



EXECUTIVE CHAMBERS
HONOLULU

NEIL ABERCROMBIE
GOVERNOR

HOUSE COMMITTEE ON FINANCE
The Hon. Sylvia Luke, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

March 28, 2014, 2:00 p.m., Room 308

Testimony in Support: SENATE BILL 2009, SD 2, HD 1: RELATING TO HEALTH

Submitted by Beth Giesting, Healthcare Transformation Coordinator, Office of the Governor

Thank you for the opportunity to provide strong support for SB 2009, SD 2, HD 1: Relating to Health. Our network of Federally Qualified Health Centers is a significant part of our plan for transforming Hawai'i's health care system. Their comprehensive approach to health care delivery is a model for patient-centered care since they feature an integrated care experience offering primary care, behavioral health, and dental care, plus a wide variety of access, care coordination, and case management services. They have long experience in chronic disease management strategies and have adopted electronic health records to support their practices. Laudably, FQHCs are going beyond clinical and support services and also breaking ground in addressing social determinants and improving the health of their communities.

We ask your support especially for restoring funds to provide primary dental services for adults covered by Medicaid, as provided in Section 3. Unfortunately, the \$4 million needed for that program was taken out of the Medicaid budget in HB 1700, HD 1, and your support for restoring it is needed. A \$7,664,000 federal match will support these essential services.

We are strongly supportive of Sections 5 and 6, which will enable us to bring in significant federal resources to build critical care coordination, case management, and other services needed by Medicaid patients with especially complex medical and socio-economic conditions. This is a significant step

toward understanding and better meeting needs that will improve lives and save substantial dollars in our health care system. The amount needed for Section 5 is \$1 million, which will be doubled by federal funds to support the many administrative requirements for the health home SPA.

Section 6 would appropriate funds from the health center special fund to attract a 9 to 1 federal match to pay for services tailored to the needs of complex patients using FQHCs. This is a tremendous opportunity to bring in significant federal funds that will change people's lives, support the FQHCs, and further the goals of healthcare transformation well beyond this project.

Thank you for the opportunity to testify.



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

In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE

S.B. 2009, S.D. 2, H.D. 1, RELATING TO HEALTH

**Testimony of Linda Rosen, M.D., M.P.H.
Director of Health**

March 28, 2014

1 **Department's Position:** The Department defers Sections 3, 4, and 5 to the DHS and supports Sections
2 1, 2, 6, and 7 of this measure, provided that its passage does not replace or adversely impact priorities
3 indicated in our Executive Supplemental Budget.

4 **Fiscal Implications:** This measure requests unspecified appropriations out of the general revenues of
5 the State of Hawaii in reference to Sections 2, 3, 4, 5 and 7, and an unspecified sum of monies from the
6 community health centers special fund in reference to Section 6.

7 **Purpose and Justification:** The purpose of this Act is to provide quality, cost-effective health care for
8 Hawaii residents who are uninsured, newly uninsured, underinsured, potential Medicaid enrollees, or
9 Medicaid enrollees. This measure seeks to synchronize the growth of community health centers with the
10 State's implementation of the ACA and its health care transformation efforts.

11 The Department defers Sections 3, 4, and 5 to the DHS and supports Sections 1, 2, 6, and 7,
12 provided that its passage does not replace or adversely impact priorities indicated in our Executive
13 Supplemental Budget. For purposes of clarity, the intent of Section 2 is to restore the nearly \$6,000,000
14 in State funds that was reduced by the Director of Health due to severe budgetary reductions in fiscal
15 year 2010. As a result of the reductions, funding for contracts with thirteen (13) FQHCs for the

1 provision of primary care services (medical, behavioral, dental treatment) and contracts with Hana
2 Health (urgent/primary care services) and Waianae Coast Comprehensive Health Center (emergency
3 room services) were switched to the community health centers special fund. If the \$6,000,000 is
4 restored to its original intended purpose which is to fund the aforementioned contracted services, the
5 community health centers special fund will be used to provide capacity and infrastructure expansion for
6 the FQHCs.

