



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-EIGHTH LEGISLATURE, 2015**

ON THE FOLLOWING MEASURE:

H.B. NO. 1112, H.D. 2, RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION.

BEFORE THE:

SENATE COMMITTEES ON HEALTH AND ON
COMMERCE AND CONSUMER PROTECTION

DATE: Thursday, March 19, 2015 **TIME:** 9:00 a.m.
LOCATION: State Capitol, Room 229
TESTIFIER(S): Douglas S. Chin, Attorney General, or
Andrea J. Armitage, Deputy Attorney General

Chairs Green and Baker and Members of the Committees:

The Department of the Attorney General provides the following comments on this bill.

Part I of this measure contains provisions that repeal the regional system boards to centralize all functions within the Hawaii Health Systems Corporation (HHSC) for the purpose of creating greater efficiencies. It reduces the number of members of the HHSC board from eighteen to thirteen members, and amends the requirements relating to the composition of the board. It also lifts the prohibition on HHSC being able to mortgage its real property assets and clarifies that the \$25,000,000 annual limit on municipal leases applies per region. Part II of the measure amends section 89-6(d), Hawaii Revised Statutes (HRS), to provide for negotiation of supplemental bargaining agreements for employees of HHSC within existing bargaining units, to be approved concurrently with any master bargaining agreement. Finally, part III of the bill, among other general provisions, provides for the rights of employees who are transferred from the regional systems to HHSC.

1. Change in composition of the HHSC board.

The proposed amendments to section 323F-3, HRS, change the composition of the HHSC board; see page 7, line 5, through page 14, line 9. Specifically, the bill reduces the number of board members from eighteen to thirteen, on page 7, line 6, and sets requirements for their selection. We recommend that a section be added to the bill that specifies how the HHSC board will be transitioned from its current composition to the new composition provided for in this bill.

We recommend that the bill provide that the current board remain in place after the effective date of the bill for up to three months, giving the Governor an opportunity to appoint new members.

2. Amendment to enable HHSC to negotiate supplemental bargaining agreements.

The amendment to section 89-6(d), HRS, proposed in this H.D. 2 (page 76, lines 10-17) would be confusing, because it adds a paragraph relating to supplemental agreements to the section in the collective bargaining statute relating to the master collective bargaining agreements. It is section 89-6(e), HRS, that pertains to supplemental agreements. However, chapter 89 has a specific section with respect to the negotiating authority of HHSC, in section 89-8.5, HRS. This section provides that HHSC "may negotiate with the exclusive representative of any appropriate bargaining unit and execute memorandums of understanding for employees under its control to alter any existing or new collective bargaining agreement on any item or items subject to section 89-9." The purpose of part II of this measure is to amend the collective bargaining statute to allow HHSC to have "[t]he ability to negotiate collective bargaining agreements that address the wages, hours, and working conditions of its employees [to] allow the Hawaii health systems corporation to expeditiously respond to and address the unique issues inherent in its hospital operations, including census, acuity, process improvement, and most importantly, quality patient care." Page 74, line 16, through page 75, line 2. Despite the existence of section 89-8.5, HRS, this purpose has not been realized. We believe it may be because the term "memorandums of agreement" in section 89-8.5 is not otherwise used in chapter 89, and appears to be no different than the term "supplemental agreements" provided in section 89-6(e). Further, there is no mandate for the employee representatives to negotiate these memoradums of understanding.

If this Committee intends to authorize HHSC to negotiate its own collective bargaining agreements, then we recommend the following amendment to section 89-8.5, HRS:

§89-8.5 Negotiating authority; Hawaii health systems corporation.

Notwithstanding any law to the contrary, including section 89-6(d), the Hawaii health systems corporation or any of the regional boards, as a sole employer negotiator, may negotiate with the exclusive representative of any appropriate bargaining unit and execute ~~[memorandums of understanding]~~ its own collective bargaining agreement that is a mandatory subject of collective bargaining for employees under its control [to alter any existing or new collective bargaining agreement on any item or items subject to section 89-9].

The bill makes other amendments to section 89-8.5, in section 3 of the measure on page 4, line 17, through page 5, line 4, therefore we also suggest that these two provisions be consolidated.

We respectfully request that the Committee consider our comments.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: cvancamp3@hawaii.rr.com
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Wednesday, March 18, 2015 6:28:33 AM

HB1112

Submitted on: 3/18/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Carol A. VanCamp	Chair, HHSC Corporate Board	Oppose	Yes

Comments: Re-centralizing HHSC will not solve our public healthcare system's financial challenges, as the structural change would be extremely disruptive to the operations of our facilities and the system. Regional boards have committed volunteers who know and understand the healthcare needs of their communities. In recent months, with new strong leadership in our corporate office, our regions and corporate are working together to address our financial challenges, improve efficiencies and the quality of our healthcare services, share resources and collaborate in decision-making. We continue to believe that the healthcare needs of our island communities are best served with shared governance through both regional boards and the corporate board.

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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HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

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

The Twenty-Eighth Legislature, State of Hawaii
The Senate
Committee on Health
Committee on Commerce and Consumer Protection

Testimony by
Hawaii Government Employees Association
March 19, 2015

**H.B. 1112, H.D. 2 – RELATING TO THE HAWAII
HEALTH SYSTEMS CORPORATION**

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO strongly supports the purpose and intent of H.B. 1112, H.D. 2 which centralizes the Hawaii Health Systems Corporation and provides for the Auditor to complete a full financial and management audit of the System, however we respectfully request that Section II of the measure, which mandates supplemental agreements for bargaining units with HHSC employees, be deleted in its entirety.

Recentralization and completion of an independently assessed audit must be the first critical steps taken prior to any consideration of privatizing our safety net system. The Legislature must ensure that HHSC is prudently spending its appropriated funds and must accurately assess HHSC's current financial state. We raise serious reservations and grave concerns over proposed legislation to rapidly privatize the hospital system: it's a risky and dangerous proposition, which may cause irreversible harm to our community.

We raise grave concerns over the constitutionality of Section II of H.B. 1112, H.D. 2, which mandates supplemental agreements for bargaining units 1, 2, 3, 4, 9, 10 and 13. It is unconstitutional for the Legislature to statutorily interfere and demand that the Employer and the Exclusive Representatives negotiate. There is nothing that precludes HHSC from currently negotiating supplemental agreements to any master contract; similarly, there should not be statutory language that mandates or binds approving supplemental agreements concurrently with a master agreement.

Thank you for the opportunity to provide testimony H.B. 1112, H.D. 2, with the request to remove Section II of the bill.

Respectfully submitted,

Randy Perreira
Executive Director

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dshaw@lanaicommunityhealthcenter.org
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Friday, March 13, 2015 5:06:43 PM

HB1112

Submitted on: 3/13/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Diana Shaw	Lanai Community Health Center	Support	No

Comments: HB1112— supported – with amendments. This measure provides a proactive approach to helping the public hospital system reorganize in a fashion that is supportable and likely to succeed. This measure, with some or all of the suggested amendments, will keep the “community” in the public hospital system – and that will serve the communities and the state most effectively. Suggested Amendments include: Specify development of Corporate-Wide Medical Staff By Laws Add language that requires working with CHC’s – provision of admitting privileges, development of MOUs, and partnership in planning and implementation of integrated delivery system, etc. Add language that requires engaging CHC’s when planning medical and primary care services Add language that requires Regional Public Health Facility Advisory Committee membership include CHCs in the region Add language for Lanai similar to that noted for East and West Hawaii membership for the Regional Public Health Facility Advisory Committee Requirement in Section 323F-25 needs to be amended and strengthened: admitting privileges, ensure continuity of care without interference, develop and implement MOUs and use of sliding scale policies of CHCs; remove the 4 items noted or revise to be more consistent with issues currently involved with CAH’s and CHC’s Carve out Critical Care Access Hospitals (CAHs) from the Regions and develop a network organization to serve the rural populations. There is good evidence that successful CAHs are the ones that work together to leverage outpatient services. We greatly appreciate your efforts to ensure and strengthen the State’s health care system — and to do so in a manner that eliminates negative unintended consequences and preserves choice and community self-direction and participation.

