

**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**

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

February 26, 2014

TO: The Honorable David Y. Ige, Chair  
Senate Committee on Ways and Means

FROM: Barbara Yamashita, Deputy Director

SUBJECT: **S.B.2009, S.D.1 - RELATING TO HEALTH**  
Hearing: Wednesday, February 26, 2014; 9:00 a.m.  
Conference Room 211, State Capitol

**PURPOSE:** The purpose of this bill is to appropriate 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 the DHS are sections 3, 4, and 5. Section 3 would fund the restoration of adult dental benefits; section 4 would fund out-stationed eligibility workers; and section 5 would fund a health home pilot. The appropriations for the purposes of sections 3, 4, and 5 of this bill are included in the Governor's Executive Supplemental Budget.

Section 3 requests an appropriation for basic adult dental benefits to Medicaid enrollees. The DHS has requested \$4,000,000 in State funds and \$7,664,103 in federal funds in the Supplemental Executive Budget 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.

Section 4 of this measure requests an appropriation to provide outreach and eligibility services at Federally Qualified Health Centers (FQHCs). The Governor's budget, in HMS 902 – General Support for Health Care Payments, includes \$320,000 to support out-stationed eligibility workers (OEWs). In addition to the requested \$320,000, 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 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. The intent of the funding request in the Executive Supplemental Budget is for non-FQHC providers because a separate funding source appears to be available to fund a health homes initiative through the FQHC providers.

The DHS respectfully requests the Legislature to 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.



EXECUTIVE CHAMBERS

HONOLULU

NEIL ABERCROMBIE  
GOVERNOR

**SENATE COMMITTEE ON WAYS AND MEANS**  
**The Hon. David Y. Ige, Chair**  
**The Hon. Michelle N. Kidani, Vice Chair**

**February 26, 2014, 9:00 a.m., Room 211**

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

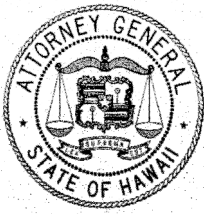
**Submitted by Beth Giesting, Healthcare Transformation Coordinator, Office of the Governor**

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Thank you for the opportunity to provide strong support for SB 2009, SD 1, Relating to Health. Our network of Federally Qualified Health Centers is a significant part of our plan for transforming Hawaii'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 and for the Medicaid Health Home State Plan Amendment. The latter 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.

Thank you for the opportunity to testify.



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-SEVENTH LEGISLATURE, 2014**

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**ON THE FOLLOWING MEASURE:**  
S.B. NO. 2009, S.D. 1, RELATING TO HEALTH.

**BEFORE THE:**

SENATE COMMITTEE ON WAYS AND MEANS

**DATE:** Wednesday, February 26, 2014      **TIME:** 9:00 a.m.

**LOCATION:** State Capitol, Room 211

**TESTIFIER(S):** David M. Louie, Attorney General, or  
Lili A. Young, Deputy Attorney General

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Chair Ige and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill appropriates funds to the Department of Human Services and the Department of Health to provide services to qualified individuals. Two such appropriations are made so that the Department of Human Services, the only state Medicaid agency, can establish health homes in the State's Medicaid program pursuant to the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively ACA). The term "health home" is specifically defined in section 2703(h) of ACA.

Section 5 on page 6, line 8, of the bill makes reference to the establishment of "health care homes" in Medicaid as provided in ACA. To ensure consistency between federal and state law, we propose deleting the word "care" in section 5 on page 6, lines 5-9, as follows:

SECTION 5. There is appropriated out of the general revenues of the State of Hawaii the sum of \$2,016,000 or so much thereof as may be necessary for fiscal year 2014-2015 to establish health [eare] homes in medicaid as provided by the federal Patient Protection and Affordable Care Act of 2010.

