From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 19, 2017 8:32 PM

To: omhtestimony

Cc: mkhan@hawaiiantel.net

Subject: Submitted testimony for HCR93 on Mar 21, 2017 10:00AM

HCR93

Submitted on: 3/19/2017

Testimony for OMH on Mar 21, 2017 10:00AM in Conference Room 312

Submitted By	Organization	Testifier Position	Present at Hearing
Leimomi Khan	Democratic Party of Hawaii, Hawaiian Affairs Caucu	Comments Only	No

Comments: Aloha, The Hawaiian Affairs Caucus, DPH fully supports this resolution. Native Hawaiian culture-based activities, including among other activities, canoe paddling, hula, and lua have been shown to be effective in the management of weight, cardiovascular health, diabetes and chronic kidney disease. Requiring health benefits plans to include coverage for these activities would provide culturally based activities for treatment of obesity, hypertension, diabetes, cardiovascular and cerebrovascular diseases, and certain cancers. Please pass HCR 93.

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 19, 2017 4:44 PM

To: omhtestimony

Cc: hawaiifishingfanatic@gmail.com

Subject: *Submitted testimony for HCR93 on Mar 21, 2017 10:00AM*

HCR93

Submitted on: 3/19/2017

Testimony for OMH on Mar 21, 2017 10:00AM in Conference Room 312

Submitted By	Organization	Testifier Position	Present at Hearing	
Don Aweau	Individual	Support	No	

Comments:

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 18, 2017 3:08 PM

To: omhtestimony

Cc: mendezj@hawaii.edu

Subject: *Submitted testimony for HCR93 on Mar 21, 2017 10:00AM*

HCR93

Submitted on: 3/18/2017

Testimony for OMH on Mar 21, 2017 10:00AM in Conference Room 312

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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

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

HOUSE COMMITTEE ON OCEAN, MARINE RESOURCES, & HAWAIIAN AFFAIRS

Representative Kaniela Ing, Chair Representative Cedric Asuega Gates, Vice Chair



NOTICE OF HEARING

Conference Room 312 State Capitol 415 South Beretania Street

TESTIMONY IN SUPPORT OF HCR 93/HR 55

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES

Honorable Chair Ing, Vice-Chair Gates and member of the committee, my name is Shelley Soong and I wish to submit this testimony in strong support of HCR 93/HR 55. These resolutions are a necessary first step toward expanding insurance coverage for traditional Native Hawaiian practices with proven and demonstrable health benefits.

The Native Hawaiian Health Task Force was created during the 2014 legislative session with the goals of articulating priority areas that will help advance health equity for Native Hawaiians, and in turn, the health of Hawai'i's entire population. The task force recently presented its findings as well as 16 specific recommendations to improve the health of Native Hawaiians. One of these 16 recommendations was to expand insurance coverage for traditional Native Hawaiian practices.

I support these resolutions for numerous reasons:

- Kaiser Permanente and HMSA both offer discount programs to their members to engage in physical activity. These activities include going to the gym, tai chi lessons, jazz dance classes, acupuncture treatments, hypnotherapy, and meditation sessions. However, we live in the State of Hawai'i where there are multiple culturally-based physical activities that promote cardiovascular health. These activities should be included in the member benefits for these plans.
- Hula varies in intensity and duration, depending on its choreography, and can be modified for people with low physical capacity. The energy expenditure of hula has been determined to yield a metabolic equivalent (MET) of 5.7 (range 3.2–9.8) and 7.6 (range 4.4–12.0) for moderate-intensity and high-intensity physical activity, respectively. Physical activity resulting in 3.0-6.0 MET (expends 3.5 to 7 kcal/min) is considered moderate physical activity while >6.0 (expends >7 kcal/min) is vigorous.
- Paddling provides is an all-around workout that is a combination of strength training, cardiovascular health, and aerobic calorie burn.
- Lua, similar to other martial arts, is a total body workout, improving cardiovascular health, weight loss, improved reflexes, improved muscle tone, and better mood.
- Cultural-based activities such as hula, paddling, and lua not only offer cardiovascular benefits but the NH value of
 interconnectedness with the natural surroundings and fosters 'ohana (family) and aloha (compassion) amongst
 members. Unlike the gym, once people commit to a hula or paddling halau, they go to classes consistently.
- In a recent study, kumu hula (hula educators and experts) were interviewed for their views regarding hula's relation to health and wellbeing. Each kumu hula participant expressed the importance of cultural integrity in health and that hula can be an important cultural practice to include in cardiovascular disease clinical interventions.

