawaii health

systems corporation board shall each have one vote if they have employees in the particular bargaining unit;

- (2) For bargaining units (11) and (12), the governor shall have four votes and the mayors shall each have one vote;
- (3) For bargaining units (5) and (6), the governor shall have three votes, the board of education shall have two votes, and the superintendent of education shall have one vote; and
- (4) For bargaining units (7) and (8), the governor shall have three votes, the board of regents of the University of Hawaii shall have two votes, and the president of the University of Hawaii shall have one vote.

Any decision to be reached by the applicable employer group shall be on the basis of simple majority, except when a bargaining unit includes county employees from more than one county. In that case, the simple majority shall include at least one county."

SECTION 4. No employee who is separated from service as a result of the transition of the Hawaii health systems corporation, a regional system board, or a combined regional system board to a new healthcare management system shall suffer any loss of retirement allowance earned as provided in section 88-74, Hawaii Revised Statutes.

PART III

SECTION 5. In codifying the new sections added by section 1 of this Act, the revisor of statutes shall substitute appropriate

sections numbers for the letters used in designating the new sections in this Act.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory materials is underscored.

SECTION 7. This Act shall take effect on $[\frac{\text{July 1, 2150}}{\text{January}}]$ 1, 2015; provided that on January 1, 2025, sections $[\frac{1}{2}]$ and $[\frac{1}{2}]$ of this Act shall be repealed and section 323F-7.6, Hawaii Revised Statutes, shall be reenacted in the form in which it read on the day before the effective date of this Act.

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 5:01 PM

To: FINTestimony Cc: alater@hhsc.org

Subject: *Submitted testimony for SB3064 on Apr 1, 2014 14:00PM*



SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Marie Later	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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finance1

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 5:01 PM

To: FINTestimony Cc: sauweloa@hhsc.org

Subject: *Submitted testimony for SB3064 on Apr 1, 2014 14:00PM*



SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Auweloa	Individual	Support	No

Comments:

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55 Merchant Street Honolulu, Hawai'i 96813-4333 808-535-7401 www.hawaiipacifichealth.org

Tuesday, April 1, 2014 – 2:00 pm Conference Room 308

The House Committee on Finance

To: Representative Sylvia Luke, Chair

Representative Scott Nishimoto, Vice Chair Representative Aaron Johanson, Vice Chair

From: Ray Vara, President and CEO

Hawai'i Pacific Health

Re: SB 3064, SD2, HD1 Relating To Hawaii Health Systems Corporation

Testimony Supporting Intent with Proposed Amendments

.....

My name is Ray Vara. I am the President and CEO for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

We support the intent of SB 3064, SD2, HD1 which would allow the Hawaii health systems corporation (HHSC), a regional system or a combined regional system of two or more regional systems to transition to a nonprofit hospital. However, the current form of the bill establishes a "transition committee" which will assist the governor in implementing, reviewing and negotiating the transition of the HHSC, its regional system or systems. The specificity of the transition process created by the bill renders a transition cumbersome and limiting. We ask that any legislation that allows for transitioning HHSC and/or its regional systems be sufficiently broad to permit the necessary negotiations in the various regions, as a transition of this nature and magnitude will involve many stages. We therefore, respectfully suggest that the measure be simplified as reflected in the original senate version. **Proposed amendments are attached for your consideration**.

We appreciate the efforts of the Legislature in exploring the means toward implementing a more economically efficient system of health care in the communities being served. Hawai'i Pacific Health recognizes that this is no easy task. We are committed to improving the delivery of health care in Hawaii and are interested in being a part of the solution.

Thank you for the opportunity to provide this testimony.









SB 3064, SD2, HD1 PROPOSED AMENDMENTS

RELATING TO HAWAII HEALTH SYSTEMS CORPORATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Hawaii health systems corporation provides much needed health care to our community throughout the state. However, the transition of the Hawaii health systems corporation to a private nonprofit hospital corporation is necessary to the sustainability of Hawaii health systems corporation as well as its regional systems. Based on the financial difficulties experienced by Hawaii health systems corporation over the years, the legislature finds that privatization is the only feasible means to sustain continued provision of vital as well as necessary health care in the communities served by Hawaii health systems corporation. The legislature further finds that it is in the public interest to transition Hawaii health systems corporation, its regional system or systems toward privatization through a private nonprofit hospital corporation.

PART I

SECTION [1]2. Chapter 323F, Hawaii Revised Statutes, is amended [by adding a new part to be appropriately designated and] to read as follows:

["PART .TRANSITION OF] §323F-7.6 HAWAII HEALTH SYSTEMS

CORPORATION[, REGIONAL SYSTEM, OR COMBINED REGIONAL SYSTEM];

transition authority.

[§323F-A Hawaii health systems corporation; transition authority. Notwithstanding any other law to the contrary, the corporation, a regional system, or a combined regional system of two or more regional systems may transition to a new healthcare management system organized under the laws of the State as a nonprofit corporation or public benefit corporation registered to do business in the State. The transition may occur through the sale, lease, or transfer of the assets of the corporation, regional system, or combined regional system to implement a more economically efficient system of health care delivery in the communities being served; provided that any real property shall only be transferred by lease.