7 Thank you for this opportunity to testify on this measure.

finance8-Danyl

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 27, 2014 7:03 AM
To: FINTestimony
Cc: john.yamauchi@doh.hawaii.gov
Subject: *Submitted testimony for SB2009 on Mar 28, 2014 14:00PM*

SB2009

Submitted on: 3/27/2014

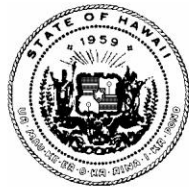
Testimony for FIN on Mar 28, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
john yamauchi	DOH	Support	Yes

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



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

March 28, 2014

TO: The Honorable Sylvia Luke, Chair
House Committee on Finance

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 2009, S.D.2, H.D.1 - RELATING TO HEALTH**

Hearing: Friday, March 28, 2014; 2:00 p.m.
Conference Room 308 State Capitol

PURPOSE: The purpose of this bill is to appropriate unspecified funds to the Department of Health and the Department of Human Services to expand certain health care services to qualified individuals.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure.

The sections that apply to DHS are sections 3, 4, and 5. Section 3 would fund the restoration of Medicaid adult dental benefits; section 4 would fund out-stationed eligibility workers at Federally Qualified Health Centers (FQHCs); and section 5 would fund a Medicaid health home program.

Section 3 requests an unspecified appropriation for basic adult dental benefits to Medicaid enrollees. The DHS had requested \$4,000,000 in State funds and \$7,664,163 in federal funds in the Supplemental Executive Budget in HMS 401 (Health Care Payments) to re-establish

an adult dental program for Med-QUEST adults. The Department believes dental care is important to an individual's overall health and proposes to provide dental benefits up to \$500 per person per benefit year and also provide medically needed dentures up to \$500 each for upper and lower dentures. The current budget bill, H.B. 1700, H.D.1, has an appropriation of \$1 in HMS 401 for the DHS' request to restore adult dental benefits.

Section 4 of this measure requests an unspecified appropriation to provide outreach and eligibility services at FQHCs. The Governor's budget, under HMS 902 - General Support for Health Care Payments, includes \$320,000 to support out-stationed eligibility workers (OEWs). The budget bill, H.B. 1700, H.D.1, currently includes the \$320,000 requested in HMS 902.

In addition to the requested \$320,000 in the Executive Supplemental Budget, the DHS will continue to fund 23 OEWs at FQHCs and hospitals with \$667,000 already included in the DHS base budget. The FQHCs also receive funding for outreach workers through the Hawaii Primary Care Association (HPCA) from the Hawaii Health Connector, federal agencies, or other sources.

For the additional OEW funding request, the Department will be able to obtain only a 50% match from the federal government. Previously the Department had been able to receive 90% federal match. The HPCA had a contract for OEWs that ended December 31, 2013, for which the last year of funding was \$800,000 (\$80,000 general funds and \$720,000 federal funds).

Section 5 of the bill requests an unspecified appropriation to establish health homes. The Governor's Executive Supplemental Budget includes requests for \$2,016,000 in State funds and \$18,144,000 in federal funds for HMS 401 (Health Care Payments) and \$1,000,000 in state funds and \$1,000,000 in federal funds for HMS 902 (General Support for Health Care Payments) to establish a Health Homes Program under the Medicaid program. H.B. 1700, H.D.1, does not

include funding for the Department's request for the \$2,016,000 nor the \$1,000,000 to administer the program. The intent of the funding request in the Executive Supplemental Budget is for non-FQHC providers. However, if Section 6 of the bill is funded, through a separate funding source, the DHS will still need the \$1,000,000 in general funds and \$1,000,000 in federal matching funds to administer the health homes initiative through the FQHC providers.

The DHS respectfully requests that the Legislature support the funding requests for dental services, out-stationed eligibility workers, and health homes included in the Executive Supplemental Budget.

