

HB1410 HD2

Measure Title: RELATING TO EMERGENCY MEDICAL SERVICES.

Report Title: Emergency Medical Services; Ambulance Service; Counties;
Community Paramedic Services

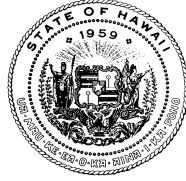
Description: Repeals the Emergency Medical Services Special Fund and appropriates an equal amount of general funds to the Department of Health for emergency medical services. Establishes a pilot program and authorizes TAT expenditure for county regulation and operation of ambulance services. Establishes and appropriates funds for a community paramedic pilot program. (HB1410 HD2)

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): LUKE



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB1410 HD2
RELATING TO EMERGENCY MEDICAL SERVICES**

SENATOR ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: February 23, 2017 Room Number: 308

1 **Fiscal Implications:**

2 Part I – Conversion of \$14,796,503 in special funds to general funds and is intended to be
3 budget-neutral. Note: This proposal is based on revenue projections made prior to the January 4,
4 2017, forecast of the Council on Revenues.

5 Part II – No new general funds, but counties may expend transit accommodation tax revenue
6 allocations for emergency medical services.

7 Part III – Approximately \$1,000,000 in general funds may be required to fund acommunity
8 paramedicine pilot program.

9 **Department Testimony:** The Department of Health strongly supports Part I and urges the
10 deletion of Part II and Part III.

11 Part I

12 Repeal of the EMS special fund and equivalent general fund appropriation is a budget-netural
13 policy priority intended to assure long-term EMS system durability due to a 3% year-to-year
14 decline in cigarette tax revenue. General funds already comprise approximately 80% of the EMS
15 system’s funding; the special fund revenue deposits comprise the remaining 20%.

16 From FY2019 and going forward, the department will request general fund dollar amounts be
17 added to its base budget. Total revenue deposits from all sources into the EMS Special Fund in
18 FY 2016 were \$15,490,367.46. Total expenditures from the EMS Special Fund in FY 2016 were
19 \$13,426,984.26. The remaining encumbrances, in the EMS Special Fund as of June 30, 2016,
20 were \$10,217,202,01.

21

22

1 Part II

2 The Department of Health respectfully opposes Part II and recommends deletion due to potential
3 deleterious impacts to the statewide EMS system, including the loss of economies of scale,
4 interoperability, duplicate costs, and other unknown or unintended consequences.

5 The department acknowledges that counties may value flexibility in independently allocating
6 new emergency medical resources, and offers to convene a task force of relevant stakeholders
7 to study the issue and submit recommendations to the Legislature.

8 Passage of Part II may jeopardize enactment of Part I, which is the department's policy priority.

9 Part III

10 The Department of Health takes no position on Part III but provides technical comments. A
11 community paramedicine pilot project will require an appropriation of approximately \$1,000,000
12 that must not adversely affect the budget priorities of the Governor and Department of Health.

13 Part III is based on findings requested by HCR 90 SLH 2016 from an interdisciplinary working
14 group convened by the Department of Health that suggested. The report recommends that the
15 pilot community paramedicine be limited initially to two sites, one on Oahu and the other on a
16 neighbor island. Since the community paramedic is a new level of care, training and certification
17 courses would need to be offered by Kapiolani Community College (KCC). In addition to
18 training DOH would need to retain a program administrator, a medical director for each site, two
19 rapid response (non-transport) vehicles, and requisite equipment.

20 The State would need to develop in consultation with the Centers for Medicare and Medicaid
21 Services, insurance commissioner, and payers, a fee schedule for community paramedic services
22 with all fees being returned to the State's General Fund similar to current billing practice for 911
23 services.

24 Initially the current pre-hospital medical records system would be used, but a new community
25 paramedic record system would need to be procured. As mentioned, the DOH would have to
26 develop temporary rules for community paramedicine. This would require DOH to work with
27 the Hawaii Medical Board and other stakeholders. Community paramedics would work closely
28 with a patient's medical provider and other community health workers.