§323F-B Transition committee; establishment. There is established a transition committee to be chaired by the governor or the governor's designee. The committee shall consist of the following members:

- (1) The director of finance or the director's designee;
- (2) The attorney general or the attorney general's designee;
- (3) Members representative of the Hawaii health systems corporation corporate board;

- (4) Members representative of the affected Hawaii healthsystems corporation regional board or boards, whoshall each be a resident of the respective regionrepresented; and
- (5) Representatives of public sector labor unions with members who are employed by the Hawaii health systems corporation.

The chair and the committee shall serve until a new healthcare management system and transition are selected.

Additional members shall be selected by the governor. The terms of the members of the transition committee shall be four years.

New members of the transition committee shall be selected by a two-thirds affirmative vote of the existing transition committee members.

§323F-C Transition committee; powers. (a) The transition committee shall assist the governor in implementing, reviewing, and negotiating the transition of the corporation, a regional system, or a combined regional system of two or more regional systems to a new healthcare management system.

- (b) The transition committee shall:
- (1) Give notice inviting healthcare management systems,
 with expertise and experience in operating an
 integrated clinical health care delivery system, to
 submit a transition plan for the transition of the

- management structure and health care delivery system of the corporation, regional system, or combined regional systems pursuant to the transition plan criteria in section 323F-D;
- (2) Evaluate the transition plans and any other pertinent information submitted;
- (3) Consult with the medical staff, hospital staff, and
 the affected communities on the transition plans that
 have been submitted;
- (4) Based on the transition committee's findings, select a transition plan that meets the requirements of section 323F-D;
- (5) Enter into contracts, leases, agreements, or other transactions with the selected healthcare management system to execute the transition plan approved by the transition committee to operate, manage, and control the public health facilities of the corporation, regional system, or combined regional systems;
- (6) Monitor the execution of the transition plan by the selected healthcare management system and develop measures to determine the effectiveness of the healthcare management system in achieving the outcomes proposed in the transition plan;

- (7) If general funds are requested by the selected

 healthcare management system during the period of

 transition, submit to the legislature a proposed

 budget for which the funds are to be used;
- (8) After the period of transition, monitor the activities of the selected healthcare management system to ensure:
 - (A) The basic health needs of the communities being served are fulfilled through the provision of adequate and accessible services and facilities;
 - (B) The efficient execution of budgeting, personnel,

 procurement, fiscal, capital planning, and

 accounting policies; and
- (9) Approve the issuance of revenue bonds, as provided in sections 323F-7(c)(15)(A) and 323F-7(c)(15)(B).
- (c) The transition committee shall submit a report to the governor and to the legislature twenty days prior to the convening of each regular session on the achievements of the selected healthcare management system in meeting the goals proposed in the transition plan and the health care needs of the communities being served.
- §323F-D Transition plan; criteria. (a) The transition committee shall develop criteria for evaluating and selecting a

plan for the transitioning of the corporation, a regional system, or a combined regional system to a new healthcare management system. The transition plan shall include requirements for:

- (1) Establishing a governance and management structure

 that will improve the performance of the hospitals and
 facilities of the corporation, regional system, or

 combined regional systems;
- (2) Applying efficiencies of scale, consolidation of shared services, and administrative and technological expertise to improve the health care performance of the hospitals and facilities of the corporation, regional system, or combined regional system;
- (3) Implementing operational efficiencies and a financial structure that will reduce or eliminate the need for state subsidies during the period of transition;
- (4) Establishing a personnel system that notwithstanding any law to the contrary, is exempt from Title 7, including but not limited to chapters 77, 89, and 89A, and, notwithstanding any provision of a collective bargaining agreement to the contrary, provides for non-public operation of its health facility or facilities without the need to bargain or consult with any person or entity; provided that the rights of

- employees under Article XIII, section 1, of the Hawaii
 State Constitution shall not be abridged; and
- (5) Protecting and promoting the health care needs of the areas being served and delivering a high quality of clinical care and patient services.
- (b) To develop the criteria for the transition plan, the transition committee shall consider:
 - (1) Issues relating to the decline of revenues and growth of expenses;
 - (2) Implementation of measures to more effectively and efficiently administer the delivery and monitoring of health care;
 - (3) Required improvements to existing physical facilities

 to more efficiently deliver health care in the

 communities being served; and
 - (4) Workforce requirements to maintain, improve, or expandhealth care in the communities being served.
- §323F-E Transition plan; legislative approval. Any
 transition plan selected by the transition committee shall be
 approved by the legislature by a two-thirds vote of both houses
 in any regular or special session following the date of the
 selection of the transition plan.

Notwithstanding any other law to the contrary, the corporation, a regional system, or a combined regional system of two or more

regional systems may transition to a nonprofit hospital

corporation registered to do business in the State with the

department of commerce and consumer affairs before January 1,

2007. The transition may occur through the sale, lease, or

transfer of the assets of the corporation, regional system, or

combined regional system, to implement a more economically

efficient system of health care delivery in the communities being

served; provided that any real property shall only be transferred

by lease, and shall be subject to the approval of the governor,

attorney general, and director of the department of budget and

finance."

[§323F-F Liabilities; period of transition. (a) Any and all liabilities of the corporation, regional system, or combined regional system transitioning into a new healthcare management system that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the corporation, regional system, or combined regional system related to collective bargaining contracts negotiated by the State, shall become the responsibility of the State.

(b) As used in this section, "period of transition" means the time in the transition plan submitted by the selected healthcare management system during which structural, operational, and financial changes are implemented by the

selected healthcare management system to promote the delivery of high quality health care in the areas being served, while reducing or eliminating the need for state subsidies.

