



An Independent Licensee of the Blue Cross and Blue Shield Association

March 17, 2016

The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 2740, HD1 – Relating to Liability

Dear Chair Baker, Vice Chair Kidani, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2740, HD1, which seeks to (1) limit the ability of plans to require preauthorizations, and (2) clarifies liability for patient injuries caused by preauthorization delays.

HMSA opposes this Bill for the following reasons:

1. Preauthorizations protect the health and well-being of patients

- We use guidelines that are firmly based in evidence and nationally accepted and created by radiologists, orthopedists, neurologists and other physician specialty societies.
- **We immediately and automatically authorize any case that a doctor deems an emergency or urgent. Emergency rooms and hospitals do not need to authorize and physicians from their offices need only attest the case is urgent to receive an automatic approval.**
- We chose National Imaging Associates as our vendor as NIA has similar programs in 30 states and have experience and a deep roster of board certified physicians. All physician reviewers are board certified and of appropriate specialties.
- We verified that 98 percent of Hawaii providers, totaling 2300 providers, order less than one imaging test per day so the additional administrative work would not widely impact patient care. More than 50 percent of providers order less than one test per month. We began an extensive physician education program three months prior to launching this program.

2. Preauthorization programs are essential to use member premiums responsibly

- Mutual benefit associations and non-profit health insurers including HMSA are dedicated to responsibly using premiums from members and employers for the benefit of the member population.
- Improving the health and well-being of our State means that we must spend our premium dollars on medically necessary services, including preventative services, and we must use some of our resources to address upstream determinants of health including the very important social determinants of health. To have the resources to do this, a plan must have the ability to prevent unnecessary and even potentially harmful medical services.
- HMSA's Māhie 2020 initiative that strives to be a catalyst to create a sustainable community system that advances the health and well-being goals of consumers, providers, employers, communities, and government. We have already started working with agencies such as the state



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Department of Education, Department of Human Services, and Med-Quest, along with other private partnerships to build infrastructure that can address the State's social determinants of health.

- These require resources and hence preauthorization programs to eliminate wasteful spending are essential.
- Preauthorization programs do not prevent physician and patients from getting any particular service. They prevent the public represented by the association from paying for it when it falls outside the guidelines of medical necessity so that those dollars can be allocated to resources meaningful to the entire population.

3. Preauthorization programs for advanced imaging are used by virtually every health insurer in the nation

- Advanced imaging has become one of the most over-utilized services within the medical field with national estimates that 30 percent of tests fall outside of evidence based national guidelines. In addition, unnecessary imaging can cause harm by exposing patients to unnecessary but harmful radiation or occasionally causing false positive results that lead to more invasive testing.
- Accordingly, government payers such as Medicare and Medicaid, and virtually every health insurer in the country including 37 Blue Cross and Blue Shield Association plans, Aetna, Humana, Cigna and Kaiser have advanced imaging pre-authorization programs.
- "Choosing Wisely" guidelines developed by the national specialty societies have focused more on limiting unnecessary advanced imaging testing than any other physician activity.

4. Because of specific circumstances in Hawaii, it made sense for HMSA to modify its preauthorization program for advanced imaging

- Our preauthorization program for advanced imaging has been in place for nearly 10 years.
- Our more robust preauthorization program for Medicare and Medicaid programs is one of the reasons for lower utilization numbers in these populations.
- Our program had waived preauthorizations for 80 percent of the physicians caring for members who get their HMSA insurance through work.
- In that group, utilization of advanced imaging services exceeded national utilization by 9 percent. Because 80 percent of these cases were waived from preauthorization, we could not identify the problem sources for the overutilization problem and therefore it made sense to temporarily pause the waiver program for all physicians.

5. Results of our preauthorization program for advanced imaging services

- Our overall approval rate for these preauthorizations started at 80 percent and has increased to 83 percent.
- 58 providers order more than one imaging test day and 22 of them have received a waiver to exempt them from pre-authorization. These exempt providers are following national guidelines for testing.