Thank you for your consideration.

Respectfully submitted by, Shelley Soong

Native Hawaiian Health Task Force



Co-chairs: Keawe'aimoku Kaholokula Kamana'opono Crabbe Virginia Pressler

Members: Lola Irvin Lorrin Kim Noa Emmett Aluli Puni Kekauoha Kamaki Kanahele Nalani Benioni Keola Chan Diane Paloma Dane Keohelani Silva Nalei Akina Sharlene Chun-Lum Claire Hughes Joelene Lono Michelle Hiraishi Kamahanahokulani Farrar Sheri Ann Daniels Kuhio Asam Mary Oneha Sean Chun Joey Gonsalves Shawn Kana'iaupuni Neil Hannahs Keopu Reelitz Malia Taum-Deenik

Mervina Cash-Kaeo Maenette Benham Mahina Paishon-Duarte

HOUSE COMMITTEE ON OCEAN, MARINE RESOURCES, & HAWAIIAN AFFAIRS

Representative Kaniela Ing, Chair Representative Cedric Asuega Gates, Vice Chair

NOTICE OF HEARING

Conference Room 312 State Capitol 415 South Beretania Street

TESTIMONY IN SUPPORT OF HCR 93/HR 55

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES

Honorable Chair Ing, Vice-Chair Gates and member of the committee, on behalf of the Native Hawaiian Health Task Force, we wish to submit this testimony in strong support of HCR 93/HR 55. These resolutions are a necessary first step toward expanding insurance coverage for traditional Native Hawaiian practices with proven and demonstrable health benefits.

The Native Hawaiian Health Task Force was created during the 2014 legislative session with the goals of articulating priority areas that will help advance health equity for Native Hawaiians, and in turn, the health of Hawai'i's entire population. The task force recently presented its findings as well as 16 specific recommendations to improve the health of Native Hawaiians. One of these 16 recommendations was to expand insurance coverage for traditional Native Hawaiian practices.

I support these resolutions for numerous reasons:

- Kaiser Permanente and HMSA both offer discount programs to their members to engage in physical activity. These activities include going to the gym, tai chi lessons, jazz dance classes, acupuncture treatments, hypnotherapy, and meditation sessions. However, we live in the State of Hawai'i where there are multiple culturally-based physical activities that promote cardiovascular health. These activities should be included in the member benefits for these plans.
- Hula varies in intensity and duration, depending on its choreography, and can be modified for people with low physical capacity. The energy expenditure of hula has been determined to yield a metabolic equivalent (MET) of 5.7 (range 3.2–9.8) and 7.6 (range 4.4–12.0) for moderate-intensity and high-intensity physical activity, respectively. Physical activity resulting in 3.0-6.0 MET (expends 3.5 to 7 kcal/min) is considered moderate physical activity while >6.0 (expends >7 kcal/min) is vigorous.
- Paddling provides is an all-around workout that is a combination of strength training, cardiovascular health, and aerobic calorie burn.