\$323F-G Hospital services; state funding. (a) The selected healthcare management system shall maintain equivalent hospital services in acquired regions for no less than years following the finalization of the transition.

(b) The selected healthcare management system shall receive general fund support from the State sufficient to maintain equivalent hospital services in acquired regions for no less than years following the finalization of the transition."

[-SECTION 2. Section 323F 7.6, Hawaii Revised Statutes, is repealed.]

PART II

- SECTION 3. Chapter 323F, Hawaii Revised Statutes, is amended by adding two new sections to be appropriately designated and to read as follows:
- "§323F- Hospital services; state funding. (a) The nonprofit hospital corporation shall maintain equivalent hospital services in acquired regions

 [for no less than five years] following the finalization of the transition

 pursuant to section 323F-7.6, provided that the nonprofit hospital corporation shall receive general fund support from the State sufficient to maintain equivalent hospital services in acquired regions.
- §323F- Liabilities; period of transition. (a) Any and all liabilities of the corporation, regional system, or combined regional system transitioning into a nonprofit hospital corporation pursuant to section 323F-7.6 that were transferred to the Hawaii health systems corporation upon its creation by Act

262, Session Laws of Hawaii 1996, and all liabilities of the corporation, regional system, or combined regional system related to collective bargaining contracts negotiated by the State, including all benefits, pensions, and financial obligations, shall become the responsibility of the State.

(b) Notwithstanding any law to the contrary, the personnel system established by the nonprofit hospital corporation shall be exempt from Title 7, including but not limited to chapters 77, 89, and 89A, and, notwithstanding any provision of a collective bargaining agreement to the contrary, provide for non-public operation of its health facility or facilities without the need to bargain or consult with any person or entity; provided that the rights of employees under Article XIII, section 1, of the Hawaii State Constitution shall not be abridged."

["[§323F-7.6] Transition of Hawaii health systems regional system or health facility to a new entity. (a) Notwithstanding any other law to the contrary, including but not limited to section 27-1 and chapter 171, any of the regional systems or individual facilities of the Hawaii health systems corporation is hereby authorized to transition into a new legal entity in any form recognized under the laws of the State, including but not limited to:

- (1) A nonprofit corporation;
- (2) A for-profit corporation;
- (3) A municipal facility;
- (4) A public benefit corporation; or
- (5) Any two or more of the entities in paragraphs (1) through (4).

A transition shall occur through the sale, lease, or transfer of all or substantially all of the assets of the facility or regional system, except for real property which shall only be transferred by lease. Any transition shall comply with chapter 323D.

- (b) A transition shall only occur upon approval of the appropriate regional system board in the case of a regional system or individual facility transition, or upon approval of the regional system boards and the corporation in the case of the transition of the entire corporation. Any transition shall be subject to legal review by the attorney general who shall approve the transition if satisfied that the transition conforms to all applicable laws, subject to the review of the director of the department of budget and finance who shall approve the transition if it conforms to all applicable financing procedures, and subject to the governor's approval. In addition the transition shall be subject to the following terms and conditions:
 - (1) All proceeds from the sale, lease, or transfer of assets shall be used for health care services in the respective regional system or facility, except that real property shall only be transferred by lease;
 - (2) Any and all liabilities of a regional system or

 facility transitioning into a new entity that were

 transferred to the Hawaii health systems corporation

upon its creation by Act 262, Session Laws of Hawaii
1996, and all liabilities of the regional system or
facility related to collective bargaining contracts
negotiated by the State, shall become the
responsibility of the State; and

- (3) During the period of transition:
 - (A) The State shall continue to fund the provision of health care services provided for by the regional system or individual facility; and
 - (B) All applicable provisions of this chapter shall continue to apply.

Upon the completion of the transition of all the facilities in a regional system to a new entity, the regional system board for that regional system shall terminate; provided that if not all of a regional system's facilities are transitioned to a new entity, the existing regional system board shall not terminate but shall continue to retain jurisdiction over those facilities remaining in the regional system."

[PART II

SECTION 3. Section 89-6, Hawaii Revised Statutes, is amended as follows:

1. By amending subsections (a) and (b) to read:

"(a)	All employees throughout the State within any of the
following	categories shall constitute an appropriate bargaining
unit:	
(1)	Nonsupervisory employees in blue collar positions;
(2)	Supervisory employees in blue collar positions;
(3)	Nonsupervisory employees in white collar positions;
(4)	Supervisory employees in white collar positions;
(5)	Teachers and other personnel of the department of
	education under the same pay schedule, including part-
	time employees working less than twenty hours a week
	who are equal to one-half of a full-time equivalent;
(6)	Educational officers and other personnel of the
	department of education under the same pay schedule;
(7)	Faculty of the University of Hawaii and the community
	college system;
(8)	Personnel of the University of Hawaii and the community
	college system, other than faculty;
(9)	Registered professional nurses;
(10)	Institutional, health, and correctional workers;
(11)	Firefighters;
(12)	Police officers;
(13)	Professional and scientific employees, who cannot be
	included in any of the other bargaining units; [and]

- (14) State law enforcement officers and state and countyocean safety and water safety officers[.][:_and_
 - (15) Employees of the Hawaii health systems corporation whowere as of January 1, 2014, in any of units (1) through-(14); provided that such employees will continue to becovered by the collective bargaining agreements in effect as of that date except that such collective bargaining agreements shall be renegotiated once the employer enters into an agreement to form a new entitypursuant to section 323F-A. The employees of the Hawaii health systems corporation, a regional system, or a combined regional system of two or more regional systems electing to transition to a new healthcare management system shall continue to be covered by the collective bargaining agreements in effect upon the establishment of the transition committee; provided that the governor, assisted by the transition committee, shall negotiate with the new healthcare management system, the terms and conditions of employment which are subject to collective bargaining which are to be embodied in a written agreement priorto the period of transition of the selected transition plan.