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- We've met all timeliness requirements established by Medicare, Medicaid, Federal plans, commercial lines of business.
- In the first three months of the program, average approval processing time has been 24 hours and one minute, and average denial processing time (longer due to requests for additional information prior to proceeding with a denial) has been 49 hours and 56 minutes.
- Requests for advanced imaging from emergency rooms are down eight percent compared to this time last year. Anecdotal claim that many physicians are sending patients to the ER for imaging to avoid the program does not appear to be supported.

Thank you for allowing us to testify on HB 2740, HD1. Your consideration of our concerns is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal flourish extending to the right.

Jennifer Diesman
Vice President, Government Relations



HAWAII RADIOLOGICAL SOCIETY

LATE

LETTER OF SUPPORT

WITH REGARD TO SB2740 which would prohibit health insurance preauthorization requirements that cause undue delay in receipt of medical treatment or services. This specifies that insurers, but not health care providers, are liable for civil damages caused by undue delays for preauthorization:

The Hawaii Radiological Society supports this measure.

The examination of this measure should focus on two primary patient safety concerns:

- 1) Time delay and its impact on patient care
- 2) Applied criteria

There will be lots of testimony from patients and doctors alike showing that the process of prior payment approval for high tech imaging endangers patients and delays the timely delivery of patient care. The line blurs when we seek to delineate between urgent and emergent studies. "Urgent" studies might quickly become emergent, and the outcomes prospectively are extremely hard to predict.

High tech imaging like CT scan and MRI are critical in guiding the triage of patients, especially when the outward clinical symptoms are nonspecific, vague or absent. A 55 year old male outpatient with lower abdominal pain could simply have enteritis, but might also have any number of medical and surgical emergencies such as a fast growing malignancy, small bowel obstruction, hernia, aneurysm rupture, or obstructive stone disease with urosepsis; these require urgent admission and intervention. Radiographs and ultrasound simply cannot yield all the answers and simultaneously rule out other less urgent medical conditions in the same amount of time as high tech imaging.

The incredible time pressure to make the precise diagnosis is on Hawaii's provider physicians constantly. With the inception of the electronic health record, Hawaii physicians have been increasingly evaluated and reviewed on their ability to quickly find the answers for patients and dispense treatment at low cost. To push provider physicians to be accurate and expeditious while maintaining the standard of care, but then tie their hands with pre authorization process like those of HMSA/NIA is a double standard that is unreasonable and unacceptable.

Pre approval for imaging has certainly existed for a while. However, the methods by which HMSA and NIA disburse this preapproval are biased, arbitrary and often wrong. Their criteria do not follow government approved evidenced based criteria, but are synthesized from the partial application of different various standards that are sorted to their liking. They report denial rates of 17%, but this is definitely not the case with many Hawaii physicians. Are the provider accounts of high denial rates only anecdotal or false? The tremendous statewide testimony of Hawaii physicians shows otherwise.

The random and discretionary manner in which imaging appropriateness criteria are applied by insurance carriers like HMSA with the RBM NIA leads to serious confusion and frustration for physicians, ***but most importantly places enormous delays in the care of Hawaii's patients while imposing a standard of care that is not evidence based on the current medical literature.***

The measure HB 2740 will support the recourse for patients who have been harmed when preauthorization cause undue delay in receipt of medical treatment or services. **In the end insurance carriers may continue to deny and deny and deny away the Hawaii physicians' imaging requests. However they should be held responsible and accountable for their actions, and liable for civil damages caused by undue delays for preauthorization.**

Mahalo for your thoughtful consideration of these issues.

With Aloha,

Elizabeth Ann Ignacio MD

baker2 - Lia/Eve

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 16, 2016 10:26 AM
To: CPH Testimony
Cc: lisaIgnacio18@hotmail.com
Subject: Submitted testimony for HB2740 on Mar 17, 2016 09:45AM
Attachments: 20160204hpiHfallproc.jpg

Categories: Late

HB2740

Submitted on: 3/16/2016

Testimony for CPH on Mar 17, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
ELIZABETH ANN IGNACIO	HAWAII RADIOLOGICAL SOCIETY HRS	Support	Yes

Comments:

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Medicare Part B All Imaging Procedures per 1000 Beneficiaries

Category: Volume of Services Performed Source: CMS 5% Research Identifiable Files

