

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

February 26, 2013
10:05 am
Conference Room 211

SB 666 SD1 RELATING TO HEALTH

Chair Ige and committee members, thank you for this opportunity to provide testimony on SB666 SD1 regarding establishing an emergency medical services patient advocate program in the department of health.

Kaiser Permanente Hawaii has serious concerns about this bill.

We understand the reason this idea was brought forward to the legislature and the problem it is attempting to resolve however, this is a difficult and complicated matter that if done wrong, might impede patient care.

At Kaiser Permanente we not only understand this problem but we have already taken action to provide advocacy services for our patients in the emergency department. This person is a social worker who works in the emergency department and is assigned specifically to be a patient advocate. In addition we have continuing care coordination in the ED to assist patients in managing their continued care when their emergency treatment is completed. Being aware of the vulnerability of patients and families, we have internal processes focused on patients and their families who have concerns about the care they receive in the ED.

A program of the type proposed here would have to be immediately available to every patient in every ED in the state all the time. The advocate likely will not be on

sight at the ED but will have to discuss the case via phone call with the patient. They will then discuss the case with the doctor in the ED and based on those conversations, without benefit of seeing the patient or having any information on the patient, resolve issues, still via phone, while the patient is awaiting care. If the system works perfectly the delay may be minimal but it would nonetheless interrupt patient care.

Kaiser Permanente's emergency department is among the most used in the state. There is a near constant flow of patients with all kinds of needs. We are also concerned that patients who could be treated and released may insist on the intervention of this advocate and while everyone awaits the actions of the advocate the ED bed may not be available for patients with more serious illness and injury.

Emergency departments are highly regulated and the federal EMTALA law already provides protections to assure all patients are cared for regardless of who they are, what their condition is or their ability to pay for care. We urge your committees to not add more layers of regulation and complexity to an already well regulated patient focused system. Please do not pass this bill.

Thank you for your consideration.