(b) Because of the nature of work involved and the essentiality of certain occupations that require specialized training, supervisory employees who are eligible for inclusion inunits (9) through][(14)] [(15) shall be included in units (9) through [(14),] [(15), respectively, instead of unit (2) or (4)." 2. By amending subsection (d) to read: "(d) For the purpose of negotiating a collective bargaining agreement, the public employer of an appropriate bargaining unitshall mean the governor together with the following employers: (1) For bargaining units (1), (2), (3), (4), (9), (10), (13), [and] (14), and (15) the governor shall have six votes and the mayors, the chief justice, and the Hawaiihealth systems corporation board shall each have onevote if they have employees in the particular bargaining unit; (2) For bargaining units (11) and (12), the governor shall have four votes and the mayors shall each have one vote; (3) For bargaining units (5) and (6), the governor shall have three votes, the board of education shall have twovotes, and the superintendent of education shall have one vote; and (4) For bargaining units (7) and (8), the governor shall

have three votes, the board of regents of the

University of Hawaii shall have two votes, and the president of the University of Hawaii shall have onevote.

PART III

SECTION 5. In codifying the new sections added by section 1 of this Act, the revisor of statutes shall substitute appropriate sections numbers for the letters used in designating the new sections in this Act.]

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory materials is underscored.

SECTION 7. This Act shall take effect on [July 1, 2150] January 1, 2015; provided that on January 1, 2025, sections [1]2 and [2]3 of this Act shall be repealed and section 323F-7.6,

Hawaii Revised Statutes, shall be reenacted in the form in which it read on the day before the effective date of this Act.

finance8-Danyl



From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 31, 2014 8:09 PM

To: FINTestimony

Cc: hallmjh1@yahoo.com

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM

SB3064

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Marny Hall Moriyasu	Maui Memorial Medical Center	Support	No

Comments: SB 3064 SD2 HD 1 RELATING TO HEALTH SYSTEMS CORPORTATION Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the House Committee on Finance, thank you for this opportunity to provide testimony in strong support of this bill, SB 3064, SD2, HD 1 I strongly support SB 3064, SD 2, HD1. This measure Allows for the transition of Hawaii Health systems coproration to a new healthcare management system organized under laws of the state as nonprofit corporation or public benefit corporation registered to do business in the State. This law would establish a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system which I am all for. I respectfully ask that the decision making be regional, that there be no restrictions on partner choice, and that the transition committee be composed of primarily members from the region affected including the Mayor, healthcare leaders, physicians and nurses. Therefore, I respectfully requests that this Committee pass SB 3064 SD2, HD1 as requested. Thank you for this opportunity to testify.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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TESTIMONY ON SB 3064



Written Testimony Presented Before the House Committee on Finance April 1, 2014 2 p.m. Conference Room 308 by Celeste M. Baldwin, PhD, APRN, CNS

SB 3064 SD2 HD 1 RELATING TO HEALTH SYSTEMS CORPORTATION

Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the House Committee on Finance, thank you for this opportunity to provide testimony in strong support of this bill, SB 3064, SD2, HD 1

I strongly support SB 3064, SD 2, HD1. This measure Allows for the transition of Hawaii Health systems coproration to a new healthcare management system organized under laws of the state as nonprofit corporation or public benefit corporation registered to do business in the State.

This law would establish a transition committee to assist the governor in implementing, reviewing, and negotiating the transitioning of the corporation, a regional system, or a combined regional system or two or more regional systems to a new healthcare management system.

Further I respectfullly ask that the decision making be regional, that there be no restrictions on partner choice, and that the transistion committee be composed of primarily members from the region affected including the Mayor, healthcare leaders, and healthcare providers (physician and nursing representation).

Therefore, I respectfully requests that this Committee pass SB 3064 SD2, HD1 as reqested. Mahalo for this opportunity to testify.

House Committee on Finance

(fax 1-800-535-3859)

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair Rep. Aaron Ling Johanson, Vice Chair

DATE: Tuesday, April 01, 2014

TIME: 2:00 P.M.

PLACE: Conference Room 308

RE: SB 3064 SD2, HD 1

Dear Chair, Vice Chairs and Committee members,

I am a Healthcare Professional on the Island of Maui. It is with concerns for my fellow citizens and concerns for access to quality services at our medical center that I write to you today.

You will be making a decision on SB 3064 SD2, HD1. I support the intent of SB 3064 SD2, HD1 which is to allow a transition for our public hospital system through a public private partnership process. The bill in its current form is likely to have unintended negative consequences on access to timely care on the neighboring islands.

SB 3064 SD2, HD1 should be amended as follows:

- Transition Committee should be composed primarily of members from the region affected. The Mayor (or designee) of the region affected should chair the committee. Healthcare Providers from the region affected should be members of the transition committee. Healthcare recipients from the region affected should be members of the transition committee.
- 2. There should be no limitations on the partner choice. Local and National candidates must be allowed consideration to permit best decision making.
- 3. The requirement of legislative approval at the end of the selection process should be eliminated.