29 Although exact costs are not available, DOH estimates that each pilot site would cost \$1 million
30 per year. KCC would require approximately \$150,000 per year for implementation and training.
31 Additionally, DOH budgetary needs would total \$500,000 for program development,
32 administration, and evaluation. We appreciate the opportunity to testify.

Council Chair
Mike White

Vice-Chair
Robert Carroll

Presiding Officer Pro Tempore
Stacy Crivello

Councilmembers
Alika Atay
Elle Cochran
Don S. Guzman
Riki Hokama
Kelly T. King
Yuki Lei K. Sugimura



Director of Council Services
Sandy K. Baz

COUNTY COUNCIL
COUNTY OF MAUI
200 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
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March 14, 2017

TO: The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Mike White
Council Chair

Handwritten signature of Mike White in black ink.

SUBJECT: **HEARING OF MARCH 15, 2017; TESTIMONY IN OPPOSITION TO HB 1410 HD 2, RELATING TO EMERGENCY MEDICAL SERVICES**

Thank you for the opportunity to testify in **opposition** to this measure. This bill establishes a pilot program and authorizes TAT expenditure for county regulation and operation of ambulance services.

The Maui County Council has not had the opportunity to take a formal position on this measure. Therefore, I am providing this testimony in my capacity as an individual member of the Maui County Council.

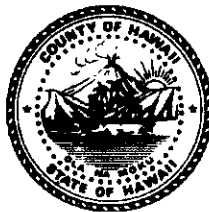
I strongly **oppose** this measure for the following reasons:

1. As repeatedly explained to the state legislature, the counties' current share of the TAT is already inadequate to pay for the increasing costs of county-provided services, such as water and sewer, police, fire and ocean safety protection, and road maintenance. I stand in opposition to this proposal that seeks to begin the shifting of ambulance services to the counties, and the suggestion that TAT funds should be tapped to pay for these services.
2. I support the current relationship and partnership the counties have with the state Emergency Management System, which has worked well and should be maintained. Under this structure, ambulance services fall under the Department of Health.
3. Instead of considering the unreasonable financial burden and transfer of responsibilities, it is imperative that the state fully and adequately fund ambulance services in each county.

For the foregoing reasons, I strongly **oppose** this measure.

ocs:proj:legis:17legis:17testimony:hb1410_hd2_paf17-076a_mkz

Harry Kim
Mayor



Wil Okabe
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i Office of the Mayor

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March 10, 2017

Senator Rosalyn Baker
Commerce, Consumer Protection and Health
Hawai'i State Capitol
Honolulu, HI 96813

Dear Chair Baker and members:

RE: **HB 1410, HD 2 (Part I)**
HB 1410, HD 2 (Part 2)
Relating to Emergency Medical Services

Thank you for this opportunity to express concerns about Part I of HB 1410, HD 2, and to testify against Part 2 of HB 1410, HD2.

As our Fire Department has previously testified, "the State of Hawai'i's EMS system has been recognized for decades as one of the very best EMS systems in the United States. The success of the statewide EMS program is in large part due to the leadership provided by the State of Hawai'i DOH EMS Branch. The centralized leadership at the state level is extremely collaborative with EMS agencies across the state, maintains a very high standard and maintains a staff of some of the best EMS minds in the state. This continued collaboration and partnership has been critical to the continued success of Hawai'i's EMS system."

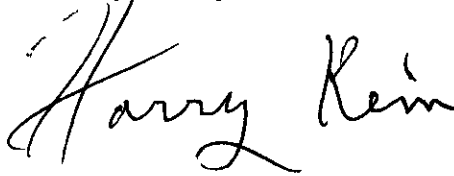
The purpose clause of Part I says that "The purpose of this part is to repeal the emergency medical services special fund...and appropriate an equal dollar amount to the department of health for purposes of overseeing the state comprehensive emergency medical system with no discernable disruptions." We are concerned that this Part goes beyond its stated purpose, may jeopardize future funding of the state comprehensive emergency medical system, and may undermine the comprehensive system itself. We would therefore urge extreme caution in changing a system that "ain't broke."