Refine Series Results

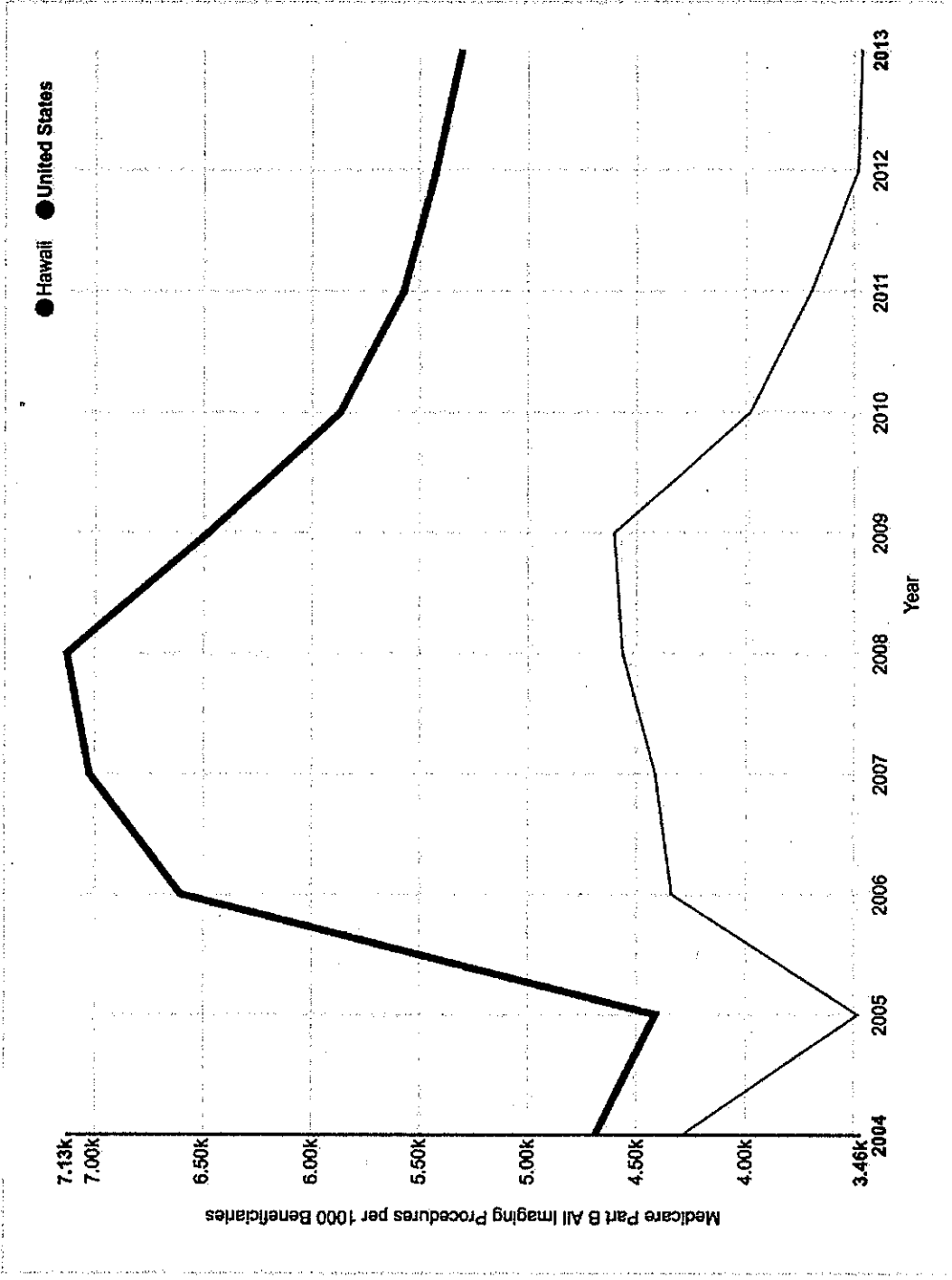
From To

Show national data?