Thank you for the opportunity to testify on this measure.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 28, 2014

The Honorable Sylvia Luke, Chair
House Committee on Finance
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Luke and Members of the Committee:

SUBJECT: SB 2009 SD2 HD1 – RELATING HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 2009 SD2 HD1**. The bill appropriates funds to provide primary medical, dental, and behavioral health care to uninsured and underinsured patients and restores basic adult dental benefits to Medicaid enrollees. Additionally, the bill appropriates moneys to community health centers to provide outreach and eligibility services, as well as behavioral services, and to establish health care homes for Medicaid enrollees.

This bill represents a comprehensive package of medical, dental, and behavioral health care services with emphasis on obtaining the maximum Federal matching funds available for the appropriations. The Council is pleased that Section 3 on Page 5, lines 8-15, for Fiscal Year 2014-2015 restores basic adult dental benefits to Medicaid enrollees. This provision would directly benefit adults with DD in providing oral health services that includes preventive, restorative, and prosthetic services.

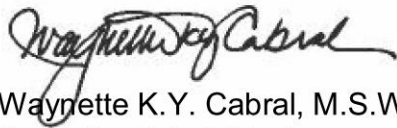
The Council cannot emphasize enough the importance of comprehensive dental care services that include preventive, restorative, prosthetic, and emergency services for people with DD. We are all aware of how oral health, or the lack thereof, affects all aspects (emotional, psychological, and social) of our lives. Numerous individuals can share with you their experience of having a tooth or teeth extracted or acquiring serious health problems because necessary dental services were not available as a result of the termination of the Medicaid adult dental benefit coverage in 1996. Compounding the challenges is the limited number of dentists on the Neighbor Islands who are available and accessible to serve Medicaid and QUEST recipients.

The Honorable Sylvia Luke
Page 2
March 28, 2014

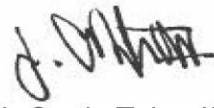
We applaud the Legislature's initiative in restoring basic adult dental benefits to Medicaid enrollees through SB 2009 SD2 HD1.

Thank you for the opportunity to submit testimony **supporting SB 2009 SD2 HD1.**

Sincerely,



Waynette K.Y. Cabral, M.S.W.
Executive Administrator



J. Curtis Tyler, III
Chair



House Committee on Finance

The Hon. Sylvia Luke, Chair

The Hon. Scott Y. Nishimoto, Vice Chair

The Hon. Aaron Ling Johanson, Vice Chair

Testimony in Support of Senate Bill 2009 SD2 HD1

Relating to Health

Submitted by Robert Hirokawa, Chief Executive Officer

March 28, 2014, 2:00 PM, Room 308

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, also known as “community health centers,” supports **Senate Bill 2009 SD2 HD1**, making appropriations to the Departments of Health and Human Services for services to qualified individuals and families. We offer the following comments with amounts contained in the original measures SB 2009 and HB 1752:

- Section 2 of this measure appropriates \$6 million dollars in general funds to provide direct health care for uninsured and underinsured individuals; **we request the following amendment at page 5, line 1 “underinsured patients at community health centers, including but not limited to...”**.
- Section 3 of this measure appropriates \$4 million dollars to restore an adult dental benefit in Medicaid. All fourteen of our community health centers provide dental services. Given the correlation between dental health with other health conditions, and the fact that 50% of community health centers patients are Medicaid enrollees, we have long advocated for the restoration of adult dental benefits (aside from emergency procedures) and see this as a start.
- Section 4 appropriates \$800,000 in outreach funding for community health centers. **This funding request is different from the Out-stationed Eligibility Worker funding contained in HB 1700 HD1.** Historically health centers have received funding for comprehensive outreach work from the State, however this ended in December 2013. Comprehensive outreach workers at community health centers provide an essential service to the State and communities by assisting individuals and families in applying for State assistance programs (including Medicaid) such as housing assistance, child care, food assistance (SNAP eligibility); we help identify services that may help the individual or family to stabilize their situation and improve the health of not only their person, but their circumstances...in other words this is one way in which we work to address the social determinants of health. The appropriation in Section 4 provides for a need in our communities that is not provided by any other service or existing funding stream.
- Section 6 provides \$2 million dollars from the community health center special fund as an interdepartmental transfer from the Department of Health, to the Department of Human Services, to be