Rosalyn Baker
March 10, 2017
Page 2

As for Part II of HB 1410, HD2, Section 6 would maintain the counties' TAT allocation at an unacceptably low level, and mandate that the counties pay for EMS out of the inadequate proceeds. The proposed TAT allotment to Hawaii County (about \$19M) is so low that it would be less than what we would need to pay for EMS, let alone our other obligations. Truly something we cannot live with.

We need legislation that would provide the counties with more of the TAT, and without any additional burdens on the counties' budgets. In that sense, Part II of HB 1410, HD2 would be a step backwards, and we ask that it not be passed.

Respectfully submitted,

A handwritten signature in black ink that reads "Harry Kim". The signature is written in a cursive, flowing style.

Harry Kim
Mayor

TAX FOUNDATION OF HAWAII

126 Queen Street, Suite 304

Honolulu, Hawaii 96813 Tel. 536-4587

SUBJECT: TOBACCO, TRANSIENT ACCOMMODATIONS, MOTOR VEHICLE, Repeal Emergency Medical Services Special Fund

BILL NUMBER: HB 1410, HD-2

INTRODUCED BY: House Committee on Finance

EXECUTIVE SUMMARY: Repeals the emergency medical services special fund and the earmarks that feed it. Program areas previously funded by this special fund will then be funded by direct appropriations which would increase transparency and accountability.

SYNOPSIS: Repeals HRS section 321-234, which established the emergency medical services special fund.

Amends HRS sections 245-15 and 249-31 to delete the earmarks from the tobacco tax and vehicle registration fee, respectively, that were used to fund the emergency medical services special fund.

Also amends HRS section 237D-6.5 to allow a county using TAT funds to spend part of that money to purchase emergency vehicles, equipment, and supplies, and for related costs.

Establishes a two-year community paramedic services pilot program, to be administered by the department of health.

Requires the department of health to adopt interim rules by January 2, 2018. The interim rules would be exempt from chapters 91 and 201M, HRS, and would be effective until an unspecified date or until the department adopts permanent rules, whichever occurs sooner.

EFFECTIVE DATE: July 1, 2090.

STAFF COMMENTS: Currently, cigarette and tobacco tax revenues and motor vehicle registration fees are earmarked to various special funds. Through this system, monies are diverted into these funds without any legislative intervention, expenses from the funds largely avoid legislative scrutiny, and it is difficult to ascertain the effectiveness of the programs funded. It is also difficult to ascertain whether the funds being fed have too little or too much revenue.

The bill provides for the emergency medical services special fund to be repealed, and for the earmarks feeding the fund also to be repealed, resulting in that money being directed to the general fund once again. The bill provides appropriations to fund the programs previously funded by the special fund.

This would allow the programs previously funded by the special funds to be scrutinized by the legislature to ensure that each program area receives adequate funding. It should be noted that the state auditor stated that special funds “give state agencies full control of these unappropriated

cash reserves, provide a way to skirt the general fund expenditure ceiling, and over time erode the general fund.”

The adoption of this measure would greatly increase transparency in government finances. This concept also should be applied to numerous other special funds in use throughout state government.

The one concern we have is that the department of health’s authority to issue interim rules seems to be completely unfettered, with no notice or other transparency requirements. We suggest the following alternative formulation of section 13, which is based on DOTAX’s interim rule statute, that would require publication of the temporary rules on the department’s website and the lieutenant governor’s website, and providing published notice of the substance of the temporary rules at least once statewide:

SECTION 13. The department of health shall, no later than January 2, 2018, adopt temporary rules to effectuate the purposes of this part under procedures similar to those of the department of taxation under section 231-10.7, which rulemaking authority is hereby made applicable to the department of health for this purpose.