Select states: All | None

- Colorado
- Connecticut
- Delaware
- District Of Columbia
- Florida
- Georgia
- Hawaii
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Share Data Series Toggle filters Save graph



Map Graph

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 16, 2016 10:29 AM
To: CPH Testimony
Cc: lisaIgnacio18@hotmail.com
Subject: Submitted testimony for HB2740 on Mar 17, 2016 09:45AM
Attachments: 20160203rosenkrAJR2015Oct.jpg

Categories: Late

HB2740

Submitted on: 3/16/2016

Testimony for CPH on Mar 17, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
ELIZABETH ANN IGNACIO	HAWAII RADIOLOGICAL SOCIETY HRS	Support	Yes

Comments: This federal data from CMS is the most recent (there is a two yr lag in submission). Hawaii is one of the ten states with the lowest Medicare imaging spending per beneficiary.

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TABLE 2: Ten States With Lowest Medicare Imaging Spending per Beneficiary in 2004 and 2012

Rank	2004		2012	
	State	Spending (U.S. dollars)	State	Spending (U.S. dollars)
51	Vermont	112.58	Ohio	67.08
50	New Hampshire	121.98	Vermont	72.78
49	North Dakota	141.86	Idaho	110.66
48	Oregon	147.56	Kansas	110.97
47	Wyoming	149.73	North Carolina	115.53
46	South Dakota	150.47	North Dakota	121.50
45	District of Columbia	151.53	Maine	127.47
44	Montana	163.08	Hawaii	128.10
43	Missouri	164.79	New Hampshire	132.31
42	North Carolina	167.19	Utah	137.60

Note—Values are U.S. dollars.



LATE

February 29, 2016

Aloha Hawaii physicians,

Over the last two months the Hawaii Radiological Society (HRS) and the Hawaii Medical Association (HMA) have been aware of the extreme challenges that all provider physicians have faced as they try to get insurance pre-approval for imaging necessary to diagnose and treat our patients. The frustration of dealing with preauthorization via third party reviewers who are thousands of miles away is readily apparent.

In ongoing discussions with many provider physicians, physician leaders and administrators across the state of Hawaii as well as our national physician organizations, we have examined what viable measures might be effective in concomitantly providing timely appropriate imaging for patients while controlling imaging spending. As CMS data indicates, Hawaii physicians have done a wonderful job thus far, avoiding wasteful imaging services that offer no added value to a patient's care. We know that all Hawaii provider physicians want to continue this *kuleana* – this personal responsibility – to increase quality and improve overall cost efficiency in the care of Hawaii's patient *ohana*.

To this end, it is clear that we must align our efforts towards medical imaging stewardship. This will involve active participation of local physicians in concert with local imaging specialists, disseminating best practices and establishing standards and benchmarks to measure the utilization of suitable imaging for the relevant clinical indication. At its foundation medical imaging stewardship involves the straightforward and transparent application of government- approved, evidence-based appropriate-use criteria when making clinical decisions.

Understanding the daily obstacles and financial stresses faced by Hawaii physicians, HRS and HMA advocate the immediate use of an evidence-based Clinical Decision Support Tool, whereby imaging requests are vetted against the American College of Radiology (ACR) Appropriateness Criteria at the point of care. Providers will receive real-time feedback on the clinical utility of a request, and, if necessary, be guided to either a more appropriate exam or given consideration for direct consultation with a local Radiologist. This will be a useful instrument to complement the expertise of Hawaii's primary providers and imaging specialists. There are 25 years of research and development of this tool, and it is now available FREE through a web portal to all Hawaii physicians. Additionally, the Choosing Wisely guidelines pertaining to imaging are generally aligned with the ACR Appropriateness Criteria.

HRS and HMA recognize that insurance payers like HMSA are under serious pressure to contain costs. HRS and HMA are completely committed to working with Hawaii's insurance carriers to build and support sustainable health care systems for the people of Hawaii. Our goal is *ho'ohiki* – keeping our solemn promise as physicians to fully deliver the highest quality of healthcare that we can provide.

Mahalo for your careful consideration of these issues.

With Aloha,

Elizabeth Ann Ignacio MD
President, Hawaii Radiological Society

Christopher D Flanders DO
Executive Director, Hawaii Medical Association

ATTACHED- Please see the letter from ACR CEO Dr William T Thorwarth.