Section 6 on page 6, lines 14-22, seeks to appropriate moneys from the community health centers special fund. Section 321-1.65, Hawaii Revised Statutes, establishes the community health centers special fund and specifies that it is to "be administered and expended by the department of health." It is necessary to include wording in section 6 to authorize the transfer of moneys from this special fund from the Department of Health to the Department of Human

Services to establish health homes for Medicaid enrollees at community health centers pursuant to ACA. We propose amending section 6, on page 6, lines 14-22, as follows:

SECTION 6. There is appropriated out of the community health centers special fund the sum of \$2,000,000 or so much thereof as may be necessary for fiscal year 2014-2015 to the department of health and such moneys shall be transferred to the department of human services and expended to establish health [~~care~~] homes for medicaid enrollees at federally qualified community health centers as provided in the federal Patient Protection and Affordable Care Act of 2010. The department of human services shall obtain the maximum federal matching funds available for this expenditure.

We respectfully request that the Committee consider our comments.



**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  
February 26, 2014

The Honorable David Y. Ige, Chair  
Senate Committee on Ways and Means  
Twenty-Seventh Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Senator Ige and Members of the Committee:

SUBJECT: SB 2009 SD1 – RELATING HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 2009 SD1**. 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 with the appropriation of \$4,000,000 in Section 3 on Page 5, lines 8-15, for Fiscal Year 2014-2015 to restore 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 David Y. Ige  
Page 2  
February 26, 2014

We applaud the Legislature's initiative in restoring basic adult dental benefits to Medicaid enrollees through SB 2009 SD1.

Thank you for the opportunity to submit testimony **supporting SB 2009 SD1.**

Sincerely,



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



J. Curtis Tyler, III  
Chair



HAWAII SUBSTANCE ABUSE COALITION

## **SB2009 SD1 RELATING TO HEALTH**

SENATE COMMITTEE ON WAYS AND MEANS: Senator David Y. Ige, Chair; Senator Michelle N. Kidani, Vice Chair

- Wednesday, February 26, 2014 at 9:00 a.m.
- Conference Room 211

## **HSAC Supports SB2009 SD1:**

*Good Morning Chair Ige; Vice Chair Kidani; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than twenty treatment and prevention agencies across the State.*

**The Hawaii Substance Abuse Coalition fully supports funding for behavioral health, especially to provide behavioral health support for low income individuals completing evidenced-based practices for higher levels of substance use disorder treatment.**

Often recovering people that complete residential treatment for both mental illnesses coupled with substance dependency need additional mental health services. Other than community health services, short and long term mental health treatment is difficult to access for low income persons.

Many people who are addicted to drugs are also diagnosed with other mental disorders and vice versa. For example, compared with the general population, people addicted to drugs are roughly twice as likely to suffer from mood and anxiety disorders, with the reverse also true.

The high rate of comorbidity between drug use disorders and other mental illnesses calls for a comprehensive approach that identifies and evaluates *both*. Accordingly, anyone seeking help for either drug abuse/addiction or another mental disorder should be checked for both and treated accordingly at the most appropriate level of care that meets the patient's need.

This bill would help to break the detrimental and recurrent cycle of overutilization of costly emergency and medical services by developing in house, coordinated behavioral health services that are also integrated with higher level specialty care such as substance use disorder treatment including residential and day treatment services. By working together in a Partnership Network, specialty care and primary care can provide much more intensive treatment for chronic super-users with co-occurring substance dependencies and mental health issues.

We appreciate the opportunity to testify and are available for questions.





Clinic  
4590 Hāna Highway  
tel 808.248.8294  
fax 808.248.8917

Administration  
P.O. Box 807  
Hāna, Maui 96713  
tel 808.248.7515  
fax 808.248.7223

February 24, 2014

Senator David Ige, Chair  
Senate Committee on Ways and Means  
Hawaii State Capitol, Room 208  
Honolulu, Hawaii 96813

Dear Chair Ige,

I am writing to ask for your support of Senate Bill 2009 Senate Draft 1, Relating to Health. The purpose of this bill is to provide quality medical, dental, and behavioral health care to uninsured and underinsured patients, a population of particular concern to Hana Health.

This bill makes outreach, eligibility determination, and behavioral health services available at Hawaii's community health centers. Hana Health is located in one of the most rural and underserved areas in the state. It is our hope that SB 2009 would help to mitigate the problems associated with the isolation of the Hana District by increasing access to primary medical, dental and behavioral health care, as well as a full range of support services. This is particularly important to Hana Health and our patients as we continue in our efforts to become a certified patient centered medical home.