Digested 3/10/2017

Harry Kim
Mayor



Darren J. Rosario
Fire Chief

Renwick J. Victorino
Deputy Fire Chief

County of Hawai'i
HAWAI'I FIRE DEPARTMENT
25 Aupuni Street • Suite 2501 • Hilo, Hawai'i 96720
(808) 932-2900 • Fax (808) 932-2928

March 13, 2017

The Honorable Senator Rosalyn H. Baker, Chair
Committee on Commerce, Consumer Protection and Health
State Capitol
415 South Beretania Street
Honolulu, Hawai'i 96813

Dear Chair Baker:

Subject: H.B. 1410 HD 2, RELATING TO EMERGENCY MEDICAL SERVICES
Hearing Date: Wednesday, March 15, 2017
Time/Place of Hearing: 9:00 a.m., Conference Room 229

I am Darren J. Rosario, Fire Chief of the Hawai'i Fire Department (HFD). I am respectfully presenting testimony related to HB 1410.

1. As it relates to Part I, **we support** the intent of the indicated changes.
2. As it relates to Part II, **we do not support** this proposed pilot program. The Hawai'i Fire Department does not currently have the infrastructure, capacity or reliable funding stream to confidently and effectively manage these additional responsibilities. The County of Hawai'i is currently facing extreme budgetary challenges; all county departments are being asked to do more with less and we are ill equipped to handle this additional responsibility that has historically and effectively been handled by the State of Hawai'i DOH EMS Branch. The State of Hawai'i's EMS system has been recognized for decades as one of the very best EMS systems in the US. At a recent consultation by the American Board of Trauma Surgeons the panel recognized the State of Hawaii's EMS System as being one of the best they have reviewed. Having personally been a part Hawaii's EMS system as an EMS provider and administrator for nearly 30 years, I can attest that the success of the statewide EMS program is in large part due to the leadership provided by the State of Hawai'i DOH EMS Branch. The centralized leadership at the state level is extremely collaborative with EMS agencies across the state, maintains a very high standard and maintains a staff of some of the best EMS minds in the state. This continued collaboration and partnerships have been a critical to the continued success Hawai'i's EMS system and creating a positive impact on the health and wellness on the residents and visitors of Hawai'i.



3. As it relates to Part III, the Hawai'i Fire Department wholeheartedly **supports** the measure to establish a community paramedic pilot program. With the permission of the State of Hawai'i EMS Branch, the Hawaii Fire Department in partnership with the County of Hawai'i Office of Aging has been conducting a community paramedic pilot program since October 2016. Over this time two of our EMS Captains both of whom are experienced field paramedics have made scheduled and unscheduled visits to 124 individuals, Kupuna 60 yrs. or older in the following categories. Vulnerable/medically fragile referrals from field personnel, high Utilizers aka frequent repeat callers, homeless and those at high risk of falling. The CP program works in the following way. 1. Identification of the individual through referral or software algorithm. 2. Assessment in the home by the community paramedic, determine needs, gaps in services etc. 3. Connect the individual with services, support that would improve their quality of health in hope to improve their quality of life and reduce health care costs. In a short period of time our community paramedics have been well received by the community, greatly appreciated by the paramedics in the field; and have made a significant impact displayed by measureable cost savings and improved long term quality of life.

Vulnerable/medically fragile. This patient is typically an older individual with an acute spike in 911 calls (may be just for help getting up from falling, injury from fall or a medical complaint) we've found a high percentage of these referrals to be elderly individuals who have become acutely medically fragile/vulnerable. This group has shown a remarkable cost savings in a short period of time. 29 individuals included in this group had an estimated cost to the health care system of \$7,753 per patient the month before our CP made contact for a total cost of \$224,847. After an unscheduled visit from the CP who assessed and connected the individual with services has reduced the cost per month per patient to \$3,789, total cost of \$109,881 with a cost savings of \$114,966. More importantly through follow up visits we have witnessed dramatic improvement in the quality of the life of these individuals.