LATE

DENNIS W. S. CHANG

Attorney at Law, A Limited Liability Law Corporation

WORKER'S RIGHTS - LABOR LAW
WORKER'S COMPENSATION
SOCIAL SECURITY DISABILITY
LABOR UNION REPRESENTATION
EMPLOYEES RETIREMENT SYSTEM
BODILY INJURIES

THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

COMMITTEE ON COMMERCE BILL FOR AN ACT RELATING TO LIABILITY.

THE SENATE
THE TWENTY-EIGHTH LEGISLATURE
REGULAR SESSION OF 2016

To: The Honorable Senator Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair

From: Dennis W. S. Chang, Attorney-at-Law

DATE: Thursday, March 17, 2016
TIME: 9:45am
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

Re: HB No. 2740, HD1 Relating to Liability

HB 2740, HD1 is a critically important proposal that would make the delivery of medical services more expedient. Everyone has repeatedly heard that there have been innumerable instances of unreasonable delays in approving vital diagnostic testing for injured patients. This is totally frustrating for medical providers, who are often times required to engage in unnecessary dialogue and written justifications for such testing. Most harm is the emotional and physical impact on their patients. The proposed bill is definitely a step in the right direction to force the prompt delivery critical health care coverage.

We can all empathize with patients facing unnecessary delays, and the medical providers, who in the end ultimately receive approval for such diagnostic testing after delays. Medical providers are clearly not at fault and should not be burdened with any undue liability for the delay caused by the health care industry. As noted in section one of the proposed bill, "[t]he legislature finds that it is in the best interest of the State to ensure that preauthorization requirements do not negatively impact the health of Hawaii residents." From my perspective as an attorney representing injured workers, it is truly surprising that I see needless arbitrary and capricious delay or denial of vital my medical care. In this regard, I respectfully submit that the Committee Chair review the recent Hawaii Supreme Court case of *Pulawa v. Oahu Construction Co., Ltd.*, 136 Haw. 217; 2015 Haw. Lexis 295 (11/4/15) where our high court determined that it was an unsound practice and wholly inconsistent with public policy to deny a hearing device when it was clearly required as medically needed.

In short, I **strongly support** the continued passage of HB 2740. Such legislation is undoubtedly sound and will indisputably facilitate the prompt delivery of vital medical care.

DILLINGHAM TRANSPORTATION BUILDING

735 BISHOP STREET ● SUITE 320 ● HONOLULU, HAWAII 96813 ● TELEPHONE: (808) 521-4005

baker2 - Lia/Eve

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 16, 2016 12:07 PM
To: CPH Testimony
Cc: radsurfer2@hawaiiantel.net
Subject: Submitted testimony for HB2740 on Mar 17, 2016 09:45AM

Categories: Late

HB2740

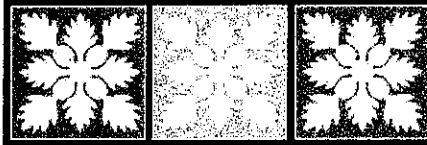
Submitted on: 3/16/2016

Testimony for CPH on Mar 17, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Radiology Chairman at Hilo Medical Center	Support	Yes

Comments: I am writing in support of HB2740. The timeliness of medical imaging is critical for patient safety. There are many medical conditions where any delay in diagnosis could result in catastrophic medical outcomes or patient death, including intracranial bleeding, stroke, impending myocardial infarction, aortic rupture, ectopic pregnancy and sepsis from biliary or urinary obstruction. To a layperson, it might seem logical that the more serious the medical condition, the severe a patient's symptoms would be. Unfortunately, the practice of medicine is much more complicated than that. Frequently, very serious conditions may have only mild or subtle symptoms, and these patients must be diagnosed in a timely manner in an outpatient setting. They cannot all be sent to the ER or admitted to the hospital, until the serious nature of their condition is diagnosed. This is where medical judgement is paramount. Local physicians who know their patients well are obviously in the best position to make decisions regarding imaging and medical testing. Expecting paid contractors who are stationed 3000 to 5000 miles and 4 to 6 time zones away to accurately determine if a local physician's medical judgement is sound is inherently a faulted model for the practice of medicine. These contractors typically do not have licenses to practice medicine in the State of Hawaii, and often are either retired or have practiced in other fields of medicine than the patient's local Hawaii physician. Nor do these contractors have access to all the relevant information or prior test results in the patient's chart. This challenge is worsened by the fact much of our dayshift in Hawaii, falls afterhours in the mainland, making it even more difficult to staff appropriate contractors with the required expertise. The American College of Radiology (ACR) recommends the use their appropriate use criteria software, evidence-based guidelines against which imaging requests can determined for clinical utility. These guidelines can be accessed by the Hawaii providers within their electric medical record workflow, and in conjunction with local board certified radiologists, immediately when the test is ordered. HB2740 would successfully establish a standard of care in Hawaii for for timely appropriateness screening of all types, which can easily be met by the ACR Appropriateness Criteria, and must also be accepted by mainland radiology benefit managers if they are contracted by local insurance carriers.