Thank you for your considerations.

Name: (Aral Pressman, RN
Address: 1090 Millian, Place

690 Militani Plaa, Kihei HE 96153

Phone: for so

Signature: Caul Pessman

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, April 01, 2014 10:33 AM

To: FINTestimony

Cc: victoria.dennis@frontier.edu

Subject: Submitted testimony for SB3064 on Apr 1, 2014 14:00PM



SB3064

Submitted on: 4/1/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Victoria Dennis, FNP-BC, MSN	Individual	Oppose	No

Comments: As a registered nurse and family nurse practitioner I am very concerned with the intent and language contain in Senate Bill 3064 which plans not only the healthcare future of my community but seeks to seize control of the nursing profession in Hawaii. It seeks to not only control my profession's working conditions but has the capacity to impact the incomes, livelihoods and retirements of a whole generation of healthcare professionals. I am especially uncomfortable with the section giving the governor six votes over unit 9: Nursing when it only seeks 3-4 governor votes over all other bargaining units. I am particularly concerned with the power this bill gives to the officials on another island Our current administration has engaged in a gender based economic attack on the working women of Hawaii in attempts to balance the state's budget. Who did the Governor go after for pay cuts but the primarily female occupied profession of teachers and nurses? What professions give more to their communities but those that teach our young and care for our sick and aged? For two years nurses donated five percent of our income to help the state during troubled times without the benefit of being able to write this off as a charitable donation (to the state of Hawaii). However when the police officers were offered the same opportunity to give back to the flailing state economy: they declined to take the five percent pay cut. For years Maui nurses have accepted pay that is well below that earned by Oahu and west coast nurses in exchange for the long term reward of the defined benefits pension. Many of us are now too old to save enough in a self-funded 401K to ever afford to retire. The Governor has not negotiated with our Union in good faith. The arbitration process gets dragged on months to years. And once a decision is made the retroactive reimbursement only goes back a few months instead of the whole contract period. The state has an obligation to ensure the delivery of healthcare to our community and to fairly compensate the state workers who provide that care. SB 3064 is written with language that transfers the decision making power for Maui's health care to people who do not live on Maui and in no way will have any part in the physical delivery of this care. Healthcare in its current form cannot be delivered without nurses yet I see no where mentioned the inclusion of a single nurse in the proposed taskforce. This bill seeks to demolish collective bargaining and the effects on the Hawaii's ability to attract, recruit and retain nurses will surely be impacted. As our physician population is aging, retiring and our inability to recruit physicians to Maui our need for midlevel providers such as nurse practitioners, nurse anesthetists and certified nurse midwives is certain to increase. I depend on HGEA primarily to keep my working conditions safe for my patients and community but also to protect the pension I expect in lieu of better wages. The bulk of these services will be provided by the physical and intellectual work of nurses and other health

1

care professionals of Maui and not only do we deserve a seat at the decision making table but to also have our local decisions made locally. I do not support SB 3064 in its current language as it seeks to undermine the one profession that is vital to its implementation: Nursing. In particular I would like to see the language to include HGEA at the decision making table and to reduce the Governor six votes over unit 9 reduced to one. I would like to see a bigger part for the Mayor of Maui, HGEA, registered nurses and midlevel providers. Sincerely, Victoria Dennis, MSN, CCRN, FNP-BC

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Tuesday - April 01, 2014 - 2:00pm **Conference Room 308**

The House Committee on Finance

To: Representative Sylvia Luke, Chair

> Representative Scott Y. Nishimoto, Vice Chair Representative Aaron Ling Johanson, Vice Chair

From: George Greene

President & CEO

Healthcare Association of Hawaii

Re: **Supplemental Testimony in Support: Proposed Draft Attached**

SB 3064, SD2, HD1— Relating to Hawaii Health Systems Corporation

The Healthcare Association of Hawaii (HAH) is a 130-member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to testify in support of SB 3064, SD2, HD1, which would allow for the transition of the Hawaii health systems corporation (HHSC), a regional system, to a nonprofit corporation.

HAH supports the intent of SB 3064, SD2, HD1, would preserve the state's HHSC hospitals by allowing the facilities to transition to non-profit corporation status, thereby maintaining vital parts of the healthcare continuum. SB 3064, SD2, HD1, furthers HAH's vision of a healthy Hawaii where every resident has convenient access to appropriate, affordable, and high quality healthcare.

HAH and its members support the successful transition of any of the HHSC facilities to a nonprofit corporation. HAH's members have agreed on a consensus version of the bill, and HAH respectfully requests the amendments offered in the proposed HD2, which proposes the following changes to the HD1:

(1) Adds a purpose section;

- (2) Deletes almost all of Part I and the proposed sections it would have added and replaces it with a proposed amendment to section 323F-7.6, which would (a) allow HHSC, in whole or in part, to transition to a nonprofit corporation registered to do business in the State before January 1, 2007; and (b) restricts real property assets of HHSC to leasehold transfers, and further conditions such leases on approval by the Governor, Attorney General, and Director of the Department of Budget and Finance; and
- (3) Inserts a new Part II, which adds two new sections to Chapter 323F regarding state funding of any new nonprofit corporation and continuing liabilities of any new corporation;
- (4) Removes original Part II;
- (5) Removes Part III heading;
- (6) Removes sections 4 and 5; and
- (7) Changes the effective date to January 1, 2015.

Thank you for the opportunity to testify in support of SB 3064, SD2, HD1.