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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HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

Senate Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

March 19, 2015
Conference Room 229
9:00 a.m.
Hawaii State Capitol

Testimony Making Comments on House Bill 1112, HD2, Relating to the Hawaii Health Systems Corporation

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony on HB 1112, HD2 containing three parts. HHSC's Corporate Board **opposes** Parts I and III which serve to change the current HHSC structure reverting all powers and responsibilities to the Corporation with the elimination of the Regional System Boards and their powers.

The Corporation **supports** the provisions of Part II dealing with collective bargaining.

This measure completely replaces the current Corporate Board and eliminates the Regional Boards with their powers and responsibilities transferred to the Corporation. While we understand that the proposed changes are intended to improve efficiency and accountability, there are very serious consequences of such a wholesale change that should be considered. The HHSC Corporate office has very limited staff and transfer of personnel and resources currently in the various regions to corporate cannot be easily accomplished. The Corporation does not have the infrastructure to assume the responsibilities of the Regions without additional resources and expense. A complete change of the Corporate Board and elimination of the Regional Boards would be disastrous and extremely disruptive to the operations of the facilities and the system.

Currently the regions voluntarily participate in system-wide efficiencies such as single contracts with insurers like HMSA and Kaiser, and group purchasing for drugs and medical supplies to produce economies of scale. The Corporate office directly supports

or shares some of the functions of the smaller regions to save money. The dedicated volunteers of the Corporate and Regional Boards are working very closely together to reach common goals for the good of our communities and state. For these reasons and more, we feel that the current system should not be abandoned.

We respectfully request that you consider a less radical method to increase accountability and efficiency. We ask that you restore the current HHSC statutory language with our proposed amendment that would provide for the Corporate CEO and Corporate Board to have final approval of each region's budget, and thus the general fund distribution. This would assure that individual regions are held accountable for financial and management decisions, and would support system-wide efficiency without serious adverse effects.

Thank you for the opportunity to testify.

A BILL FOR AN ACT SUGGESTED REVISIONS

RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION.

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

SECTION 9. Section 323F-7, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Notwithstanding any other law to the contrary, the corporation and any of the regional system boards shall exercise the following duties and powers:

- (1) Developing corporation-wide policies, procedures, and rules necessary or appropriate to plan, operate, manage, and control the system of public health facilities and services without regard to chapter 91; provided that each regional system board shall be responsible for its own policies, procedures, and rules necessary or appropriate to plan, operate, manage, and control the public health facilities within its own regional system consistent with corporation policies;

- (2) Evaluating the need for additional health facilities and services; provided that each regional system board shall be responsible for the evaluation within its own regional system;
- (3) Entering into and performing any contracts, leases, cooperative agreements, partnerships, or other transactions whatsoever that may be necessary or appropriate in the performance of its purposes and responsibilities, and on terms the corporation, or regional system boards, may deem appropriate, with either:
 - (A) Any agency or instrumentality of the United States, or with any state, territory, or possession, or with any subdivision thereof; or
 - (B) Any person, firm, association, partnership, or corporation, whether operated on a for-profit or not-for-profit basis;provided that the transaction furthers the public interest; and provided further that if any dispute arises between any contract, lease, cooperative agreement, partnership, or other transaction entered into by the corporation and a regional system board with regard to matters solely within that regional system, after July 1, 2007, the contract, lease,

cooperative agreement, partnership, or other transaction entered into by the regional system board shall prevail; and provided further that such agreements are consistent with corporation policies;

- (4) Conducting activities and entering into business relationships as the corporation board, or any regional system board, deems necessary or appropriate, including but not limited to:
- (A) Creating nonprofit corporations, including but not limited to charitable fund-raising foundations, to be controlled wholly by the corporation, any regional system board, or jointly with others;
 - (B) Establishing, subscribing to, and owning stock in business corporations individually or jointly with others; and
 - (C) Entering into partnerships and other joint venture arrangements, or participating in alliances, purchasing consortia, health insurance pools, or other cooperative arrangements, with any public or private entity; provided that any corporation, venture, or relationship entered into under this section furthers the public interest; provided further that this paragraph shall not be construed to authorize the

corporation or a regional system board to abrogate any responsibility or obligation under paragraph (15); provided that each regional system board shall be responsible for conducting the activities under this paragraph in its own regional system consistent with policies established by the corporation board;

- (5) Participating in and developing prepaid health care service and insurance programs and other alternative health care delivery programs, including programs involving the acceptance of capitated payments or premiums that include the assumption of financial and actuarial risk; provided that each regional system board shall be responsible for conducting the activities under this paragraph in its own regional system consistent with policies established by the corporation board;
- (6) Executing, in accordance with all applicable bylaws, rules, and laws, all instruments necessary or appropriate in the exercise of any powers of the corporation or regional system boards;
- (7) Preparing and executing all corporation-wide budgets, policies, and procedures or any regional system budgets, policies, and procedures; provided that the regional system boards shall submit their regional and

facility budgets to the corporation for approval, amendment, or rejection [~~to be consolidated into a corporation-wide budget for purposes of corporation-wide planning and appropriation requests. Regional system and facility budgets shall be received by the corporation and shall be included in the corporation-wide budget upon submittal to the corporation~~];

- (8) Setting rates and charges for all services provided by the corporation without regard to chapter 91; provided that the duty and power of the corporation board shall be limited to approving the rates and charges developed by the regional system boards for the regional system's facilities and services. Rates and charges may vary among regional systems and facilities and may be consolidated with the rates of other regional systems into one charge master. Third-party payer contracts may be negotiated at the corporation-wide level with input from the regional systems, taking into consideration the rates set by the regional system boards. For purposes of securing revenue bonds, the corporation or regional system board may covenant to set, and if necessary increase, rates and charges as needed to pay debt service and related obligations plus a coverage factor;

- (9) Developing a corporation-wide hospital system that is subject to chapters 76 and 89[;], except that employees transitioned to a private entity pursuant to this chapter shall not be governed by chapters 76 and 89; provided that employment of regional system and facility personnel shall be the responsibility of the regional system boards pursuant to corporation-wide policies and procedures, applicable laws, rules, regulations, and collective bargaining agreements;
- (10) Developing the corporation's corporation-wide capital and strategic plans or any regional system board's capital and strategic plans; provided that each regional system board shall be responsible for development of capital and strategic plans in its own regional system that shall be consistent with, and incorporated into, the overall corporation-wide plans; and provided further that the corporation and each regional system board shall be entitled to undertake the acquisition, construction, and improvement of property, facilities, and equipment to carry out these capital and strategic plans;
- (11) Suing and being sued; provided that only the corporation may sue or be sued; and provided further that the corporation and regional system boards shall

enjoy the same sovereign immunity available to the State;

- (12) Making and altering corporation board and regional system board bylaws for its organization and management without regard to chapter 91 and consistent with this chapter; provided that each regional system board shall be responsible for the final approval of its regional system board bylaws;
- (13) Adopting rules without regard to chapter 91 governing the exercise of the corporation's or regional system boards' powers and the fulfillment of its purpose under this chapter;
- (14) Entering into any contract or agreement whatsoever, not inconsistent with this chapter or the laws of this State, and authorizing the corporation, regional system boards, and chief executive officers to enter into all contracts, execute all instruments, and do all things necessary or appropriate in the exercise of the powers granted in this chapter, including securing the payment of bonds; provided that the corporation board shall delegate to a regional system board its authority to enter into and execute contracts or agreements relating to matters exclusively affecting that regional system; provided further that a regional

system board shall exercise this power consistent with corporation-wide policies; and provided further that contracts or agreements executed by a regional system board shall encumber only the regional subaccounts of that regional system board;