High utilizers, aka frequent repeat callers, are identified as anyone who has entered the 911 system 3 or more times over a 6-month rolling period. 289 of our customers meet this criteria and account for ~ 10% of all EMS transports, 15 % are homeless, approx. 60% with mental health and addiction issues. Based on an estimated \$3700 per EMS transport, the cost is a little more than 4M per year. Results to date: We've made contact with 31 of these individuals and have seen a 69% reduction in 911 EMS calls from this group, and a cost savings of \$20,753 per month, \$249,036 per year. We realize this group of individuals need much more comprehensive preventative outreach than we are currently able to provide. We are working to find methods to better serve these individuals.

Homeless: We have 240 individuals within our database identified as homeless, they account for 452 incidents per year, with an approximate cost of \$1.6M in health care dollar per year. 33% of our high utilizers are homeless, 4 of our top 7 callers are homeless, however we believe there is also a significant number of underutilizes within the homeless community. Results to date: We do not have data indicating cost savings, however we have made 12 visits to homeless encampments across East and West Hawai'i. We have made contact with approximately 200 homeless individuals and provided medical assessments, provided wound care and assisted in scheduling appointments at health care clinics.

Fall Risks: Through the creation of a computer algorithm that identifies seniors at risk of falling utilizing numerous risk criteria we've come up with ~3,126 seniors who are at risk of falling. Hawai'i's data shows that falls are the leading cause of injury, fatal injury and traumatic brain injury for seniors. Falls are the leading cause of injury related EMS calls, ER visits and hospitalizations for seniors. The cost of non-fatal falls accounts is estimated to be \$80.2 Million in hospital costs per year in Hawai'i and it's estimated that rehabilitation and care home costs double that amount. Results to date: Have conducted 55 home fall assessments in homes of Kupuna who are at risk of falling. We have conducted education in an attempt to raise awareness, we have made environmental changes to increase safety and installed safety measures to reduce risk of falling. We do not have data to show effectiveness. However national studies show a 33% decrease in falls when fall prevention measures have been initiated.

In closing the Hawai'i Fire Department's community paramedic pilot program has been able to show a very high value at a low cost in a short period of time. The measurable value of health care dollars saved is certainly compelling, however more importantly HFD's community paramedics have been critical in connecting vulnerable individuals with health care support services that has dramatically improved their quality of life. The value of this improved life quality is immeasurable.

Please do not hesitate to call me at 932-2903 or darren.rosario@hawaiicounty.gov should you have any questions. Thank you for the opportunity to provide testimony in support of parts 1 and 3 and to provide testimony not in support of part 2.

Respectfully,



DARREN J. ROSARIO
Fire Chief



March 15, 2017

To: The Honorable Senator Rosalyn Baker, Chair
The Honorable Senator Clarence Nishihara, Vice Chair

Re: HB 1410 HD2: Relating to EMS

My name is Speedy Bailey and I am the Regional Director for American Medical Response (AMR) in Hawaii. I am in support of HB 1410 HD2 Part I & III. I am not in support of HB 1410 HD2 Part II.

The State of Hawaii Emergency Medical Services system provides comprehensive 911 response from Hilo to Hanalei, serving residents and visitors with access to high quality pre-hospital emergency care. In 1978, the legislature found that the establishment of a state comprehensive system was necessary to protect and preserve the health of the State. A system was designed to reduce medical emergency deaths, injuries, and permanent long term disability through the implementation of a fully integrated, cohesive network of components.

The State system shall provide for administration of: personnel, personnel training, communications, emergency transportation, facilities, coordination with emergency medical and critical care services, coordination and use of public safety agencies, promotion of consumer participation, mandatory standard medical record keeping, consumer information and education, independent review and evaluation, disaster linkage, mutual aid agreements, and other components as necessary.