We believe SB 2009 is an important bill that will benefit the Hana community by assisting in improving patient experiences, patient outcomes, and reducing costs. Thank you for your support.

Sincerely,

A handwritten signature in blue ink that reads "Cheryl Vasconcellos".

Cheryl Vasconcellos  
Executive Director



**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 WAYS AND MEANS**

Senator David Y. Ige, Chair

Senator Michelle N. Kidani, Vice Chair

2/21/2014

Dear Leaders and Members of the Senate Ways and Means Committee,

Thank you for the opportunity to testify on behalf of SB2009. Relevant to this Bill I would in particular 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 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 chronic health conditions. Frankly, it is inconceivable to me that just because through historical accident the mouth was separated from the body, 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.

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 researching involving local ministers in the delivery of patient coaching to patients suffering from diabetes.

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

David D Derauf MD MPH

Executive Director

Kokua Kalihi Valley

**LATE**

LĀNA'Ī COMMUNITY HEALTH CENTER

P. O. Box 630142  
Lāna'ī 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!*

**Senate Committee on Ways and Means**

The Hon. David Y. Ige, Chair

The Hon. Michelle N. Kidani, Vice Chair

**Testimony in Support of SB 2009 SD 1 with Amendment**

**Relating to Health**

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

**February 26, 2014, 9:00 A.M., Room 211**

Lana'ī Community Health Center supports **Senate Bill 2009 SD1**, making appropriations to the Departments of Health and Human Services for services to qualified individuals and families, **with one important amendment**.

- 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.
- Senate Draft 1 of this measure amended Section 4 to appropriate \$320,000 in funding as a reflection of the Department of Human Services budget request for federally mandated out-stationed eligibility workers (OEW) at community health centers. However, **the original appropriation amount was \$800,000 and the original purpose for this funding is very different from the OEW**. Historically health centers have received funding for comprehensive outreach work from the State, however this ended in 2013. Comprehensive outreach workers at our community health center as well as other community health centers provide an essential service to the State and communities by assisting individuals and fami-

*E Ola nō Lāna'ī*

**LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī**

lies 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. **We ask the Ways and Means Committee to restore the original amount and intent for funding outreach at federally qualified community health centers, not just OEWs.** The appropriation in Section 4 provides for a need in our communities that is not provided by any other service or existing funding stream.

I think that this is an important bill. It will benefit the community at large by assisting in improving patient experiences, patient outcomes, and reducing costs. Addressing social, economic and health disparity is much, much more than making health insurance available to all — it takes dedication, culturally sensitive attention to serving individuals and that is what Community Health Centers do best. Thank you for your support.

Sincerely,

A handwritten signature in dark ink, appearing to read 'D V Shaw', with a long, sweeping flourish extending to the right.

Diana M V Shaw, PhD, MPH, MBA, FACMPE  
Executive Director

:



**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

**Senate Committee on Ways and Means**

The Hon. David Y. Ige, Chair

The Hon. Michelle N. Kidani, Vice Chair

**Testimony in Support of SB 2009 SD 1 with Amendment**

**Relating to Health**

**Submitted by Robert Hirokawa, Chief Executive Officer**

**February 26, 2014, 9:00 A.M., Room 211**

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 SD1**, making appropriations to the Departments of Health and Human Services for services to qualified individuals and families, **with one important amendment**. We offer the following comments:

- 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.
- Senate Draft 1 of this measure amended Section 4 to appropriate \$320,000 in funding as a reflection of the Department of Human Services budget request for federally mandated out-stationed eligibility workers (OEW) at community health centers. However, **the original appropriation amount was \$800,000 and the original purpose for this funding is very different from the OEW**. Historically health centers have received funding for comprehensive outreach work from the State, however this ended in 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. **We ask the Ways and Means Committee to restore the original amount and intent for funding outreach at federally qualified community health centers, not just OEWs**. 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 five have been awarded Level 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.