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Hawaii Association of Health Plans

March 17, 2016

The Honorable Rosalyn Baker, Chair
 The Honorable Michelle Kidani, Vice Chair
 Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 2740, HD1 – Relating to Liability

Dear Chair Baker, Vice Chair Kidani, and Members of the Committee:

The Hawai'i Association of Health Plans (HAHP) submits testimony in opposition to HB 2740, HD1, which prohibits health insurance preauthorization requirements that cause undue delay in receipt of medical treatment or services and specifies that insurers are liable for civil damages caused by undue delays for preauthorization.

A health plan's first priority is the well-being and care of its members. Health plan utilization review programs, of which prior authorization of certain services is a key component, are a critical means to both control healthcare costs and ensure patient safety. Utilization review controls are designed to protect consumers from arbitrary, capricious and/or misleading information about healthcare services, treatments, and procedures. To help maintain high-quality utilization management standards, organizations such as NCQA and URAC accredit health plans. This ensures utilization review programs meet the needs of federal and state government requirements while protecting consumer rights.

The threat of liability and potential for lawsuits could lessen a health plan's ability to engage in the prior authorization process. As a result of reduced preauthorization, unnecessary procedures could increase and consumer costs could rise and burden the entire healthcare system.

Finally, this bill could be in conflict with current utilization management requirements for the State Medicaid Program and national Medicare Advantage Programs. For these reasons, we respectfully ask that this measure be deferred.

Thank you for allowing HAHP to testify in opposition to HB 2740, HD1.

Sincerely,

Wendy Morriarty, RN, MPH
 Chair, HAHP Public Policy Committee

Cc: HAHP Board Members

- AlohaCare • HMAA • HMSA • HWMG • Kaiser Permanente • MDX Hawaii
- 'Ohana Health Plan • UHA • UnitedHealthcare •

HAHP c/o Jennifer Diesman, HMSA, 818 Keeaumoku Street, Honolulu HI 96814

www.hahp.org

LATE



David W. Heywood
Hawai'i Health Plan CEO
1132 Bishop Street, Suite 400
Honolulu, Hawaii 96813

March 17, 2016

The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 2740, HD1 – Relating to Liability – Testimony in OPPOSITION

Dear Chair Baker, Vice Chair Kidani, and Members of the Committee:

UnitedHealthcare Community Plan of Hawai'i respectively submits testimony in opposition to HB 2740, HD1. While we understand challenges facing both providers and health insurers in the administration of effective and efficient authorization processes, we believe the legislation will have significant and possibly unintended negative consequences:

1. Conflicts with the Medicaid health plans contractual requirements as set forth by the State of Hawai'i DHS Med-QUEST program (and possibly conflict with Federal requirements of a Medicaid program)
2. Conflicts with requirements as set forth by the Federal government in Federal programs such as Medicare Advantage and TRICARE
3. Conflicts with requirements in the accreditation of health plans, such as set forth by NCQA
4. Reduction or elimination of authorization processes will lead to significant increases in health care costs, including programs funded in part or in full by the State of Hawai'i
5. Reductions or limitations in authorization processes will lead to not only overutilization of services, but a reduction in timely management and coordination of care which will reduce quality of care and health outcomes

UnitedHealthcare believes that the majority of providers in Hawai'i practice appropriate health care. We have limited authorization requirements and no authorization requirements around emergent or urgent care, women's health services, or the vast majority of primary and specialty care in-network. We also believe very strongly in our fiduciary responsibility to the State of Hawai'i and the Federal government in an effective fraud, waste and abuse program as well as monitoring not only over-utilization, but under-utilization.