- Lua, similar to other martial arts, is a total body workout, improving cardiovascular health, weight loss, improved reflexes, improved muscle tone, and better mood.
- Cultural-based activities such as hula, paddling, and lua not only offer cardiovascular benefits but the NH value of interconnectedness with the natural surroundings and fosters 'ohana (family) and aloha (compassion) amongst members. Unlike the gym, once people commit to a hula or paddling halau, they go to classes consistently.
- In a recent study, kumu hula (hula educators and experts) were interviewed for their views regarding hula's relation to health and wellbeing. Each kumu hula participant expressed the importance of cultural integrity in health and that hula can be an important cultural practice to include in cardiovascular disease clinical interventions.

Thank you for your consideration.

Respectfully submitted on behalf of the Native Hawaiian Health Taskforce.

HOUSE COMMITTEE ON OCEAN, MARINE RESOURCES, & HAWAIIAN AFFAIRS

Representative Kaniela Ing, Chair Representative Cedric Asuega Gates, Vice Chair



NOTICE OF HEARING

Conference Room 312 State Capitol 415 South Beretania Street

TESTIMONY IN SUPPORT OF HCR 93/HR 55

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES

Honorable Chair Ing, Vice-Chair Gates and member of the committee, I am Robin Miyamoto, a Clinical Psychologist with the Departments of Native Hawaiian Health and Family Medicine and Community Health at JABSOM. I wish to submit this testimony in strong support of HCR 93/HR 55. These resolutions are a necessary first step toward expanding insurance coverage for traditional Native Hawaiian practices with proven and demonstrable health benefits.

The Native Hawaiian Health Task Force was created during the 2014 legislative session with the goals of articulating priority areas that will help advance health equity for Native Hawaiians, and in turn, the health of Hawaii's entire population. The task force recently presented its findings as well as 16 specific recommendations to improve the health of Native Hawaiians. One of these 16 recommendations was to expand insurance coverage for traditional Native Hawaiian practices.

I support these resolutions for numerous reasons:

- Kaiser Permanente and HMSA both offer discount programs to their members to engage in physical activity. These activities include going to the gym, tai chi lessons, jazz dance classes, acupuncture treatments, hypnotherapy, and meditation sessions. However, we live in the State of Hawai'i where there are multiple culturally-based physical activities that promote cardiovascular health. These activities should be included in the member benefits for these plans.
- Hula varies in intensity and duration, depending on its choreography, and can be modified for people with low physical capacity. The energy expenditure of hula has been determined to yield a metabolic equivalent (MET) of 5.7 (range 3.2–9.8) and 7.6 (range 4.4–12.0) for moderate-intensity and high-intensity physical activity, respectively. Physical activity resulting in 3.0-6.0 MET (expends 3.5 to 7 kcal/min) is considered moderate physical activity while >6.0 (expends >7 kcal/min) is vigorous.
- Paddling provides is an all-around workout that is a combination of strength training, cardiovascular health, and aerobic calorie burn.
- Lua, similar to other martial arts, is a total body workout, improving cardiovascular health, weight loss, improved reflexes, improved muscle tone, and better mood.

- Cultural-based activities such as hula, paddling, and lua not only offer cardiovascular benefits but the NH value of interconnectedness with the natural surroundings and fosters 'ohana (family) and aloha (compassion) amongst members. Unlike the gym, once people commit to a hula or paddling halau, they go to classes consistently.
- In a recent study, kumu hula (hula educators and experts) were interviewed for their views regarding hula's relation to health and wellbeing. Each kumu hula participant expressed the importance of cultural integrity in health and that hula can be an important cultural practice to include in cardiovascular disease clinical interventions.

Thank you for your consideration.

Respectfully submitted by,

Robin E. S. Miyamoto, Psy.D.
Assistant Professor
Department of Native Hawaiian Health
Department of Family Medicine and Community Health
John A. Burns School of Medicine
University of Hawaii at Manoa
677 Ala Moana Blvd. 1016
Honolulu, Hawaii 96813
Office: 808-692-1012

Fax: 808-587-8576 robinemi@hawaii.edu





HCR93/HR55

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES.