Emergency Medical Services are delivered through contracts with the Hawaii County Fire Department, American Medical Response on Maui & Kauai and the City and County of Honolulu EMS in each of Hawaii's four major counties respectively. EMS training for EMTs, Paramedics and First Responders is provided through Kapi'olani Community College's Department of Emergency Medical Services. KCC is accredited has been nationally recognized for excellence in its 25+ year tenure.

The State's share of 911 ambulance services, 50 ambulances, 2 helicopters and training statewide is approximately \$75 million with almost \$39 million returned from billing to the State's General fund in FY 2016.

This Statewide Comprehensive System is stable and has provided access in Hawaii to high quality care for 39 years. HB 1410 HD2 Part II threatens to disrupt the standardization and continuity of care delivered statewide, it's administrative and fiscal efficiencies and collaborative and integrated stakeholder efforts within Hawaii's healthcare system. I respectfully urge your support of HB 1410 HD2 with the deletion of Part II.



TO: SENATOR ROSALYN H. BAKER, CHAIR
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

MEMBERS OF THE SENATE COMMITTEE ON COMMERCE,
CONSUMER PROTECTION, AND HEALTH

FROM: CHERYL VASCONCELLOS, EXECUTIVE DIRECTOR
HANA HEALTH

DATE: March 15, 2017

**TESTIMONY ON H.B. NO. 1410 H.D. 2
RELATING TO EMERGENCY MEDICAL SERVICES**

Hana Health provides comments on H.B. 1410 H.D. 2 Relating To Emergency Medical Services, in so much as it continues the Community Health Center Special Fund and assures support of the statewide comprehensive emergency medical services system through a general funds appropriation equal to what has been provided through the Community Health Center Special Fund in the past.

The Community Health Center Special Fund provides funding for Hana Health to serve 2,500 residents and more than 600,000 visitors annually. Hana, Maui is one of the most isolated areas in the state. Located fifty-seven miles from Wailuku, the trip takes approximately two hours along a single lane road with six hundred seventeen turns and fifty-six one-lane bridges. Hana has been designated by the federal government as a Medically Under-Served Population, a Primary Care Health Professional Shortage Area, a Dental Health Professional Shortage Area and a Mental Health Professional Shortage Area. Hana Health is the only health care provider in the district, providing the full scope of primary medical, dental and behavioral health care with a special emphasis on meeting the health care needs of the significant Native Hawaiian population.

In addition to providing primary care to this under-served community, Hana Health is an integral part of the statewide emergency services system, providing urgent/emergent

medical treatment to seriously ill patients who either come to the health center on their own or are brought to the health center by ambulance. When needed, Hana Health coordinates transport of patients to the Maui Memorial Medical Center with the support of American Medical Response. This takes place seven days a week, 24 hours a day, 365 days a year. In 2016, two hundred and fifty-four (254) patients were cared for **after** regular health center hours, including 59 (23%) visitors to Hana. This does not include the urgent/emergent patients cared for during regular operating hours.

State funding for Hana Health is mandated by ACT 263 which guarantees continued state financial support to sustain the development of a community based health care program in the Hana District. **The state has met its obligation in this regard through the Community Health Center Special Fund.** Since, its inception, the special fund has provided Hana Health with a stable funding mechanism, assuring that needed medical care and support services would continue to be available in the Hana community. State funding has been used to successfully leverage federal dollars to support and expand needed health care in the district. Prior to establishment of the special fund, Hana Health was forced to secure an appropriation through the legislative process every year. This unpredictable approach to maintaining a health care delivery system in our remote community results in a loss of providers, erratic service delivery and subsequently poor patient outcomes.

A stable, long term funding option for Hana Health will relieve the constant anxiety our community members feel when their access to needed health care, particularly emergent care is in jeopardy year after year. Please ensure that our residents and visitors alike will be able to access emergency medical attention when needed.

On behalf of the Hana community, thank you very much for your past support of Hana Health. We hope we can count on your continued support of the fragile health care delivery system in our remote location.