For these reasons, we ask the Committee to consider deferring this measure.

Sincerely,

A handwritten signature in cursive script that reads "Dave Heywood".

David W. Heywood
Health Plan CEO

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 DELTA DENTAL

www.HawaiiDentalService.com

HDS
Hawaii Dental Service

March 16, 2016

The Honorable Rosalyn Baker, Chairperson and Members of the Senate Committee for
Commerce, Consumer Protection, and Health

RE: HB 2740 HD1, Relating to Liability

Dear Chair Baker and Members of the Committee:

Hawaii Dental Service ("HDS") is strongly **opposed** to HB 2740 HD 1 as it currently stands.

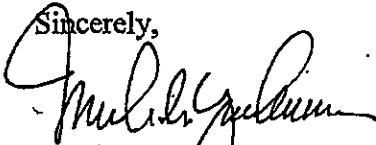
The preamble to the bill states that it is concerned with "certain physician-ordered treatments or services". However, the operative text refers to "a licensed health care provider" rather than a physician. The term "licensed health care provider" arguably extends to dentists and even possibly dental hygienists if a pending bill licensing hygienists passes the legislature.

This would be problematic for HDS for two reasons. First, HDS requires preauthorization when dentists have been found to have repeatedly over-billed or over-treated in the past. Second, Medicaid regulations require preauthorization for certain treatments and procedures. As a result, the bill in its current form would create a conflict with Medicaid regulations. In other words, HDS cannot comply with Medicaid regulations without risking liability under the current language of HB 2740 HD 1. We assume that this is not the intended effect of the bill.

HDS respectfully requests that this committee amend the bill to provide a statement that "nothing in this chapter shall be construed to apply to dental services" in § 431:10A and § 432 and we feel that this would address any ambiguity.

Thank you for the opportunity to clarify this bill's effect on dental services in Hawaii and to request an amendment.

Sincerely,



Mark Yamakawa
President and CEO

Hawaii Dental Service
700 Bishop Street, Suite 700
Honolulu, Hawaii 96813-4196

Telephone: 808-521-1431
Toll Free: 800-232-2533
Fax: 808-529-9368

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 17, 2016 6:32 AM
To: CPH Testimony
Cc: kennycass1@yahoo.com
Subject: Submitted testimony for HB2740 on Mar 17, 2016 09:45AM

HB2740

Submitted on: 3/17/2016

Testimony for CPH on Mar 17, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth B. Kepler, MD	Kihei-Wailea Medical Center	Support	No

Comments: I submitted supportive testimony as an individual when the House took up the measure, but do so now as Managing Partner of Kihei-Wailea Medical Center as well. Hawaii's citizens urgently need this bill to help protect them from an out of state company which has consistently demonstrated a desire for profits over safety. In the past 3 months, NIA has denied my patients 6 of these needed tests. In reviewing these patients records this week, at least five of my patients already met the overly strict criteria NIA applies for advanced testing. Over 80% of these denials were improper even using NIA's own literature! These out of state doctors are clearly practicing medicine, making decisions on patients they did not examine and did not take a history from. Yet these out of state physicians consistently reject necessary tests even when notes very clearly support their use. Delay in diagnosis can be catastrophic. NIA clearly fosters a culture of denial, our patients need your help. Thank you, Kenneth B. Kepler, MD

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Cc: luzpmd@aol.com
Subject: Submitted testimony for HB2740 on Mar 17, 2016 09:45AM

HB2740

Submitted on: 3/16/2016

Testimony for CPH on Mar 17, 2016 09:45AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
luz medina	Individual	Support	No

Comments: Dear Honorable Speaker Souki and House of Representatives Cachola, Evans, Luke, Mikuno and Saiki: I am in strong support of HB 2740 for the following reasons: The bond between the provider and the patient is still the most important bond in health care. The provider knows the health care needs of the patient and understands the urgency of the tests and studies he or she orders. Any delay in treatment compromises the care of the patient. If this delay is because of prior authorization mandated by the insurer, then the insurer is liable for any injury or harm done to the patient caused by this delay. Respectfully, Luz Patricia Medina, MD, President of the Maui County Medical Society

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