- (15) Issuing revenue bonds up to \$100,000,000 subject to the approval of the governor or the director of finance; provided that:
 - (A) All revenue bonds shall be issued pursuant to part III, chapter 39;
 - (B) The corporation and any regional system board shall have the power to issue revenue bonds in any amount without regard to any limitation in chapter 39; and
 - (C) The corporation shall have the power to incur debt, including the issuance of revenue bonds in any amount, and the regional system boards shall have the power to issue revenue bonds in any amount upon approval by the corporation board;
- (16) Reimbursing the state general fund for debt service on general obligation bonds or reimbursable general obligation bonds issued by the State for the purposes of the corporation or any regional system board;

(17) Pledging or assigning all or any part of the receipts, revenues, and other financial assets of the corporation or the regional system boards for purposes of meeting or securing bond or health systems liabilities; provided that each regional system board shall be responsible for conducting the activities under this paragraph in its own regional system. Any pledge or assignment by the corporation or any regional system board to secure revenue bonds or health system liabilities shall be valid and binding in accordance with its terms against the pledgor, creditors, and all others asserting rights thereto from the time the pledge or assignment is made, without the need of physical delivery, recordation, filing, or further act. The corporation shall not take or omit to take any act that would interfere with, impair, or adversely affect any pledge or assignment by a regional system board pursuant to this chapter. In connection with issuing revenue bonds or related obligations, consistent with corporation policies and procedures, any regional system board may make such other covenants, binding on the regional system board and the corporation, that the regional system board determines to be necessary or appropriate

to establish and maintain security for the revenue bonds or related obligations;

- (18) Owning, purchasing, leasing, exchanging, or otherwise acquiring property, whether real, personal, or mixed, tangible or intangible, and of any interest therein, in the name of the corporation, which property is not owned or controlled by the State but is owned or controlled by the corporation; provided that:

(A) Regional system boards shall have custodial control over facilities and physical assets in their respective regional systems. A regional system board may own, purchase, lease, exchange, or otherwise acquire property, whether real, personal, or mixed, tangible or intangible, and of any interest therein, other than property owned or controlled by the corporation, in the name of the regional system board; provided further that a regional system board shall be subject to section 323F-3.5; and

(B) Each regional system board shall be responsible for conducting the activities under this paragraph in its own regional system;

- (19) Maintaining, improving, pledging, mortgaging, selling, or otherwise holding or disposing of property, whether real, personal, or mixed, tangible or intangible, and

of any interest therein, at any time and manner, in furtherance of the purposes and mission of the corporation or any regional system board; provided that the corporation or any regional system board legally holds or controls the property in its own name; provided further that other than to secure revenue bonds and related obligations and agents, and to transition into a new entity, the corporation or any regional system board shall not sell, assign, lease, hypothecate, mortgage, pledge, give, or dispose of all or substantially all of its property; and provided further that each regional system board shall be responsible for conducting the activities under this paragraph in its own regional system, and control over such property shall be delegated to each regional system board; provided further that this paragraph shall not be construed to authorize the sale, pledge, or mortgage of real property under the control of the corporation or a regional system board;

- (20) Purchasing insurance and creating captive insurers in any arrangement deemed in the best interest of the corporation, including but not limited to funding and payment of deductibles and purchase of reinsurance; provided that only the corporation shall have the

power to create captive insurers to benefit public health facilities and operations in all regional systems; and provided further that a regional system board may purchase insurance for its regional system in collaboration with the other regional systems and the corporation until captive coverage is provided by the corporation;

- (21) Acquiring by condemnation, pursuant to chapter 101, any real property required by the corporation to carry out the powers granted by this chapter;
- (22) Depositing any moneys of the corporation or any regional system board in any banking institution within or without the State, and appointing, for the purpose of making deposits, one or more persons to act as custodians of the moneys of the corporation or any regional system board; provided that regional system boards may deposit moneys in banking institutions pursuant to corporation-wide guidelines established by the corporation board;
- (23) Contracting for and accepting any gifts, grants, and loans of funds, property, or any other aid in any form from the federal government, the State, any state agency, or any other source, or any combination thereof, and complying, subject to this chapter, with

the terms and conditions thereof; provided that the regional system boards shall be responsible for contracting for and accepting any gifts, grants, loans, property, or other aid if intended to benefit the public health facilities and operations exclusively in their respective regional systems; and provided further that all contracting for or acceptance of gifts, grants, loans, property, or other aid shall be consistent with corporation-wide policies established by the corporation board;

- (24) Providing health and medical services for the public directly or by agreement or lease with any person, firm, or private or public corporation, partnership, or association through or in the health facilities of the corporation or regional system boards or otherwise; provided that the regional system boards shall be responsible for conducting the activities under this paragraph in their respective regional systems;
- (25) Approving medical staff bylaws, rules, and medical staff appointments and reappointments for all public health facilities of the corporation or any regional system board, including but not limited to determining the conditions under which a health professional may

be extended the privilege of practicing within a health facility, as determined by the respective regional system board and consistent with corporation-wide policies, and adopting and implementing reasonable rules, without regard to chapter 91, for the credentialing and peer review of all persons and health professionals within the facility; provided that regional system boards shall be the governing body responsible for all medical staff organization, peer review, and credentialing activities to the extent allowed by law;

- (26) (A) Investing any funds not required for immediate disbursement in property or in securities that meet the standard for investments established in chapter 88 as provided by the corporation board or any regional system board; provided that proceeds of bonds and moneys pledged to secure bonds may be invested in obligations permitted by any document that authorizes the issuance or securing of bonds; and provided further that the investment assists the corporation or any regional system board in carrying out its public purposes; selling from time to time securities thus purchased and held, and depositing any securities in any bank or financial institution within or without

the State. Any funds deposited in a banking institution or in any depository authorized in this section shall be secured in a manner and subject to terms and conditions as the corporation board or a regional system board may determine, with or without payment of any interest on the deposit, including without limitation time deposits evidenced by certificates of deposit. Any bank or financial institution incorporated under the laws of this State may act as depository of any funds of the corporation or a regional system board and may issue indemnity bonds or may pledge securities as may be required by the corporation or regional system board; provided that regional system boards may exercise the powers under this subsection with respect to financial assets of the regional system consistent with corporation-wide policies; and

(B) Notwithstanding subparagraph (A), contracting with the holders of any of its notes or bonds as to the custody, collection, securing, investment, and payment of any moneys of the corporation or regional system board and of any moneys held in trust or otherwise for the payment of notes or bonds and carrying out the contract. Moneys held in trust or otherwise for the

payment of notes or bonds or in any way to secure notes or bonds, and deposits of such moneys, may be secured in the same manner as moneys of the corporation or regional system board, and all banks and trust companies are authorized to give security for the deposits;

(27) Entering into any agreement with the State, including but not limited to contracts for the provision of goods, services, and facilities in support of the corporation's programs or the regional system boards' programs, and contracting for the provision of services to or on behalf of the State; provided that the regional system boards shall be responsible for entering into agreements to provide goods, services, and facilities in support of programs in their respective regional systems consistent with corporation-wide policies;

(28) Having a seal and altering the same at pleasure;

(29) Waiving, by means that the corporation or regional system board deems appropriate, the exemption from federal income taxation of interest on the corporation's or regional system boards' bonds, notes, or other obligations provided by the Internal Revenue

