# **SB666**

# LATE

# TESTIMONY

NEIL ABERCROMBIE



LORETTA J. FUDDY, A.C.S.W., M.P.H. DIRECTOR OF HEALTH

STATE OF HAWAII DEPARTMENT OF HEALTH P.O. Box 3378 HONOLULU, HAWAII 96801-3378

in reply, please refer to: File:

#### Senate Committee on Health

S.B. 666, Relating to Health

### Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H. Director of Health

#### February 6, 2013, 1:15 pm

Department's Position: The Department of Health appreciates the intent of this measure, to promote 1 better communication among patients, their family members, and health care providers in emergency 2 situations, but opposes SB666 in its current form. 3 Fiscal Implications: This measure would be costly if enacted. It would require significant funding to 4 hire a licensed physician with experience in emergency medicine and broad administrative experience in 5 emergency medical care systems to establish the emergency services patient advocate program. The 6 program has a number of duties and services that would require additional staff and operating costs for a 7 24 hour, 7 day a week call center. 8 Purpose and Justification: This measure would have the Department establish an emergency services 9 patient advocate program to provide assistance to, and advocate on behalf of, patients receiving 10 emergency medical care. While educating consumers regarding their rights as patients and guidance in 11 how to have their concerns addressed during patient encounters may be appropriate, this measure goes 12 far beyond consumer education. It would have a physician experienced in emergency medicine direct 13 the patient advocate program, and hire additional staff to operate a call center 24 hours a day, seven days 14 a week to assist patients and their families seeking emergency medical care during an episode. The 15

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1	scope of this assistance includes giving advice regarding where to seek care, and providing an additional
2	medical opinion when a patient may not be satisfied with the opinion rendered by the physician or is
3	otherwise concerned about the treatment at the emergency department. The program would also operate
4	a website, develop standards relating to patients' rights and responsibilities, develop educational and
5	informational guides, assist patients in filing and resolving complaints, track and analyze patients'
6	complaints and publish an annual quality of care report.
7	The intent of this measure is good but the scope is too expansive. While such a system may seek
8	to assist genuine complaints, the potential for adversely affecting patient care is significant. It is
9	concerning that this measure also grants immunity from any liability related to the advice given.
10	Thank you for the opportunity to testify.



Testimony of Phyllis Dendle

Before: Senate Committee on Health The Honorable Josh Green, M.D., Chair The Honorable Rosalyn H. Baker, Vice Chair

Senate Committee on Judiciary and Labor The Honorable Clayton Hee, Chair The Honorable Maile S. L. Shimabukuro, Vice Chair

> February 06, 2013 1:15 pm Conference Room 229

## SB 666 RELATING TO HEALTH

Chairs Green and Hee and committee members, thank you for this opportunity to provide testimony on SB666 regarding establishing an emergency department advocate in the department of health.

#### Kaiser Permanente Hawaii opposes this bill.

While we appreciate the desire to assure patients are well cared for in emergency departments this bill is unneeded and may actually impede good care.

At Kaiser Permanente we already 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.

This legislation would set up a system that is redundant at best. What is described in the bill could actually delay patient care. This proposed program would have to be immediately available to every patient in every ED in the state all the time. The advocate who may not necessarily be an MD 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 already 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.

Thank you for your consideration.

# **Community** Alliance for Mental Health

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To: The Hawai'i State Senate Committees on Judiciary and Labor Re: SB 666

To: The Honorable Senators Hee and Shimabukuro and the members of their committees.

### Aloha,

The Community Alliance for Mental Health along with United Self Help strongly supports SB 666. Disregarding the bill number we think that this is a great idea and fitting for its time. I hope that we are proving every day that individual advocacy for those in need works.

There is no more trying time than when an individual is stressed and suffering in crisis in the waiting room of a hospital or clinic. Whether it is about oneself or a loved one it is hard to worry rationally about simple tasks when life and death come to the fore. Therefore there could be nothing of greater service than someone who would step up, seemingly out of the blue, to help you plan and take care of those necessities which at that moment seem to you of little to no import.

We applaud this idea. Mahalo, Robert Scott Wall Vice-President