A BILL FOR AN ACT

RELATING TO HAWAII HEALTH SYSTEMS CORPORATION

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Hawaii health systems corporation provides much needed health care to our community throughout the state. However, the transition of the Hawaii health systems corporation to a nonprofit corporation is necessary to the sustainability of Hawaii health systems corporation as well as its regional systems. Based on the financial difficulties experienced by Hawaii health systems corporation over the years, the legislature finds that privatization is the only feasible means to sustain continued provision of vital as well as necessary health care in the communities served by Hawaii health systems corporation. The legislature further finds that it is in the public interest to transition Hawaii health systems corporation, its regional system or systems toward privatization through a nonprofit corporation.

PART I

SECTION 2. Chapter 323F, Hawaii Revised Statutes, is amended [by adding a new part to be appropriately designated and] to read as follows:

["PART .TRANSITION OF] §323F-7.6 HAWAII HEALTH SYSTEMS

CORPORATION[, REGIONAL SYSTEM, OR COMBINED REGIONAL SYSTEM];

transition authority.

[\$323F-A Hawaii health systems corporation; transition
authority. Notwithstanding any other law to the contrary, the
corporation, a regional system, or a combined regional system of two
or more regional systems may transition to a new healthcare management
system organized under the laws of the State as a nonprofit
corporation or public benefit corporation registered to do business in
the State. The transition may occur through the sale, lease, or
transfer of the assets of the corporation, regional system, or
combined regional system to implement a more economically efficient
system of health care delivery in the communities being served;
provided that any real property shall only be transferred by lease.

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- (1) The director of finance or the director's designee;
- (2) The attorney general or the attorney general's designee;

- (3) Members representative of the Hawaii health systems corporation corporate board;
- (4) Members representative of the affected Hawaii health systems

 corporation regional board or boards, who shall each be a

 resident of the respective region represented; and
- (5) Representatives of public sector labor unions with members

 who are employed by the Hawaii health systems corporation.

The chair and the committee shall serve until a new healthcare management system and transition are selected. Additional members shall be selected by the governor. The terms of the members of the transition committee shall be four years. New members of the transition committee shall be selected by a two-thirds affirmative vote of the existing transition committee members.

\$323F-C Transition committee; powers. (a) The transition committee shall assist the governor in implementing, reviewing, and negotiating the transition of the corporation, a regional system, or a combined regional system of two or more regional systems to a new healthcare management system.

- (b) The transition committee shall:
- (1) Give notice inviting healthcare management systems, with expertise and experience in operating an integrated clinical health care delivery system, to submit a transition plan for the transition of the management structure and health care delivery system of the

- corporation, regional system, or combined regional systems
 pursuant to the transition plan criteria in section 323F-D;
- (2) Evaluate the transition plans and any other pertinent information submitted;
- (3) Consult with the medical staff, hospital staff, and the

 affected communities on the transition plans that have been submitted;
- (4) Based on the transition committee's findings, select a transition plan that meets the requirements of section 323F-D;
- (5) Enter into contracts, leases, agreements, or other

 transactions with the selected healthcare management system

 to execute the transition plan approved by the transition

 committee to operate, manage, and control the public health

 facilities of the corporation, regional system, or combined

 regional systems;
- (6) Monitor the execution of the transition plan by the selected healthcare management system and develop measures to determine the effectiveness of the healthcare management system in achieving the outcomes proposed in the transition plan;
- (7) If general funds are requested by the selected healthcare

 management system during the period of transition, submit

to the legislature a proposed budget for which the funds are to be used;

- (8) After the period of transition, monitor the activities of the selected healthcare management system to ensure:
 - (A) The basic health needs of the communities being served are fulfilled through the provision of adequate and accessible services and facilities; and
 - (B) The efficient execution of budgeting, personnel,

 procurement, fiscal, capital planning, and accounting

 policies; and
- (9) Approve the issuance of revenue bonds, as provided in sections 323F-7(c)(15)(A) and 323F-7(c)(15)(B).
- (c) The transition committee shall submit a report to the governor and to the legislature twenty days prior to the convening of each regular session on the achievements of the selected healthcare management system in meeting the goals proposed in the transition plan and the health care needs of the communities being served.
- \$323F-D Transition plan; criteria. (a) The transition

 committee shall develop criteria for evaluating and selecting a plan

 for the transitioning of the corporation, a regional system, or a

 combined regional system to a new healthcare management system. The

 transition plan shall include requirements for:
 - (1) Establishing a governance and management structure that will improve the performance of the hospitals and facilities of

- the corporation, regional system, or combined regional systems;
- (2) Applying efficiencies of scale, consolidation of shared services, and administrative and technological expertise to improve the health care performance of the hospitals and facilities of the corporation, regional system, or combined regional system;
- (3) Implementing operational efficiencies and a financial structure that will reduce or eliminate the need for state subsidies during the period of transition;
- (4) Establishing a personnel system that notwithstanding any law to the contrary, is exempt from Title 7, including but not limited to chapters 77, 89, and 89A, and, notwithstanding any provision of a collective bargaining agreement to the contrary, provides for non-public operation of its health facility or facilities without the need to bargain or consult with any person or entity; provided that the rights of employees under Article XIII, section 1, of the Hawaii State Constitution shall not be abridged; and
- (5) Protecting and promoting the health care needs of the areas being served and delivering a high quality of clinical care and patient services.
- (b) To develop the criteria for the transition plan, the transition committee shall consider:

- (1) Issues relating to the decline of revenues and growth of expenses;
- (2) Implementation of measures to more effectively and efficiently administer the delivery and monitoring of health care;
- (3) Required improvements to existing physical facilities to more efficiently deliver health care in the communities being served; and
- (4) Workforce requirements to maintain, improve, or expand health care in the communities being served.