Code of 1986, as amended, or any other federal statute providing a similar exemption;

(30) Developing internal policies and procedures for the procurement of goods and services, consistent with the goals of public accountability and public procurement practices, and subject to management and financial legislative audits; provided that the regional system boards shall be responsible for developing internal policies and procedures for each of their regional systems consistent with the corporation's policies and procedures; and further provided that:

(A) The regional system boards and the corporation board shall enjoy the exemption under section 103-53(e);

(B) The regional system boards shall enjoy the exemption under chapter 103D; and

(C) The corporation shall be subject to chapter 103D;

(31) Authorizing and establishing positions; provided that regional system boards shall be responsible for hiring and firing regional and facility personnel consistent with corporation policies, except a regional chief executive officer shall only be hired or dismissed upon the approval of the regional system board as further set forth in section 323F-8.5;

(32) Having and exercising all rights and powers necessary or incidental to or implied from the specific powers granted in this chapter, which specific powers shall not be considered as a limitation upon any power necessary or appropriate to carry out the purposes and intent of this chapter; provided that the regional system boards shall be responsible for having and exercising all powers and rights with respect to matters in their regional systems consistent with the law; and

(33) Each regional system, through its regional system board, shall:

(A) Develop policies and procedures necessary or appropriate to plan, operate, manage, and control the day-to-day operations of facilities within the regional system that are consistent with corporation-wide policies;

(B) Exercise custodial control over and use of all assets of the corporation that are located in the regional system pursuant to this chapter; and

(C) Expend funds within its approved regional system budget and expend additional funds in excess of its approved regional system budget upon approval of the corporation board.

- (d) Each regional system board shall not be subject to chapters 36 to 38, 40, 41D, and 103D as well as part I of chapter 92 and shall enjoy the exemptions contained in sections 102-2 and 103-53(e), except as otherwise provided in this chapter. The corporation shall not be subject to chapters 36 to 38, 40, and 41D, as well as part I of chapter 92, and shall enjoy the exemptions contained in sections 102-2 and 103-53(e); provided that the exemption provided under this subsection to chapter 37D shall only apply to financing agreements of \$5,000,000 or less; provided further that the aggregate value of financing agreements per fiscal year shall not exceed \$25,000,000.
- (e) The duties and powers granted to the corporation or any regional system board may not be used to enter into contractual or business relationships that have the practical effect of allowing or are intended to allow private-sector counterparts to replace existing employee positions or responsibilities within the corporation or in any regional system or its facilities; provided the corporation or regional system boards shall be allowed to enter into such relationships to the extent and for the purposes that

the division of community hospitals could have done under collective bargaining contracts that were in effect for the 1995-1996 fiscal year."

SECTION 16. Section 323F-21, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) The corporation board and regional system boards shall collaboratively develop budgetary guidelines and annual operating and capital budgets for each facility, taking into account anticipated surpluses from or subsidies to the facilities pursuant to the annual guidelines described in this section, accumulated corporation and regional reserves and accounts, subsidies, if any, that are determined to be needed from the general fund, and other sources of corporation-wide and regional income as may be identified. Two-year budgets will be ~~[approved for]~~ recommended for approval by regional system boards, in alignment with State of Hawaii biennium budgeting. The corporate board ~~[shall not alter]~~ will approve the two-year budget of ~~[a]~~ the regional systems. ~~[except:]~~

- ~~(1) Where state general funding is reduced;~~
- ~~(2) An emergency exists; or~~
- ~~(3) There is a renegotiated budget approved by a regional system board.]~~

The corporation and regional system boards shall collaboratively develop budgetary guidelines and negotiate with each facility reasonable corporation administrative costs, including funds determined by the corporation or any regional system board to be needed from or provided to each facility to:

- (1) Repay corporation or regional system board debts;
- (2) Provide subsidies to any facility determined to be unable to fund from within that facility's programs and services deemed essential to community needs; and
- (3) Maintain appropriate reserves."

SECTION XX. Section 323F-21, Hawaii Revised Statutes, is amended by amending subsection (d) to read as follows:

"(d) Beginning with the first of the legislative biennium budget years following the establishment of a regional system board, and for each biennium period thereafter, the corporation shall call together all the regional systems through representatives selected by each regional system board, and the chairs of the facility management advisory committees, if any, to determine which services and functions should be provided by the corporation for the next biennium budget period, consistent with this chapter. As part of the biennium budgeting process, the corporation board and the representatives of each regional system, working

through the corporation board regional representatives, shall agree upon an allocation methodology for funding the agreed upon and statutorily created corporate services and functions. When allocation decisions cannot be reached by agreement of the regional and corporate boards, the corporate board shall decide the allocation for that service or function for that biennium period."

SECTION 35. This Act shall take effect on July 1, [2050] 2015; provided that part II of this Act shall apply to collective bargaining agreements negotiated after July 1, 2015.

Report Title:

Hawaii Health Systems Corporation

Description:

Restores HHSC budgetary oversight and approval to the corporation board. (HB1112 HD2)

State of Hawaii
The Senate
The Twenty-Eighth Legislature
Regular Session of 2015

COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

Date: Thursday, March 19, 2015
Time: 9:00 AM
Place: Conference Room 229
State Capitol
415 South Beretania Street

TESTIMONY AGAINST

HB 1112, HD2 (HSCR904)

RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION.

Reconsolidates HHSC operational administration and oversight by eliminating regional system boards. Repeals certain limits on operational authority. Amends HHSC supplemental bargaining agreements for HHSC employees. (HB1112 HD2)

Chair Green, Vice Chair Wakai and Members of the Committee on Commerce and Consumer Protection

My name is Susan Stewart. I am acting CMO of Maui Memorial Medical Center (MMMC) and a former member of the Maui Regional Board. I was a physician actively caring for patients at MMMC from 1986 until June of 2013. I have personally witnessed the improvements in patient care on Maui and the expansion of medical services available to the people of Maui. For the past year I have worked in administration at the hospital and have had first-hand experience with the difficulties encountered in delivering care and expanding services while working in a system encumbered by work rules and union rules that are not suited to a 24/7 hospital operation. These rules often force us to be inefficient and wasteful of valuable resources.

I do not feel that Maui Memorial should be the "Mayo of the Pacific." I do feel that medical care that is of proven value, that saves lives and prevents disability, needs to be provided to our population. Yes we need our heart program because minutes lost in treatment translate into bad outcomes. Yes we need our stroke program because minutes can mean the difference between full recovery and a life spent in a wheel chair. Yes we need our trauma services because appropriate and prompt intervention can mean

the difference between life and death. Having served this community for well over two decades, I have witnessed the growth of these services which occurred after the regional board system was established. I do not believe this would have occurred in the centralized HHSC system and am loathe to think we could regress to a system that did not allow us the flexibility to improve.

Changes in medical care and documentation have placed increased stress on an already stressed system. New layers of expenses are continually being added for coding, documentation and reporting. In addition our employment expenses have risen significantly. Despite being unprecedentedly busy this winter our revenues cannot keep up with the expenses. We need help to avert cutting services and to be able to continue to provide quality care to the citizens of Maui and ideally to further expand services.

I appreciate the fiscal reality that the legislature and governor face. I am sympathetic. You have difficult choices you need to make. But I feel we have an alternative available that will not place further fiscal strain on the Hawaii State Government, and will allow us to achieve our medical goals and that solution is **not** HB 1112 HD2 (HSCR904).

Thank you for your attention.