House Committee on Ocean, Marine Resources, & Hawaiian Affairs

March 21, 2017 10:00 a.m. Room 321

The Administration of the Office of Hawaiian Affairs (OHA) will recommend that the Board of Trustees **COMMENT** on HCR93/HR55, which requests that the Auditor assess the social and financial effects of requiring health insurers to cover certain traditional Native Hawaiian culture-based activities.

While OHA supports further conversation regarding insurance coverage for traditional Native Hawaiian culture-based activities, we are concerned that an audit may be counterproductive. For example, while studies have demonstrated how traditional Native Hawaiian practices such as hula are effective interventions to treat chronic disease, such as hypertension, an Auditor's financial assessment of the cost-effectiveness of hula and similar activities could potentially discourage health plans from covering them in the future, notwithstanding their indirect but substantial benefits. Accordingly, the requested assessment may hamper existing efforts to encourage health providers to provide coverage for cultural-based activities and other important preventative care options.

OHA currently participates in Nā Limahana o Lonopūhā Native Hawaiian Health Consortium (Consortium) with health insurance providers and other health agencies, organizations, and professionals. Notably, some of these health providers and insurers already offer coverage for preventative health activities, such as gym memberships, to promote healthy and active lifestyles among their patients. As such, OHA suggests that collaboration through the Consortium may be a better first step to convene discussions on the coverage of cultural activities and other preventive care options.¹

Finally, the breadth of this measure's current language is unclear. Certain cultural healing modalities may already be covered in certain circumstances pursuant to HRS §453-2(c). Accordingly, should the Committee move HCR193/HR55, OHA recommends the study's scope be more specific about what activities, including any healing modalities, should be covered under the Auditor's actuarial analysis.

Mahalo for the opportunity to testify on this measure.

¹ See Nā Limanhana o Lonopūhā Native Hawaiian Health Consortium Comendium, available at http://www.oha.org/health2/downloads/NaLimahanaConsortium.pdf.





HCR93/HR55

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED ACTIVITIES.

House Committee on Ocean, Marine Resources, & Hawaiian Affairs

March 21, 2017 10:00 a.m. Room 321

The Administration of the Office of Hawaiian Affairs (OHA) will recommend that the Board of Trustees **COMMENT** on HCR93/HR55, which requests that the Auditor assess the social and financial effects of requiring health insurers to cover certain traditional Native Hawaiian culture-based activities.

While OHA supports further conversation regarding insurance coverage for traditional Native Hawaiian culture-based activities, we are concerned that an audit may be counterproductive. For example, while studies have demonstrated how traditional Native Hawaiian practices such as hula are effective interventions to treat chronic disease, such as hypertension, an Auditor's financial assessment of the cost-effectiveness of hula and similar activities could potentially discourage health plans from covering them in the future, notwithstanding their indirect but substantial benefits. Accordingly, the requested assessment may hamper existing efforts to encourage health providers to provide coverage for cultural-based activities and other important preventative care options.

OHA currently participates in Nā Limahana o Lonopūhā Native Hawaiian Health Consortium (Consortium) with health insurance providers and other health agencies, organizations, and professionals. Notably, some of these health providers and insurers already offer coverage for preventative health activities, such as gym memberships, to promote healthy and active lifestyles among their patients. As such, OHA suggests that collaboration through the Consortium may be a better first step to convene discussions on the coverage of cultural activities and other preventive care options.¹

Finally, the breadth of this measure's current language is unclear. Certain cultural healing modalities may already be covered in certain circumstances pursuant to HRS §453-2(c). Accordingly, should the Committee move HCR193/HR55, OHA recommends the study's scope be more specific about what activities, including any healing modalities, should be covered under the Auditor's actuarial analysis.

Mahalo for the opportunity to testify on this measure.

¹ See Nā Limanhana o Lonopūhā Native Hawaiian Health Consortium Comendium, available at http://www.oha.org/health2/downloads/NaLimahanaConsortium.pdf.