\$323F-E Transition plan; legislative approval. Any transition plan selected by the transition committee shall be approved by the legislature by a two-thirds vote of both houses in any regular or special session following the date of the selection of the transition plan.]

Notwithstanding any other law to the contrary, the corporation, a regional system, or a combined regional system of two or more regional systems may transition to a nonprofit corporation registered to do business in the State with the department of commerce and consumer affairs before January 1, 2007. The transition may occur through the sale, lease, or transfer of the assets of the corporation, regional system, or combined regional system, to implement a more economically efficient system of health care delivery in the communities being served; provided that any real property shall only be transferred by

lease, and shall be subject to the approval of the governor, attorney general, and director of the department of budget and finance."

[\$323F-F Liabilities; period of transition. (a) Any and all liabilities of the corporation, regional system, or combined regional system transitioning into a new healthcare management system that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the corporation, regional system, or combined regional system related to collective bargaining contracts negotiated by the State, shall become the responsibility of the State.

(b) As used in this section, "period of transition" means the time in the transition plan submitted by the selected healthcare management system during which structural, operational, and financial changes are implemented by the selected healthcare management system to promote the delivery of high quality health care in the areas being served, while reducing or eliminating the need for state subsidies.

\$323F-G Hospital services; state funding. (a) The selected healthcare management system shall maintain equivalent hospital services in acquired regions for no less than

years following the finalization of the transition.

(b) The selected healthcare management system shall receive general fund support from the State sufficient to maintain equivalent hospital services in acquired regions for no less than years following the finalization of the transition."

[-SECTION 2. Section 323F-7.6, Hawaii Revised Statutes, is -repealed.]

PART II

SECTION 3. Chapter 323F, Hawaii Revised Statutes, is amended by adding two new sections to be appropriately designated and to read as follows:

"S323F- Hospital services; state funding. (a) The nonprofit hospital corporation shall maintain equivalent hospital services in acquired regions [for no less than five years] following the finalization of the transition pursuant to section 323F-7.6, provided that the nonprofit corporation shall receive general fund support from the State sufficient to maintain equivalent hospital services in acquired regions.

Liabilities; period of transition. (a) Any and all liabilities of the corporation, regional system, or combined regional system transitioning into a nonprofit hospital corporation pursuant to section 323F-7.6 that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the corporation, regional system, or combined regional system related to collective bargaining contracts negotiated by the State, including all benefits, pensions, and financial obligations, shall become the responsibility of the State.

(b) Notwithstanding any law to the contrary, the personnel system established by the nonprofit corporation shall be exempt from Title 7, including but not limited to chapters 77, 89, and 89A, and, notwithstanding any provision of a collective bargaining agreement to the contrary, provide for non-public operation of its health facility

or facilities without the need to bargain or consult with any person or entity; provided that the rights of employees under Article XIII, section 1, of the Hawaii State Constitution shall not be abridged."

["[§323F-7.6] Transition of Hawaii health systems regional system or health facility to a new entity. (a) Notwithstanding any other law to the contrary, including but not limited to section 27-1 and chapter 171, any of the regional systems or individual facilities of the Hawaii health systems corporation is hereby authorized to transition into a new legal entity in any form recognized under the laws of the State, including but not limited to:

- (1) A nonprofit corporation;
- (2) A for-profit corporation;
- (3) A municipal facility;
- (4) A public benefit corporation; or
- (5) Any two or more of the entities in paragraphs (1) through (4).

A transition shall occur through the sale, lease, or transfer of all or substantially all of the assets of the facility or regional system, except for real property which shall only be transferred by lease. Any transition shall comply with chapter 323D.

(b) A transition shall only occur upon approval of the appropriate regional system board in the case of a regional system or individual facility transition, or upon approval of the regional system boards and the corporation in the case of the transition of the

entire corporation. Any transition shall be subject to legal review by the attorney general who shall approve the transition if satisfied that the transition conforms to all applicable laws, subject to the review of the director of the department of budget and finance who shall approve the transition if it conforms to all applicable financing procedures, and subject to the governor's approval. In addition the transition shall be subject to the following terms and conditions:

- (1) All proceeds from the sale, lease, or transfer of assets

 shall be used for health care services in the respective

 regional system or facility, except that real property

 shall only be transferred by lease;
- transitioning into a new entity that were transferred to the Hawaii health systems corporation upon its creation by Act 262, Session Laws of Hawaii 1996, and all liabilities of the regional system or facility related to collective bargaining contracts negotiated by the State, shall become the responsibility of the State; and
- (3) During the period of transition:
 - (A) The State shall continue to fund the provision of health

 care services provided for by the regional system or

 individual facility; and

(B) All applicable provisions of this chapter shall continue to apply.

Upon the completion of the transition of all the facilities in a regional system to a new entity, the regional system board for that regional system shall terminate; provided that if not all of a regional system's facilities are transitioned to a new entity, the existing regional system board shall not terminate but shall continue to retain jurisdiction over those facilities remaining in the regional system."]