State of Hawai'i Senate
Committees on Health and on Commerce and Consumer Protection

Senator Josh Green, Chair, HTH
Senator Glenn Wakai, Vice Chair, HTH

Senator Rosalyn H. Baker, Chair, CPC
Senator Brian T. Taniguchi, Vice Chair, CPC

DATE: Thursday, March 19, 2015
TIME: 9:00 a.m.
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

TESTIMONY IN OPPOSITION
House Bill 1112, HD 2

Chairs Green and Baker; Vice Chairs Wakai and Taniguchi:

My name is Wesley Lo, Chief Executive Officer of Hawai'i Health Systems Corporation – Maui Region. Thank you for the opportunity to provide testimony in **opposition** of Parts I and III which change the current HHSC structure eliminating the Regional System Boards and their powers.

The HHSC Corporate office has very limited staff and transfer of personnel and resources currently in the various regions to corporate cannot be easily accomplished. The Corporation does not have the infrastructure to assume the responsibilities of the Regions without additional resources and expense.

Currently the regions voluntarily participate in system-wide efficiencies such as single contracts with insurers like HMSA and Kaiser, and group purchasing for drugs and medical supplies to produce economies of scale. The Corporate office directly supports or shares some of the functions of the smaller regions to save money. The dedicated volunteers of the Corporate and Regional Boards are working very closely together to reach common goals for the good of our communities and state. For these reasons and more, we feel that the current structure should not be abandoned.

We ask that you restore the current HHSC statutory language with our proposed amendment that would provide for the Corporate CEO and Corporate Board to have final approval of each region's budget, and thus the general fund distribution. This would assure that individual regions are held accountable for financial and management decisions, and would support system-wide efficiency without serious adverse effects.

Mahalo.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Health

The Hon. Josh Green, Chair

The Hon. Glenn Wakai, Vice Chair

Senate Committee on Commerce and Consumer Protection

The Hon. Rosalyn H. Baker, Chair

The Hon. Brian T. Taniguchi, Vice Chair

Testimony on House Bill 1112 HD 2

Relating to the Hawaii Health Systems Corporation

Submitted by Nani Medeiros, Policy & Public Affairs Director

March 19, 2015, 9:00 am, Room 229

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, supports the intent of House Bill 1112, re consolidating the HHSC operational administration and oversight by eliminating regional system boards.

In the process of that re consolidation, the HPCA would ask that special attention be paid to HRS §323F-25, which states:

“Regional system board; community hospitals; community health centers; collaboration. Each regional system board and each community hospital under the jurisdiction of the corporation shall collaborate with community health centers within their respective geographic jurisdictions to maximize funding from the state and federal governments to:

- (1) Maximize reimbursement for health care services provided;
- (2) Acquire funds for capital investment;
- (3) Provide expanded hours of service; and
- (4) Ensure the provision of the appropriate level of care to the community served by each community health center.”

In some portions of the state, community health centers serve a sizable percentage of the population. In order for both entities to stay fiscally sustainable and ensure there are no lapses in access to care for residents, active and engaged participation must take place.

Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: ecabatu@hpsc.org
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Tuesday, March 17, 2015 7:50:31 AM

HB1112

Submitted on: 3/17/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Elena Cabatu	East Hawaii Region of Hawaii Health Systems Corporation	Oppose	Yes

Comments: Dan Brinkman, Interim CEO, and Gary Yoshiyama, Board Chair, of the East Hawaii Region of Hawaii Health Systems Corporation will be present at the hearing.

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NOTICE OF HEARING

DATE: Thursday, March 19, 2015
TIME: 9:00AM
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

**TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION**

Terry Larson
Private Secretary, East Hawai'i Region

Thank you for the opportunity to provide my testimony in opposition to HB 1112, HD2 to reconsolidate Hawaii Health Systems Corporation (HHSC) operational administration and oversight by eliminating regional system boards. While I support the provisions of the bill that provide for mortgage authority and new collective bargaining units for HHSC, I strongly oppose the elimination of the regional system boards.

The intent of Act 290 has been realized in East Hawaii. The East Hawaii Regional Board consists of highly engaged, professional experts and community leaders. They have driven substantive and positive changes in the delivery of our region's healthcare. Board members have also had the foresight, courage, and expertise to support modernizing the region's systems, including installing a highly efficient and cost effective electronic medical record system that increased revenues, controlled expenses and greatly improved quality and the patient experience.

We also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a “one size fits all” remedy and neglects the fact that some regions have greatly benefited from community control.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered, most significantly the loss of community support, “ownership” and direction. We respectfully request the opportunity for further discussion regarding East Hawaii and HHSC’s function and governance, rather than a complete removal of the current structure.

From: [Pradeepta Chowdhury](#)
To: [HTHTestimony](#)
Subject: Keep governance the way it is now
Date: Wednesday, March 18, 2015 9:00:26 AM

TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION

Pradeepta Chowdhury MD
Internal Medicine practitioner in Hilo, Hawaii

Thank you for the opportunity to provide my testimony in opposition to HB 1112, HD2 to reconsolidate Hawaii Health Systems Corporation (HHSC) operational administration and oversight by eliminating regional system boards. While I support the provisions of the bill that provide for mortgage authority and new collective bargaining units for HHSC, I strongly oppose the elimination of the regional system boards.

The intent of Act 290 has been realized in East Hawaii. The East Hawaii Regional Board consists of highly engaged, professional experts and community leaders. They have driven substantive and positive changes in the delivery of our region's healthcare. Board members have also had the foresight, courage, and expertise to support modernizing the region's systems, including installing a highly efficient and cost effective electronic medical record system that increased revenues, controlled expenses and greatly improved quality and the patient experience.

We also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a "one size fits all" remedy and neglects the fact that some regions have greatly benefited from community control.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered, most significantly the loss of community support, "ownership" and direction. We respectfully request the opportunity for further discussion regarding East Hawaii and HHSC's function and governance, rather than a complete removal of the current structure.

Respectfully

--

Pradeepta Chowdhury, MD

670 Ponahawai Street, Ste 116
Hilo, HI 96720-7831

Tel: 808-961-3404
Cell: 808-756-5481

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: kkapoi@hpsc.org
Subject: *Submitted testimony for HB1112 on Mar 19, 2015 09:00AM*
Date: Wednesday, March 18, 2015 9:18:59 AM

HB1112

Submitted on: 3/18/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Karey Kapoi	Individual	Oppose	No

Comments:

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From: [Mary K. Nordling, MD](#)
To: [HTHTestimony](#)
Subject: Opposition to HB 1112
Date: Wednesday, March 18, 2015 8:18:46 AM

TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION

Name: Mary K. Nordling, MD FAAFP
Title: Faculty & Clinic Medical Director at Hawaii Island Family Medicine Residency

I am in opposition to HB 1112, HD2 to reconsolidate Hawaii Health Systems Corporation (HHSC) operational administration and oversight by eliminating regional system boards. While I support the provisions of the bill that provide for mortgage authority and new collective bargaining units for HHSC, I strongly oppose the elimination of the regional system boards.

The intent of Act 290 has been realized in East Hawaii. The East Hawaii Regional Board consists of highly engaged, professional experts and community leaders. They have driven substantive and positive changes in the delivery of our region's healthcare. Board members have also had the foresight, courage, and expertise to support modernizing the region's systems, including installing a highly efficient and cost effective electronic medical record system that increased revenues, controlled expenses and greatly improved quality and the patient experience.

We also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a "one size fits all" remedy and neglects the fact that some regions have greatly benefited from community control.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered, most significantly the loss of community support, "ownership" and direction.

We respectfully request the opportunity for further discussion regarding East Hawaii and HHSC's function and governance, rather than a complete removal of the current structure.