March 13, 2017

Senate Committee on Commerce, Consumer Protection, and Health

Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

FROM: Tito Villanueva
Operations Manager, American Medical Response—Kauai County

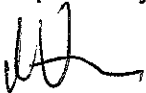
Re: **HB 1410 HD2 Relating to EMS**

I am Tito Villanueva, Emergency Medical Services Chief/ American Medical Response Operations Manager, County of Kauai. I am in support of HB 1410 HD2 Part I and III. I stand in opposition to HB 1410 HD2 Part II that seeks to shift ambulance services to the counties.

I have been involved in the Hawaii EMS System for 24 years. Part II of this bill threatens to disrupt the current Statewide Comprehensive System. The relationship and partnership the counties have with the Hawaii EMS System should be maintained. The continued collaboration have been critical to the continued success and positive impact on the health and wellness of the residents and visitors of Hawaii. Fragmenting EMS will decrease the level of services that are currently being provided to our communities. The Hawaii EMS System was designed to be a fully integrated and cohesive network. Please delete Part II of HB 1410 HD2.

Community Paramedicine programs has been proven in other States to decrease the call volume for the 911 EMS system as well as non-emergent visits to hospital emergency rooms. Reducing calls for non-acute patient allows for EMS resources to respond to emergent trauma and medical calls. Majority of the 911 calls for ambulance are for non-emergent, and in most cases, can be seen at the urgent care or at their doctor's office. A Community Paramedic provider can assist by coordinating and/or obtaining the appropriate resources. Please support Part III of HB 1410 HD2.

Respectfully,



Tito Villanueva
(808)245-4675

March 13, 2017

To: Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Fr: Curt S. Morimoto
(808) 344-9529

Re: HB 1410, HD2 / Hearing scheduled for 03/15/2017
Committee on Commerce, Consumer Protection & Health

My name is Curt Morimoto and I have been in EMS in Hawaii since 1981. I've held the position of Maui County's Operations Manager for American Medical Response since 1994.

Part-1: This section of the bill doesn't propose lessening the General Fund appropriation for EMS but rather a reference name change from previously being called the EMS Special Fund. **PLEASE SUPPORT PART-1.**

Part-2: Although the bill now allows for many key responsibilities to still be coordinated by State-EMS, it is still incomprehensible that City & County of Honolulu as well as the Big Island would take on EMS responsibilities in a matter of a couple of years. The Big Island mayor & Fire Chief OPPOSE this portion of the bill. Who would know best and be more knowledgeable and experienced over EMS needs. Yet, they're opposed. Where is the overall benefit to patients in this bill?? The cooperation of all the "parts" that make for a unified, well-regulated statewide program as important as EMS will be fragmented and splintered should this part of the bill be approved. **PLEASE DELETE PART-2 OF THIS BILL.**

Part-3: Community Paramedic programs are becoming more popular across many areas of the country. It can work in conjunction with EMS in providing the patient care needed without abusing ERs. Patients will be provided with assistance to obtaining proper needs & specialties or may just have medical checks performed at their residence without needing to be seen by an ER physician. The fact that this will be a medically-directed program under State EMS assures credibility in training, protocols & patient-care focused. Reducing any % of non-acute patient visits to ER's allows for increased availability for EMS resources for true emergencies. **PLEASE SUPPORT PART-3.**

Thank you for the opportunity to submit testimony.

CPH Testimony

From: Dave Nelson <dbnelson@hawaii.rr.com>
Sent: Tuesday, March 14, 2017 11:12 AM
To: CPH Testimony
Subject: *****SPAM***** EMS HB 1410

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Senator Baker, and your co - workers -

HB 1410 would fragment the state EMS System in a bad way, causing decreased delivery of patient care overall, with the loss of standardized equipment, charting, communications, and medic training, etc.

Attempts by HB 1410 to save money would be lost by forcing separate county EMS billing systems.

I have worked with Maui County EMS for 20 years, and I strongly oppose this bill.

Thank you - Dave Nelson, M.D., Emergency Medicine Physician