used as the state match for a Medicaid health home state plan amendment to provide health home services to qualified patients at community health centers. Community health centers have been involved in health homes for over six years and completed our own health home pilot project last year with positive results. Thirteen of our fourteen health centers have applied for NCQA recognition as patient centered medical homes and six have been awarded Level 1, 2, or 3 (3 being the highest) recognition in the past few months. Health centers are ready to implement health homes and appreciate the opportunity to leverage \$2 million dollars from the community health center special fund to draw down a federal match of \$18 million dollars.

- Section 7 provides funding for behavioral health services at community health centers. We recognize the critical need for these services in our communities; we are in crisis. Community health centers provide integrated primary care and behavioral health services and appreciate the support offered by Section 7. Behavioral health and its integration with primary care are key elements of the Governor's healthcare transformation plan and we look forward to continuing the discussion on how community health centers can support that effort.

Thank you for the opportunity to testify.



Community Alliance *for* Mental Health

March, 28, 2014

Board of Directors

Anne Chipchase
President

Robert Scott Wall
Vice President

Brenda Kosky
Secretary

William Lennox
Treasurer

Susan King

Linda Takai

Randolph Hack

Gina Hungerford

To: House Committee on Finance
Re: SB 2009, SD2, HD 1

Aloha Chair Luke and the members of the committee,

On behalf of the Community Alliance for Mental Health along with United Self Help we strongly support the passage of SB 2009, SD2, HD 1.

This bill is the heart and soul of the omnibus health care for the uninsured and the underinsured. That being said it is critical for our states health care transformation.

Scott Wall
Vice President for Policy
Community Alliance for Mental Health

[
]



March 27, 2014

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

FROM: Dr. Vija Sehgal, Pediatrician, Chief Quality Officer and Associate Medical Officer
Waianae Coast Comprehensive Health Center / 697-3457 or wcchc@wcchc.com

RE: **Support for SB2009 SD2 HD1: Relating to Health**

The Waianae Coast Comprehensive Health Center (WCCHC) strongly supports SB 2009 SD2 HD1: Relating to Health. Of WCCHC's 31,152 patients, 67% are at 100% of the federal poverty level or below, 11% are uninsured, and 58% are receiving coverage under QUEST, the State's Medicaid program. Morbidity and mortality indicators show that the Waianae coast ranks highest in the City and County of Honolulu, as well as the state, for obesity (43.5%), adults who smoke (26%), adults with diabetes (13.7%), diseases of the heart (260.4 deaths per 100,000), and cancer (197 deaths per 100,000).

The WCCHC has found from its own experience that an effective means of improving these dire statistics is through implementing the Patient-Centered Health Care Home (PCHCH) model, which has been shown to improve health outcomes, reduce long-term cost, and enhance the patient experience.

There are multiple and important components of this bill, all critical to improving the health and well-being of patients we serve throughout Leeward Oahu.

Related to the uninsured, 13.3% of the population on the Waianae coast is uninsured, which is the highest in the City & County of Honolulu.

Related to adult dental health services, 44% of the adult population on the Waianae Coast has not had a dental visit, which is the highest in the state. It is critical to restore adult dental benefits to address dental health needs and its relationship to other health conditions.

Outreach and eligibility is an essential component of the PCHCH. Restoration of state funding is needed to support our patients and families to stabilize not only their health care needs but also their life circumstances that often negatively impact their health.

With the dramatic reduction of state behavioral health services over the past years, WCCHC is the critical safety net on the Waianae coast for individuals suffering from a broad scope of behavioral health conditions.

One key feature of SB2009 (Section 6) is the allocation of \$2 million dollars from the Community Health Center Special Fund as a interdepartmental transfer from the Department of Health to the Department of Human Services to be used as the state match for a Medicaid health care home state plan amendment to provide health care home services to qualified patients at community health centers. This \$2 million dollars (already allocated for community health centers) will be drawn down for a federal match of \$18 million dollar, for a total of \$20 Million for advanced, coordinated patient care for those with the most complex and severe illnesses – all with \$0 dollars from Hawaii's Medicaid program.