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

February 24, 2014

**COMMITTEE ON WAYS AND MEANS**

Senator David Y. Ige, Chair

Senator Michelle N. Kidani, Vice Chair

**Testimony in Support of SB 2009, SB1**  
**Relating to Health**  
**February 26, 2014, 9:00 A.M., Room 211**

Ho'ōla 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 that were previously removed from the bill in its original version must be restored. 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



TO: Senator David Y. Ige, Chair  
Senator Michelle N. Kidani, Vice Chair  
COMMITTEE ON WAYS AND MEANS

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

Date: Wednesday, February 26, 2014

RE: **Support for SB2009 SD1 - RELATING TO HEALTH.**  
Appropriate 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 SD1**, appropriating funds to the Department of Health and the Department of Human Services to expand specific health care services to qualified individuals. 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. We ask the Ways and Means Committee to restore the original amount of \$800,000 and intent for funding outreach at federally qualified community health centers.

Lastly, the Waimānalo Health Center strongly supports a CHC SPA. Section 6 of SB 2009 SD1 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 SD1. Thank you for the opportunity to provide testimony.



Oreta M Tupola  
54-316 Kamehameha Highway  
Hauula, Hawaii 96717

February 24, 2014

Senator David Ige, Chair  
Senate Committee on Ways and Means  
Hawaii State Capitol, Room 208  
Honolulu, Hawaii 96813

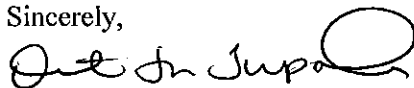
Dear Chair Ige,

I am writing to ask you to hear Senate Bill 2009 Senate Draft 1, Relating to Health. This bill passed out of the Joint Senate Human Services and Health Committees with no reservations and no members voting no. The measure then passed Second Reading on the Senate floor with no reservations, and again with no members opposing the bill.

The purpose of this bill is to provide quality medical, dental, and behavioral health care to uninsured and underinsured patients. This bill makes outreach, eligibility determination, and behavioral health services available at Hawaii's community health centers. For example, the outreach services provided by this bill mean that if I am a homeless single mother living on Iwilei Road, a community health center outreach worker could approach me and not only conduct a health assessment and point us to the health center, but they will also assist me in applying for food assistance, emergency shelter assistance, and educational and employment assistance. This outreach is much more than enrolling an individual in a health insurance program. SB 2009 SD1 also provides important funding for health care for the uninsured at community health centers. In 2012, 24% of patients at health centers were uninsured. More people are being left uninsured as they wait for the challenges between the technology of the new exchange marketplace and new Medicaid IT system to work themselves out. There needs to be a quality and affordable alternative to the emergency room for uninsured children and adults in need of health care. Finally, this measure establishes health care homes for Medicaid enrollees and restores a limited dental benefit to adult Medicaid enrollees. About half of Hawaii's health center patients are Medicaid members. Hawaii's health centers are leading the way as patient centered providers implementing the health home model of care. Five health centers are already accredited as health homes by the National Committee for Quality Assurance, and eight more (there are fourteen health centers in all) have submitted their applications and await their accreditation notice. SB 2009 SD1 allows health centers to use \$2 million dollars (in existing funds the State already provides them) to draw down \$18 million federal dollars for health homes. SB 2009 SD1 also provides \$2.016 million dollars in general funds for additional health homes (that will also draw down \$18 million federal dollars) in Medicaid. Please consider these amounts in your deliberations.

I think that this is an important bill. It will benefit the community at large by assisting in improving patient experiences, patient outcomes, and reducing costs. Thank you for your support.

Sincerely,



Oreta M Tupola, COO  
Ko'olauloa Health Center



# Community Alliance for Mental Health

February, 26, 2014

## Board of Directors

Anne Chipchase  
President

Robert Scott Wall  
Vice President

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Treasurer

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Linda Takai

Randolph Hack

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To: Senate Ways and Means Committee  
Re: SB 2009, SD1

Aloha Chair Ige 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, SD1.

Although the Hawai'i Health Connector is going to make enrolling in health care much easier there will still be a time in which an individual could be without formal health care. The passage of SB 2009, SD1, will address that brief albeit important period of time.