Sincerely,

Mary K. Nordling, MD FAAFP
Clinic Medical Director & Faculty
Hawaii Island Family Medicine Residency
Hilo Medical Center
45 Mohouli St. Suite 101
Hilo, HI 96720
mnordling@hhsc.org

(808) 932-4362 work

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NOTICE OF HEARING

DATE: Thursday, March 19, 2015
TIME: 9:00AM
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

**TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION**

Dan Brinkman
Interim Regional Chief Executive Officer
East Hawaii Region, HHSC

On behalf of the East Hawaii Region of Hawaii Health Systems Corporation (HHSC), thank you for the opportunity to present testimony on HB 1112, HD2.

On behalf of the East Hawaii Region of Hawaii Health Systems Corporation (HHSC), thank you for the opportunity to present testimony on HB 1112, HD2 containing three parts. The East Hawaii Regional Board and Executive Administration opposes Parts I and III which serve to change the current HHSC structure reverting all powers and responsibilities to the Corporation with the elimination of the Regional System Boards and their powers.

The East Hawaii Region supports the provisions of Part II dealing with collective bargaining.

We believe that the intent of regionalization has been realized in East Hawaii. Our highly engaged regional board, composed of professional experts and community leaders, has driven substantive and positive changes in the delivery of our region's healthcare. We have modernized our systems, including installing a highly efficient and cost effective electronic medical record system, increased our revenues, controlled our expenses and have greatly improved quality and the patient experience.

We also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a "one size fits all" remedy and neglects the fact that some regions have greatly benefited from community control. Additionally, the primary cause of the public hospital system's poor condition is not its organizational structure, but due to the imposing outside forces of declining reimbursements, increased cost of healthcare (i.e. supplies, medicine, employment), and the unique challenges of providing "safety net" care for communities that are geographically dispersed, socio-economically challenged and aging.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered, significantly the loss of community support, "ownership" and direction. That community ownership has not precluded the regions from voluntarily participating in system-wide efficiencies such as single contracts with insurers like HMSA and Kaiser, corporation wide malpractice coverage, and group purchasing for drugs and medical supplies to produce economies of scale.

As a practical matter, much of the operational infrastructure for managing acute and LTC facilities has been shifted to the regions. Transfer of personnel and resources currently in the various regions to corporate cannot be easily accomplished. The significant expertise and skills represented in the volunteer membership of the regional board will rapidly be unavailable to the regions, leaving a vacuum that will take significant time and resources to fill.

The coming fiscal year also presents major challenges to the regions. Coping with a large fiscal shortfall, possibly making service reductions and reducing staff requires stability in both structure and leadership. A complete change of the Corporate Board and elimination of the Regional Boards would be disastrous and likely make a difficult situation substantially worse.

We respectfully request that you consider a less radical method to increase accountability and efficiency. We concur with Corporate's proposal that you restore the current HHSC statutory language with the offered amendment that would provide for the Corporate CEO and Corporate Board to have final approval of each region's budget, and thus the general fund distribution. This would assure that individual regions are held accountable for financial and management decisions, and would support system-wide efficiency without serious adverse effects.

Thank you for the opportunity to testify.

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NOTICE OF HEARING

DATE: Thursday, March 19, 2015
TIME: 9:00AM
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

**TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION**

Holly Ka`akimaka
Human Resources Director, East Hawaii Region, HHSC

Thank you for the opportunity to provide my testimony in opposition to HB 1112, HD2 to reconsolidate Hawaii Health Systems Corporation (HHSC) operational administration and oversight by eliminating regional system boards. While I support the provisions of the bill that provide for mortgage authority and new collective bargaining units for HHSC, I strongly oppose the elimination of the regional system boards.

The intent of Act 290 has been realized in East Hawaii. The East Hawaii Regional Board consists of highly engaged, professional experts and community leaders. They have driven substantive and positive changes in the delivery of our region's healthcare. Board members have also had the foresight, courage, and expertise to support modernizing the region's systems, including installing a highly efficient and cost effective electronic medical record system that increased revenues, controlled expenses and greatly improved quality and the patient experience.

We also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a “one size fits all” remedy and neglects the fact that some regions have greatly benefited from community control.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered, most significantly the loss of community support, “ownership” and direction. We respectfully request the opportunity for further discussion regarding East Hawaii and HHSC’s function and governance, rather than a complete removal of the current structure.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: fsayre@mac.com
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Wednesday, March 18, 2015 6:49:54 AM

HB1112

Submitted on: 3/18/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Frank Sayre	Individual	Oppose	No

Comments: I strongly oppose this bill in it's amended form. We tried this form once before and it didn't work. Each region has unique problems that can only be effectively dealt with by home rule. This bill is a bad idea.

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March 17, 2015

Committees on Health and Commerce, Consumer Protection
Sen. Josh Green M.D., Chair
Sen. Rosalyn Baker, Chair

Thursday March 19, 2015
9:00 AM
Conference Room 229
State Capitol
415 South Beretania Street

House Bill 1112 HD2
Testimony in opposition

I am writing in strong opposition to HB1112, HD2, a bill to re consolidate HHSC operational administration and oversight by eliminating regional boards. My name is Nicole Apoliona, MD. I am a graduate of the UH Family Medicine Residency and an assistant clinical professor in the Department of Family Medicine at JABSOM. I have been practicing family medicine on Maui for 17 years and have been the medical director at Kula Hospital and Clinic for 6 years.

Abolishing the Regional boards of HHSC and re consolidating operational administration in Honolulu is a step backwards for rural health in our island state. The healthcare needs of the neighbor islands where nearly all hospital care is delivered by HHSC facilities are vastly different from the healthcare needs and environment of Oahu. From a neighbor island resident perspective, abolishing Regional boards and establishing a Honolulu based Board with 11 of 13 members appointed by the Governor is an unwanted Honolulu power grab.

From my perspective as manager and clinician the economies of scale and efficiencies touted in this bill do not exist. All the inefficiencies and bureaucracy of being a state agency will still exist and this bill does nothing to alleviate that. The HHSC Regions already participate in group contracts and share best practices and corporate resources under HHSC corporate management.

There is no need to pay for yet another consultant to provide yet another audit. The 2009 HHSC Stroudwater report mandated by the legislator is an independent, comprehensive review and evaluation of HHSC. Quoting directly from the 2009 Stroudwater report:

From Study Purpose and Process:

This study responds to the legislative mandate included in Act 182 (2009) for the Hawai'i Health Systems Corporation (HHSC) to arrange for, on behalf of the Legislature, a comprehensive,

independent review and evaluation of HHSC. Specific elements of the study specified in Section 31 of HB 200 CD1 include the following:

- 1) A comprehensive facility-by-facility review of operations, detailing efficiencies, deficiencies, and any recommendations for corrective action;
- 2) Overall recommendations on improving effectiveness and efficiencies system-wide;
- 3) Determination of responsibilities of facility administration, regional boards, corporate office, and HHSC corporate board;
- 4) Determination of centralized services required by the facilities to be provided by the corporate office;
- 5) Performance benchmarks to be reported to the Legislature prior to the commencement of each regular session and upon request; and
- 6) Recommendations on transition plans deemed necessary;
- 7) Evaluation of effectiveness of the current legal structure and adherence to the State procurement code and salary structure;
- 8) Measures taken to address material control weaknesses and reporting issues cited in audits performed by the State auditor and HHSC's external auditor during fiscal year 2007-2008 and fiscal year 2008-2009; and provided further that the department shall submit the report to the Legislature no later than twenty (20) days prior to the convening of the 2010 regular session. (pg. 5)

From Executive Summary:

"We can't solve problems by using the same kind of thinking we used when we created them."