This is a tremendous opportunity that comes along very rarely. We appreciate your consideration.



TO: Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair
Rep. Aaron Ling Johanson, Vice Chair
COMMITTEE ON FINANCE

FR: Mary Oneha, APRN, PhD
Chief Executive Officer, Waimānalo Health Center

Christina Lee, MD
Chief Medical Officer, Waimānalo Health Center

Date: Friday, March 28, 2014, 2:00pm

RE: **Support for SB2009 SD2 HD1** - RELATING TO HEALTH.
Appropriate unspecified funds to the Department of Health and the Department of Human Services to expand certain health care services to qualified individuals.

The Waimānalo Health Center (WHC) **supports SB2009 SD2 HD1**, making appropriations to the Department of Health and Human Services for services to qualified individuals and families. Resources to provide health services to specific populations as the uninsured and those seeking behavioral health services are critical to creating healthy communities. Similarly, critical resources are needed to support adult dental care, resources that have been severely limited. Poor oral health can quickly escalate to poor physical health. Prevention, education, and routine oral health care can impact this trajectory. Providing resources to restore basic adult dental benefits to Medicaid enrollees would increase the number of Medicaid adults who seek basic and preventative dental care.

Funding for outreach and eligibility services needs to be restored at community health centers. Historically health centers have received funding for this important work from the State, however this ended in 2013. Outreach workers at community health centers provide an essential service to the State and communities by assisting individuals and families in applying for not just Medicaid, but other State assistance programs which help to address the social determinants of health. It would be in the best interest of the community to continue having these resources and services available to assist individuals with navigating through their insurance and entitlement options.

Lastly, the Waimānalo Health Center strongly supports a CHC SPA. Section 6 of SB 2009 SD2 allocates \$2 Million in Community Health Center (CHC) funds to be used specifically for a Patient-Centered Health Care Home initiative in Medicaid. This funding to seed the project is CHC-specific, money already committed to CHCs for patient care that we will invest in this vital project. This \$2 Million, already allocated for health centers, will draw down \$18 Million in Federal matching funds, for a total of \$20 million for advanced, coordinated patient care with zero dollars from Hawaii's Medicaid program. These monies will be used to create a health home pilot in the Medicaid system targeted to patients who have a specific set of chronic illnesses. CHCs are the group to lead this effort, as they have demonstrated their focus on patient-centered care and have taken the lead in receiving NCQA recognition as patient centered medical homes.

The Waimānalo Health Center urges your support of SB2009 SD2 HD1. Thank you for the opportunity to provide testimony.



KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES
2239 N. SCHOOL STREET ♦ HONOLULU, HAWAII 96819 ♦ TEL: 808-791-9400 ♦ FAX:
808-848-0979 ♦ www.kkv.net

COMMITTEE ON FINANCE

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

3/28/2014

Dear Leaders and Members of the Senate Committee on Finance,

Thank you for the opportunity to testify on behalf of SB2009 HD1. In support of this Bill, I would like you to know the following things about the care we provide to the members of our Kalihi Valley Community. Last year we provided high quality oral health services to over well over 1000 adults who were on Medicaid and for whom we were (with only emergency exceptions) unable to receive Medicaid payments for those services. These are not folks coming to us for cosmetic dental reasons, but are our neighbors with both acute and chronic oral health conditions that cause them tremendous suffering, loss of work, poor prospects for finding employment and put them at risk for other serious chronic health conditions. Frankly, it is inconceivable to me that just because through historical accident the mouth was separated from the body into medicine versus dentistry, that we should tolerate a system in which someone can get emergency care for a paper cut but not be able seek care for serious conditions in one of the most important organs in the body, the mouth! Please find a way to restore a Medicaid Dental benefit. This money will be matched by Federal dollars, will save money on unnecessary trips to the emergency room, will help to improve not just adults oral health but that of their children. And will alleviate an awful lot of needless suffering in our communities!