[PART II

SECTION 3. Section 89-6, Hawaii Revised Statutes, is amended as follows:

1. By amending subsections (a) and (b) to read:

"(a) All employees throughout the State within any of the following categories shall constitute an appropriate bargaining unit:

(1) Nonsupervisory employees in blue collar positions;

(2) Supervisory employees in blue collar positions;

(3) Nonsupervisory employees in white collar positions;

(4) Supervisory employees in white collar positions;

(5) Teachers and other personnel of the department of education under the same pay schedule, including part-time employees

working less than twenty hours a week who are equal to onehalf of a full-time equivalent; (6) Educational officers and other personnel of the department of education under the same pay schedule; (7) Faculty of the University of Hawaii and the community college system; (8) Personnel of the University of Hawaii and the community college system, other than faculty; (9) Registered professional nurses; (10) Institutional, health, and correctional workers; (11) Firefighters; (12) Police officers; (13) Professional and scientific employees, who cannot be included in any of the other bargaining units; [and] (14) State law enforcement officers and state and county ocean safety and water safety officers[.][; and (15) Employees of the Hawaii health systems corporation who were as of January 1, 2014, in any of units (1) through (14); provided that such employees will continue to be covered by the collective bargaining agreements in effect as of that date except that such collective bargaining agreements

shall be renegotiated once the employer enters into an

A. The employees of the Hawaii health systems corporation, a regional system, or a combined regional system of two or more regional systems electing to transition to a new healthcare management system shall continue to be covered by the collective bargaining agreements in effect upon the establishment of the transition committee, provided that the governor, assisted by the transition committee, shall negotiate with the new healthcare management system, the terms and conditions of employment which are subject to collective bargaining which are to be embodied in a written agreement prior to the period of transition of the selected transition plan.

- (b) Because of the nature of work involved and the essentiality of certain occupations that require specialized training, supervisory employees who are eligible for inclusion in units (9) through][(14)] [(15)] shall be included in units (9) through [(14),] [(15),] respectively, instead of unit (2) or (4)."
- 2. By amending subsection (d) to read:
- "(d) For the purpose of negotiating a collective bargaining agreement, the public employer of an appropriate bargaining unit shall mean the governor together with the following employers:
- (1) For bargaining units (1), (2), (3), (4), (9), (10), (13),

 [and] (14), and (15) the governor shall have six votes and

 the mayors, the chief justice, and the Hawaii health

systems corporation board shall each have one vote if they have employees in the particular bargaining unit;

- (2) For bargaining units (11) and (12), the governor shall have four votes and the mayors shall each have one vote;
- (3) For bargaining units (5) and (6), the governor shall have three votes, the board of education shall have two votes, and the superintendent of education shall have one vote; and
- (4) For bargaining units (7) and (8), the governor shall have three votes, the board of regents of the University of Hawaii shall have two votes, and the president of the University of Hawaii shall have one vote.

Any decision to be reached by the applicable employer group shall be on the basis of simple majority, except when a bargaining unit includes county employees from more than one county. In that case, the simple majority shall include at least one county."

SECTION 4. No employee who is separated from service as a result of the transition of the Hawaii health systems corporation, a regional system board, or a combined regional system board to a new healthcare management system shall suffer any loss of retirement allowance earned as provided in section 88-74, Hawaii Revised Statutes.

PART III

SECTION 5. In codifying the new sections added by section 1 of this Act, the revisor of statutes shall substitute appropriate

sections numbers for the letters used in designating the new sections in this Act.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory materials is underscored.

SECTION 7. This Act shall take effect on $[\frac{\text{July 1, 2150}}{\text{January}}]$ and $[\frac{1}{2}]$ of $[\frac{1}{2}]$ provided that on January 1, 2025, sections $[\frac{1}{2}]$ and $[\frac{1}{2}]$ of this Act shall be repealed and section 323F-7.6, Hawaii Revised Statutes, shall be reenacted in the form in which it read on the day before the effective date of this Act.





NEIL ABERCROMBIE GOVERNOR

Testimony in **support of the intent** of SB3064 SD2 HD1 Relating to the Hawaii Health Systems Corporation

Committee on Finance Representative Sylvia Luke, Chair Representative Scott Nishimoto, Vice Chair Representative Aaron Johanson, Vice Chair

> Room 308 April 01, 2014 2:00 pm

Chair Luke, Vice-Chair Nishimoto, Vice-Chair Johanson and members of the Committee,

Thank you for hearing SB 3064 SD2 HD1 Relating to the Hawaii Health Systems Corporation (HHSC). The Office of the Governor **supports** SB 3064 SD2 HD1 to allow the transition of HHSC. In the prior joint committees on Health and Labor, we provided a proposed House Draft 1 as part of our testimony that embodied the potential to facilitate a body and a process to explore the potentials of a public-private partnership for the HHSC. We were grateful to see that the joint committee adopted a majority of our proposed draft for further consideration.

The current structure of HHSC is not sustainable for the long-term delivery of quality health care services for residents, especially those on the neighbor islands. The 2009 Stroudwater Report, commissioned by the Legislature, recommended that HHSC focus on efficiencies of scale, expand its expertise and develop a more integrated clinical delivery system that may include engaging a capital operating partner as the most effective option for the future.

We are mindful that there needs to be a balance between the various interests of the state, community, employees, and labor to provide health services in the community. SB 3064 SD2 HD1 allows for a transition to be negotiated between public and private interests and is a necessary step to insure the future of HHSC.

Thank you for this opportunity to provide testimony in support of SB 3064 SD2 HD1.