Scott Wall  
VP/Legislative Advocate  
Community Alliance for Mental Health



## THE BAY CLINIC, INC.

Network of Family Health Centers

February 20, 2014

Senator David Ige, Chair  
Senate Committee on Ways and Means  
Hawaii State Capitol, Room 208  
Honolulu, Hawaii 96813

Dear Chair Ige:

I ask you to hear Senate Bill 2009 Senate Draft 1, Relating to Health. This bill passed out of the Joint Senate Human Services and Health Committees with no reservations and no members voting no. The measure then passed Second Reading on the Senate floor with no reservations, and again with no members opposing the bill.

The purpose of this bill is to provide quality medical, dental, and behavioral health care to uninsured and underinsured patients. This bill makes outreach, eligibility determination, and behavioral health services available at Hawaii's community health centers. For example, the outreach services provided by this bill mean that if I am a homeless single mother living on Iwilei Road, a community health center outreach worker could approach me and not only conduct a health assessment and point us to the health center, but they will also assist me in applying for food assistance, emergency shelter assistance, and educational and employment assistance. This outreach is much more than enrolling an individual in a health insurance program.

SB 2009 SD1 also provides important funding for health care for the uninsured at community health centers. In 2012, 24% of patients at health centers were uninsured. More people are being left uninsured as they wait for the challenges between the technology of the new exchange marketplace and new Medicaid IT system to work themselves out. There needs to be a quality and affordable alternative to the emergency room for uninsured children and adults in need of health care.

Finally, this measure establishes health care homes for Medicaid enrollees and restores a limited dental benefit to adult Medicaid enrollees. About half of Hawaii's health center patients are Medicaid members. Hawaii's health centers are leading the way as patient centered providers implementing the health home model of care. Five health centers are already accredited as health homes by the National Committee for Quality Assurance, and eight more (there are fourteen health centers in all) have submitted their applications and await their accreditation notice.

SB 2009 SD1 allows health centers to use \$2 million dollars (in existing funds the State already provides them) to draw down \$18 million federal dollars for health homes. SB

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P.O. Box 661777 • Fax: 808-954-2676 • [ceicommments@bayclinic.org](mailto:ceicommments@bayclinic.org) • [www.bayclinic.org](http://www.bayclinic.org) • BayClinic.org Facebook • @BayClinicInc Twitter

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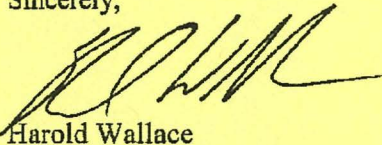


*Senator David Ige, Chair, Senate Committee on Ways and Means  
Senate Bill 2009, Senate Draft 1, Relating to Health  
February 20, 2014  
Bay Clinic, Inc.*

2009 SD1 also provides \$2.016 million dollars in general funds for additional health homes (that will also draw down \$18 million federal dollars) in Medicaid. Please consider these amounts in your deliberations.

I think that this is an important bill. It will benefit the community at large by assisting in improving patient experiences, patient outcomes, and reducing costs. Thank you for your support.

Sincerely,



Harold Wallace  
Chief Executive Officer



February 24, 2014

**TO:** Senate Ways and Means Committee  
Senator David Y. Ige, Chair  
Senator Michelle N. Kidani, 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: Relating to Health

The Waianae Coast Comprehensive Health Center (WCCHC) strongly supports SB 2009: 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.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [Awai76@aol.com](mailto:Awai76@aol.com)  
**Subject:** Submitted testimony for SB2009 on Feb 26, 2014 09:00AM  
**Date:** Tuesday, February 25, 2014 8:45:43 AM

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**SB2009**

Submitted on: 2/25/2014

Testimony for WAM on Feb 26, 2014 09:00AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ellen Awai	Individual	Support	No

Comments: Please support SB2009. This is so important to help those with low income that can't afford to go to private doctors. I have used the services of the Community Health Centers which are culturally appropriate for the surrounding communities. The CHCs have the person- centered medical home model which has been accepted nationally as a leading practice. 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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