The second portion of the bill I would highlight is the need for the health centers of Hawaii to be able to move ahead with the provisions of the ACA around establishing Health Care Homes for patients with serious disabling chronic diseases. These funds will go a long way to bolstering critically needed changes in the way we help to manage chronic disease outside of our offices, which is where real care happens. The opportunity exists to not only improve health outcomes for these people but to save the State money on unnecessary hospital and Emergency room costs by better patient engagement, better care coordination and care management, and novel strategies to involve patients, their families and the larger community in addressing the cause of poor health. As just one example, we are currently involving local ministers in the delivery of patient coaching to patients suffering from diabetes.

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social
Services to
Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.

Thank you for your support for the many thousands of Medicaid recipients whose health will benefit from this bill.

David D Derauf MD MPH

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social
Services to
Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.

March 27, 2014

I support SB 2009, SD2, HD1

Our local health centers provide primary care, dental, behavioral health, pharmacy and a variety of support services to Hawaii's most vulnerable populations. These efforts keep patients out of costlier health care settings, coordinate care amongst different health providers, effectively manage chronic conditions, and save \$1,200 per patient per year – a total annual savings of \$24 billion to the entire health care system. In addition, health centers are locally-owned and directed by patient majority boards ensuring the centers are accountable and responsive to the needs of the community, lower health care costs, and create jobs and economic activity in the communities they serve.

Community health centers provide high-quality, cost effective primary and preventive health care to low income and medically underserved communities across the state of Hawaii. Today, Hamakua-Kohala health centers serve as the health care home for 25,000 patients at two delivery sites as well as at our mobile dental van. Almost 85 percent of our district's health center patients are below 200 percent of poverty. With 70,300 residents in the County of Hawaii living in rural areas, a local Health Center is often the only option for access to high-quality care.

Our local Hamakua-Kohala Health centers participant in the Patient Centered Medical Home model addressed in this bill and serve a growing number of dental patients. Also, outreach workers are key to contacting the uninsured and underinsured who could benefit from the services offered by these health centers.

Mahalo,

Dianne Higgins
Board Member of the Hamakua Health Center



HO'ŌLA LĀHUI HAWAI'I
P.O. Box 3990; Līhu'e, Hawai'i
Phone: 808.240.0100 Fax: 808.246.9551

March 25, 2014

COMMITTEE ON FINANCE

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

Testimony in Support of SB 2009, SB2, HD1
Relating to Health
March 28, 2014, 2:00 P.M., Room 308

Ho'ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to provide community health centers additional resources to care for the underserved, uninsured, and residents without dental coverage.

We are encouraged that there are dental funds in this bill to restore to the adult dental benefit. It is very important that oral health be at the forefront of health care as many dental problems lead to more serious health deficits and basic dental is not just for cosmetic effect. It is vital to support the dental benefit restoration to Medicaid to those who are most in need. Prevention will save millions in restorative care services in the long term.

Given the critical need to address health care disparities, it is vital that the state maximize its resources by transferring \$2 million out of the community health center fund to bring in additional revenue from the federal government for Patient Centered Health Care Homes. This is a win as no additional funds from the state are required to support this effort.

Lastly, we believe that funding for expanded outreach services are essential. Those additional funds are critical to bring people into care earlier rather than later. It is extremely important to assure that this occurs as it saves lives and money. Further, given the recent re-enrollment methodologies, additional personnel will be needed to assure that individuals and families are not dis-enrolled which could severely impair their health.

Respectfully Requested,

David Peters
Chief Executive Officer

LATE

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

TESTOMONY IN SUPPORT OF SENATE BILL 2009 SD2 HD1

Relating To Health

Submitted by Romel Dela Cruz, Board Member, Hamakua Health Center

March 28, 2014, 2:00 PM, Room 308

My name is Romel Dela Cruz and I am the Vice President of the Hamakua Health Center Board of Directors. a resident of Honokaa, Hawaii, and a retired hospital administrator with the Hawaii Health Systems corporation (HHSC) at Kula Hospital in Maui, Hilo Medical Center in Hilo, and lastly at Hale Ho'ola Hamakua in Honokaa, Hawaii.