Albert Einstein

This study of the Hawai'i Health Systems Corporation's (HHSC's) current status and future options is in response to a mandate by the Legislature for an independent review of HHSC and recommendations for defining its future and improving its performance. The context of the study includes unprecedented State budget deficits, State subsidization of HHSC that has grown to over \$111M annually and is projected to continue climbing, and a continuing need for HHSC capacities which serves approximately one-fifth of the total inpatient hospital volume in the State. The areas served by HHSC, excluding Oahu, represent nearly a third of the State population. This area is projected to grow by over 63,500 by 2017, a 17% increase.

HHSC is in a financially perilous condition. It received a "Going Concern" finding as part of its 2008 independent audit report, calling the future financial viability of the organization into question. Its liquidity is at dangerously low levels with barely enough current assets to meet current liabilities. It is far behind in its payments to vendors (80+ days). The age of its facilities and other physical assets are well above national averages. Its future viability is at risk, particularly if the State is unable to provide increasing levels of operating subsidies for HHSC going forward. We have assumed that the State will not have the capacity or tolerance to fund increasing subsidies going forward, and seeks options that will allow it to substantially reduce HHSC subsidies as part of its overall imperative to balance the State budget.

The study concludes that incremental change is unlikely to be sufficient to effectively address HHSC's short term and long term challenges. (italics added) It recommends three "essential changes" as a prerequisite for future strategic action.

The first “essential change” calls for a conversion of HHSC from a public benefit corporation to a private non-profit 501(c)(3) corporation. By definition, this change would end HHSC’s status as an agency of the State, disqualifying it from remaining part of the State’s civil service employment structure. By replacing the State’s existing retirement and paid time off benefits with a contemporary private sector benefit structure including a defined contribution benefit retirement plan and paid time off plan, HHSC can save an estimated \$50.3M in annual operating costs. Assuming other work rule related changes (e.g. re-mix of salaried/hourly employee status) and a willingness on the part of the State to assume HHSC’s existing operating liability for retiree health benefit costs, HHSC’s annual operating costs can be reduced by an additional estimated \$31.3M. It is also projected that HHSC would become far more effective in its ability to generate capital through solicitation of philanthropic support and Federal funding. (pg. 7)

The study delineates five strategic scenarios that were considered and rejected, including the rationale for not pursuing these scenarios. Rejected scenarios include: 1) closure of the HHSC facilities and system; 2) re-integration with the Department of Health; 3) structuring HHSC’s regions into county hospital district entities; 4) spinning the three PPS hospitals into private independent corporations while retaining the CAH facilities under State sponsorship; and 5) creating a dual employee structure that grandfathers current HHSC in the civil service structure and employs all new staff outside of it. (pg. 8)

Nowhere in the 2009 Stroudwater report does it recommend that merely reconsolidating HHSC will lead to sufficient change to address the threats to the survival of the HHSC system. “The study concludes that incremental change is unlikely to be sufficient to address HHSC’s short term and long term challenges”. The measures suggested in HB1112 HD2 amount to rearranging the deck chairs on the Titanic. HB1112 HD2 will further impair our ability to respond to the healthcare needs of our neighbor island communities and strip local power and control and send it to Honolulu. It will not provide significant efficiencies and economies of scale. It will not provide a path to a sustainable quality healthcare system for HHSC. I urge you to defer HB1112HD2.

Respectfully submitted,

Nicole Apoliona, M.D.
Medical Director, Kula Hospital and Clinic, Maui

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lokamoto@gmail.com
Subject: *Submitted testimony for HB1112 on Mar 19, 2015 09:00AM*
Date: Tuesday, March 17, 2015 10:18:13 PM

HB1112

Submitted on: 3/17/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Okamoto	Individual	Oppose	No

Comments:

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To: [HTHTestimony](#)
Cc: rmsuzuka@hotmail.com
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Tuesday, March 17, 2015 10:12:36 PM

HB1112

Submitted on: 3/17/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Randall Suzuka	Individual	Oppose	No

Comments: I am a Family Physician in Haleiwa and Mililani. Consolidation will not solve the problems that threaten healthcare access on the neighbor islands. The best chance at a sustainable statewide hospital system is to allow private-public partnerships for select neighbor island hospitals.

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To: [HTHTestimony](#)
Cc: yazawa@hawaii.rr.com
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Tuesday, March 17, 2015 9:20:00 PM

HB1112

Submitted on: 3/17/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
al yazawa	Individual	Oppose	No

Comments: Oppose

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From: [Edward Peskin, MD](#)
To: [HTHTestimony](#)
Cc: [Elena Cabatu](#); [Dan Brinkman](#)
Subject: my testimony in opposition to HB 1112, HD2
Date: Tuesday, March 17, 2015 4:53:39 PM

TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION

Ted Peskin, MD
Chief Medical Officer
East Hawaii Region
HHSC

Thank you for the opportunity to provide my testimony in opposition to HB 1112, HD2 to reconsolidate Hawaii Health Systems Corporation (HHSC) operational administration and oversight by eliminating regional system boards. While I support the provisions of the bill that provide for mortgage authority and new collective bargaining units for HHSC, I strongly oppose the elimination of the regional system boards.

The intent of Act 290 has been realized in East Hawaii. The East Hawaii Regional Board consists of highly engaged, professional experts and community leaders. They have driven substantive and positive changes in the delivery of our region's healthcare. Board members have also had the foresight, courage, and expertise to support modernizing the region's systems, including installing a highly efficient and cost effective electronic medical record system that increased revenues, controlled expenses and greatly improved quality and the patient experience.

I moved to Hawaii five years ago from a university affiliated multi-hospital system in Massachusetts that had over 1,000 physicians and over 10,000 employees. I was rather surprised and pleased to find that there are more quality improvement projects and measurable improvements in quality at Hilo Medical Center as compared to this large mainland system.

I also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a "one size fits all" remedy and neglects the fact that some regions have greatly benefited from community control.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered,

most significantly the loss of community support, “ownership” and direction. We respectfully request the opportunity for further discussion regarding East Hawaii and HHSC’s function and governance, rather than a complete removal of the current structure.

I have heard from many physicians affiliated with Hilo Medical Center that they think that regionalization has been a success in East Hawaii and that they also share my concerns about this bill which I have outlined above.

Thank you for considering my testimony.

Edward (Ted) Peskin,MD
Chief Medical Officer
East Hawaii Region
Hawaii Health Systems Corporation
Medical Staff Services
Hilo Medical Center
1190 Waianuenue Ave
Hilo,HI 96720
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NOTICE OF HEARING

DATE: Thursday, March 19, 2015
TIME: 9:00AM
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

**TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION**

Money Atwal
Regional Chief Financial Officer and Chief Information Officer
East Hawaii Region, HHSC

Thank you for the opportunity to provide strong testimony in opposition of HB 1112, HD2. I am opposed the elimination of the regional system boards, but I do support the provisions of the bill that provide for mortgage authority and new collective bargaining units for HHSC.

I believe that the intent of Act 290 has been realized in East Hawaii. Our highly engaged regional board, composed of professional experts and community leaders, has driven substantive and positive changes in the delivery of our region's healthcare. We have modernized our systems, including installing a highly efficient and cost effective electronic medical record system, increased our revenues, controlled our expenses and have greatly improved quality and the patient experience.

Notable improvements include:

- Improved financial performance with hospital payments received within 52 days compared to 100 days and patient bills processed within 5 days.
- Improved financial performance with Outpatient Clinic payments received within 30 days compared to 100 days and patient bills processed within 2 days.
- Implemented numerous financial modules within our Electronic Medical Record system that has assisted with department cost controls, identifying financial opportunities and enhancing overall cost analysis.

I also believe that each region is unique in its geography, demographics, business environment, types of operations (acute vs long-term care) and the size of its business. While there is merit to the idea that de-centralization has not been successful in all regions, re-centralizing imposes a "one size fits all" remedy and neglects the fact that some regions have greatly benefited from community control.