Of all the Federally Qualified Health Centers (FQHC) in the State of Hawaii, Hamakua Health Center is historically the oldest as it traces its origin to the Hamakua Infirmary that was operated by various sugar companies in Hamakua for almost half a century before its demise in 1994. The Center was the major provider of ambulatory healthcare services to the residents of the communities located in the district of Hamakua. Till today the Center continues to be the major health care provider to retired sugar workers and their families, low-income residents still suffering from the closure of the sugar industry, and new residents who have relocated to the area.

This Bill provides financial assistance for all the FQHC in the state of Hawaii to provide health coverage for the uninsured, dental care for the Medicaid population which is a major clientele of the Centers, outreach assistance for residents who need assistance to understand their health needs and navigate the healthcare system, to assist Centers to assist each meet the requirements for comprehensive health care required by the federal Affordable Health Care Act, and to increase much needed enhanced behavioral health services.

By the passage of this bill the FQHCs of our State including Hamakua Health Center will be better able to address of health needs of the communities that it serves namely the uninsured and the Medicaid population of our state and others barely above poverty income guidelines. Your careful review and support of the bill is greatly appreciated.

If you have any questions and require additional information, please email me at ahufarm@gmail.com or contact me by phone at 808-775-0768. Thank you very much!

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 28, 2014 7:57 AM
To: FINTestimony
Cc: dbreese@kkv.net
Subject: *Submitted testimony for SB2009 on Mar 28, 2014 14:00PM*

LATE

SB2009

Submitted on: 3/28/2014

Testimony for FIN on Mar 28, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
david r. breese	kokua kalihi valley chc	Support	Yes

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

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 28, 2014 8:00 AM
To: FINTestimony
Cc: sbeckham@waikikihealth.org
Subject: Submitted testimony for SB2009 on Mar 28, 2014 14:00PM

SB2009

Submitted on: 3/28/2014
Testimony for FIN on Mar 28, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Sheila Beckham	Waikiki Health	Support	No

Comments: Waikiki Health supports SB2009 SD2 HD1. With 41% of our patients on Medicaid and 34% uninsured (72% being under the FPL), we strongly urge you to support the content of this bill. Funding for outreach/eligibility is critical to enable our patients to receive coverage for medical services as is funding for the uninsured/underinsured. Additionally over 85% of our patients have no dental insurance so restoration of these services is crucial. Restoration of behavioral health funding is likewise critical since many of our 5000 patients have co-morbid behavioral health diagnoses. Finally we urge your support of the CHC SPA that will bring a 9:1 federal match to Hawaii. 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.

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

House Committee on Finance

LATE

The Hon. Sylvia Luke, Chair

The Hon. Scott Y. Nishimoto, Vice Chair

The Hon. Aaron Ling Johanson, Vice Chair

Testimony in Support of Senate Bill 2009 SD2 HD1 Relating to Health

From Alison Rowland-Ciszek, University of Manoa School of Social Work student

March 28, 2014, 2:00 PM, Room 308

Aloha to you, and thank you for the opportunity to testify in strong support of SB 2009. I am writing to express my support of community health centers (CHCs) and the vital work they do serving the people of Hawaii. This bill represents an innovative way to leverage the funds available in the Affordable Care Act to meaningfully improve both the number of people able to receive high quality health care at CHCs, and the comprehensiveness of the care they will receive.

This bill demonstrates health centers dedication to strengthening the safety net and maintaining the robust quality of care that CHCs offer. Community health center patients are often beset by a myriad of challenges and barriers: linguistic, financial, cultural, and so forth. Poverty and the complications that come with it make these patients very complex and, at times, difficult to treat. CHCs are specialists in reaching the hard-to-reach, and treating the complex patients. Their approach of outreach, ancillary services, comprehensive care and referral management provide the specific kind of care needed to treat those in our community most in need.

The restoration of oral health benefits for adults in Medicaid are long overdue. Oral health is not a separate issue from medical health, any more than a mouth can be separated from a body. Waiting until an oral health issue becomes a medical emergency is not only illogical, it is cruel to the affected individual and extremely expensive to the system.

Behavioral health, too, is inextricably woven into the fabric of a healthy life, but for too long has been relegated a separate status. We ignore the importance of behavioral health needs in our society and our streets at our peril. Once again, with their integrated, health home orientation and in-house behavioral health services, CHCs maintain a standard of care that addresses the needs of the whole person, in a continuous and comprehensive manner.

Thank you for the opportunity to testify.

LĀNA'I COMMUNITY HEALTH CENTER

LATE

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



Phone: 808-565-6919 x114
Fax: 808-565-9111
dshaw@lanaicommunityhealthcenter.org

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

House Committee on Finance

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

Testimony in Support of Senate Bill 2009 SD2 HD1

Relating to Health

Submitted by Diana M V Shaw, PhD, MPH, MBA, FACMPE

Executive Director, Lāna'i Community Health Center

March 28, 2014, 2:00 PM, Room 308

Testimony Regarding

Lāna'i Community Health Center supports **Senate Bill 2009 SD2 HD1**, making appropriations to the Departments of Health and Human Services for services to qualified individuals and families. We offer the following comments with amounts contained in the original measures SB 2009 and HB 1752:

- Section 2 of this measure appropriates \$6 million dollars in general funds to provide direct health care for uninsured and underinsured individuals; **we request the following amendment at page 5, line 1 “underinsured patients at community health centers, including but not limited to...”**.
- Section 3 of this measure appropriates \$4 million dollars to restore an adult dental benefit in Medicaid. All fourteen of our community health centers provide dental services. Given the correlation between dental health with other health conditions, and the fact that 50% of community health centers patients are Medicaid enrollees, we have long advocated for the restoration of adult dental benefits (aside from emergency procedures) and see this as a start.
- Section 4 appropriates \$800,000 in outreach funding for community health centers. **This funding request is different from the Out-stationed Eligibility Worker funding contained in HB 1700 HD1.** Historically health centers have received funding for comprehensive outreach work from the State, however this ended in December 2013. Comprehensive outreach workers at community health centers provide an essential service to the State and communities by assisting individuals and families in applying for State assistance programs

E Ola nō Lāna'i

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

including Medicaid) such as housing assistance, child care, food assistance (SNAP eligibility); we help identify services that may help the individual or family to stabilize their situation and improve the health of not only their person, but their circumstances...in other words this is one way in which we work to address the social determinants of health. The appropriation in Section 4 provides for a need in our communities that is not provided by any other service or existing funding stream.

- Section 6 provides \$2 million dollars from the community health center special fund as an interdepartmental transfer from the Department of Health, to the Department of Human Services, to be used as the state match for a Medicaid health home state plan amendment to provide health home services to qualified patients at community health centers. Community health centers have been involved in health homes for over six years and completed our own health home pilot project last year with positive results. Thirteen of our fourteen health centers have applied for NCQA recognition as patient centered medical homes and six have been awarded Level 1, 2, or 3 (3 being the highest) recognition in the past few months. Health centers are ready to implement health homes and appreciate the opportunity to leverage \$2 million dollars from the community health center special fund to draw down a federal match of \$18 million dollars.
- Section 7 provides funding for behavioral health services at community health centers. We recognize the critical need for these services in our communities; we are in crisis. Community health centers provide integrated primary care and behavioral health services and appreciate the support offered by Section 7. Behavioral health and its integration with primary care are key elements of the Governor's healthcare transformation plan and we look forward to continuing the discussion on how community health centers can support that effort.

Thank you for the opportunity to testify.

A handwritten signature in dark ink, appearing to be 'D. V. G.', is located below the text 'Thank you for the opportunity to testify.'