Additionally the primary cause of the public hospital system's poor condition is not its organizational structure, but due to the imposing outside forces of declining reimbursements, increased cost of healthcare (i.e. supplies, medicine, employment), and the unique challenges of providing "safety net" care for communities that are geographically dispersed, socio-economically challenged and aging.

The solution for East Hawaii is one of service oriented local partnerships with other healthcare providers, especially those on the Big Island. We are seeking predictable and sustainable funding of our safety net mission and coverage of collective bargaining costs. The stability that is offered by these measured steps will give the region's board the resources to succeed in maintaining and improving the region's operations.

HD 1112 HD2 removes the Regional Boards and places all authority and decision making with the Corporate Board. While this is intended to produce improvements in efficiency and accountability, there are potentially adverse disruptive consequences that should be considered, most significantly the loss of community support, "ownership" and direction. I respectfully request the opportunity for further discussion regarding East Hawaii and HHSC's function and governance, rather than a wholesale removal of the current structure.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: dnutting@aol.com
Subject: Submitted testimony for HB1112 on Mar 19, 2015 09:00AM
Date: Tuesday, March 17, 2015 12:05:08 PM

HB1112

Submitted on: 3/17/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dennis E Nutting	Individual	Oppose	No

Comments: Reverting HHSC back to DOH is folly. Consolidation of the regional control to a HHSC board structure is also folly. That system was not working years ago so why would one think it will work now? Please allow the regional system to work. The new CEO at HHSC has the skills needed, and the authority, to make it work please allow her time to prove this. Any sudden change during these trying financial times will be devastating to those of us who rely on HHSC for health care here on The Big Island. Thank you for your time.

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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Date: March 17, 2015

TO: Committee on Commerce and Consumer Protection
Committee on Health

FROM: Sally Kaye, Lānaʻi Resident

RE: HB1112 and HB1075

I am writing to express my views on two bills, HB1112 and HB1075, both of which relate to the HHSC and the push to make changes to increase the system's chances of attaining sustainability. I am particularly concerned with how these two bills will impact us here on Lana'i.

I support HB1112

I oppose HB1075

This bill has not had the full benefit of our community's input — and it will clearly affect our small, rural community. Lānaʻi Community Health Center (LCHC) currently provides ongoing care for 48% of the population of the island of Lānaʻi, with patient volumes that continue to grow monthly by, on average, 20-25 new patients seeking continuing care from LCHC. LCHC is an essential provider on our island, and the only safety net outpatient provider on this island, yet its input on critical issues raised by this legislation is not reflected in the bills' language.

For Lānaʻi, the removal of 'community' from community medicine is costly. A conversation engaging the community and significant providers within the community needs to occur before any bill passes that changes the HHSC structure.

We on Lānaʻi appreciate your support for our community, and your interest in — and efforts towards — strengthening the State's health care system for rural communities like ours.

Mahalo,

Sally Kaye
511 Ilima Ave.
Lānaʻi City 96763

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Senator Clarence K. Nishihara

NOTICE OF HEARING

DATE: Thursday, March 19, 2015
TIME: 9:00AM
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

**TESTIMONY IN OPPOSITION OF HB 1112 HD2
RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION**

Gary Yoshiyama
Board Chair
East Hawaii Region, HHSC

On behalf of the East Hawaii Regional Board of Hawaii Health Systems Corporation (HHSC), thank you for the opportunity to present testimony on HB 1112, HD2.

House Bill 1112 HD2, as currently drafted, includes proposed language to eliminate the Regional Board System created in 2007 by the passage of Act 290 and centralize governance through a single Corporate Board. The Bill language asserts that the Regional Board System has "caused inefficiencies that are detrimental to the financial stability of the system, operational effectiveness and employee morale."

The East Hawaii Regional Board strongly disagrees with this assertion and asks the Committee to strike the language which replaces the Regional System with a single centralized system of governance.

Our reasoning is supported by the following:

1. Over the past seven years since its creation, the East Hawaii Regional Board has proven successful in achieving the original intent of Act 290.
2. The Board is composed of 13 highly talented and successful community leaders with the breadth of knowledge and experience required to guide and direct complex health delivery in our region.
3. Our Board is highly engaged and active in Committee work focused on Finance, Strategic Planning, Quality Outcomes and Community Engagement, among others. Many members devote more than 25 hours each month in decision making activities.
4. But more to the point, our Region has achieved significant financial gains in recent years and we expect more in the years ahead. We have devoted our attention to implementing sophisticated information technology tools which enable us to analyze our costs, manage our operations, and capture all of our revenue.
 - a. ***In 2009, we led the way in the installation of the MEDITECH Electronic Medical Records System for the East Hawaii Region, which enabled us to implement the fully functional, cost-effective technology to manage patient records, increase billings and revenue streams. At \$7 million, the cost has been a fraction of today's systems. Our revenue enhancement has been \$15.0 million over that time period. Furthermore, the Region has received American Recovery and Reinvestment Act (ARRA) Meaningful Use Incentive dollars of approximately \$3.5 million and expect another \$2.0 million from Federal and State programs.***
 - b. ***We were the first to install Kronos time management systems to enable us to more effectively match staff requirements to the acuity of patients and departmental fluctuations. That savings has been attributed to a decrease in overtime and increase in staffing productivity over the past two years.***
 - c. ***We have prepared for the conversion to the federally mandated ICD-10 coding requirements through parallel systems to establish benchmarks, guard against lost revenue and ease the transition for physician, nurses and administrative staff to the new system. National projections call for a revenue reduction of 7.5% from the changeover. We expect our losses to be less than \$1.0 million.***

Looking to the future, we have identified four strategic priorities to guide our Region toward sustainability that include:

1. Achieve financial stability in the present and predictability of the impact of future reductions in healthcare reimbursements.
 - a. ***Our operations initiatives in the past two years have enabled us to close the gap between our expenses and reimbursements by 25%. We know that there will be further downward pressure on reimbursements at the federal and state levels. To that end we are building alternative***

models for care delivery with newly emerging technologies. For instance, the treatment of cancer patients is rapidly changing from infusion to oral medications which have differing revenue, expense and infrastructure costs.

2. Enhance collaboration with our labor partners on issues of mutual importance
 - a. ***We have leveraged our relationships with Labor Leaders to join us in finding solutions to challenges which we face together: our community's health, that of our employees and their members and the economic prosperity of the individual family.***
3. Deepen our relationships with members of the Legislative and Executives Branches to chart a future for public health care in Hawaii
 - a. ***We have reached out to our elected stewards to create opportunities for dialogue, discussion and solutions to the future of healthcare in Hawaii.***
4. Broaden our influence and relationships with the other Regions to share "best practices" and solve mutual challenges.
 - a. ***Again, we view our responsibilities not just a regional, but statewide. We recognize our obligation to demand excellence, not just of ourselves, but all who are charged with the health of our communities. And finally, we recognize that the future of Hawaii's healthcare delivery demands that we create new models.***
 - b. ***To that end we will pursue service enhancements through clinical integration, collaboration and partnership with other providers in our Region and across the state. We have established a working group to identify, model and create collaborative relationships in specific patient service areas.***

We firmly believe that the significant gains we have made over the past few years and expect to implement in the years ahead will be seriously compromised by the loss of our Regional Board System and Board Members. We urge you to retain the current system and amend the Bill.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lbustillos@hhsc.org
Subject: *Submitted testimony for HB1112 on Mar 19, 2015 09:00AM*
Date: Monday, March 16, 2015 2:17:39 PM

HB1112

Submitted on: 3/16/2015

Testimony for HTH/CPN on Mar 19, 2015 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lacey Bustillos	Individual	Oppose	No

Comments:

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

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