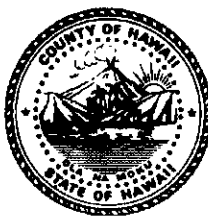


Harry Kim
Mayor



Wil Okabe
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i
Office of the Mayor

25 Aupuni Street, Suite 2603 • Hilo, Hawai'i 96720 • (808) 961-8211 • Fax (808) 961-6553
KONA. 74-5044 Ane Keohokalole Hwy., Bldg. C • Kailua-Kona, Hawai'i 96740
(808) 323-4444 • Fax (808) 323-4440

February 21, 2017

Representative Sylvia Luke
Finance Committee
Hawai'i State Capitol
Honolulu, HI 96813

Dear Chair Luke and members:

RE: **HB 1410, HD1**

Thank you for this opportunity to testify against HB 1410, HD1.

HB 1410, HD1 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 \$17M) 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 at least 45% of the TAT, and without any additional burdens on the counties' budgets.

HB 1410, HD1 would be a step backwards, and we ask that it be held.

Respectfully submitted,

Harry Kim
Mayor

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
www.MauiCounty.us

February 22, 2017

TO: The Honorable Sylvia Luke, Chair
House Committee on Finance

FROM: Mike White
Council Chair 

SUBJECT: **HEARING OF FEBRUARY 23, 2017; TESTIMONY IN OPPOSITION TO
HB 1410 HD 1, 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_hd1_mkz

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 2:06 PM
To: FINTestimony
Cc: yukilei.sugimura@mauicounty.us
Subject: *Submitted testimony for HB1410 on Feb 23, 2017 12:00PM*

HB1410

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Councilmember Yuki Lei Sugimura	Individual	Oppose	No

Comments:

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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

February 22, 2017

The Honorable Representative Sylvia Luke, Chair
Committee on Finance
State Capitol, Room 308
Honolulu, Hawai'i 96813

Dear Chair Luke:

Subject: H.B. 1410, RELATING TO EMERGENCY MEDICAL SERVICES
Hearing Date: Thursday, February 23, 2017
Time/Place of Hearing: 12:00 p.m., Conference Room 308

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 110 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 seen 29 of these individuals and have though the reduction is significantly less, we show a cost savings of \$36,000 per month. We realize this group of individuals need much more comprehensive preventative outreach than we are currently able to provide. We are in the process of focusing on individuals who do not have mental health and addiction issues that are very time intensive.

The Honorable Representative Sylvia Luke, Chair
February 22, 2017
Page 3

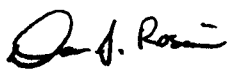
Homeless: We have 240 individuals within our database identified as homeless, they account for 452 incidents per year, with an approximate cost of \$1.6M in health care dollar per year. 33% of our high utilizers are homeless, 4 of our top 7 callers are homeless, however we believe there is also a significant 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

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 8:15 PM
To: FINTestimony
Cc: speedy_bailey@amr-ems.com
Subject: *Submitted testimony for HB1410 on Feb 23, 2017 12:00PM*

HB1410

Submitted on: 2/21/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Speedy Bailey	American Medicalal Response	Oppose	No

Comments:

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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 1411, HD-1

INTRODUCED BY: House Committee on Health

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 237D-6.5, 245-15, and 249-31 to delete the earmarks from the transient accommodations tax, 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 three-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, transient accommodations 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:

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 2/21/2017

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 10:14 AM
To: FINTestimony
Cc: tiffanys98@yahoo.com
Subject: Submitted testimony for HB1410 on Feb 23, 2017 12:00PM

HB1410

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Tiffany Sentani	AMR Kauai Paramedics	Support	No

Comments: As a 26 year Paramedic I am in support of part I and III of HB 1410. I support a community based Paramedic training program that will help service the community. Many 911 calls for ambulance are for chronic individuals that need more supportive care verses the full need for transport and emergency room visits. With training, home visit would provide many out of hospital individuals with a professional to answer questions and follow up on home care. Please consider passing this bill, thank you for your time and consideration.

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TO: REPRESENTATIVE SYLVIA LUKE, CHAIR
REPRESENTATIVE TY J.K. CULLEN, VICE CHAIR

MEMBERS OF THE HOUSE COMMITTEE ON FINANCE

FROM: CHERYL VASCONCELLOS, EXECUTIVE DIRECTOR
HANA HEALTH

DATE: February 21, 2017

**TESTIMONY ON H.B. NO. 1410 H.D. 1
RELATING TO EMERGENCY MEDICAL SERVICES**

Hana Health supports H.B.1410 H.D. 1 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 Emergency Services 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 assure 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.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 2:13 PM
To: FINTestimony
Cc: robert.carroll@mauicounty.us
Subject: Submitted testimony for HB1410 on Feb 23, 2017 12:00PM

HB1410

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
robert carroll	Individual	Oppose	No

Comments: I oppose HB 1410 HD 1, Relating to Emergency Medical Services as stated in testimony provided by Maui County Council Chair Mike White.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 8:46 AM
To: FINTestimony
Cc: tito.villanueva@amr.net
Subject: Submitted testimony for HB1410 on Feb 23, 2017 12:00PM

HB1410

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Tito Villanueva	Individual	Comments Only	No

Comments: Part II of this bill will disrupt the current statewide EMS system. As an EMS provider, I believe that fragmenting EMS will decrease the level of service that is currently being provided to our communities. Please oppose this section. Part I and Part III of HB1410 HD1- please support. Community Paramedic Program has been proven in other States to decrease the call volume for the 911 system as well as non-emergent visits to hospital emergency rooms.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 22, 2017 6:43 AM
To: FINTestimony
Cc: csmorimoto@aol.com
Subject: Submitted testimony for HB1410 on Feb 23, 2017 12:00PM

HB1410

Submitted on: 2/22/2017

Testimony for FIN on Feb 23, 2017 12:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Curt S. Morimoto	Individual	Comments Only	No

Comments: Part-I: Please support & approve Part-II: It is unrealistic to believe that individual counties can assume the same consistent level & oversight for EMS that has taken a number of years to be developed to the level that it is today. Funds are questionable to keep EMS responses & standards at the highest for residents & visitors in affected counties. Please OPPOSE and delete this section (Part-II) of HB1410 HD#1 Part-III: Please support & approve. A pilot study will determine if community paramedic programs keep frequent-flyers from flooding ER's and abusing them as their primary care physicians. Patients in-need can be treated at appropriate (NON-ER) facilities as directed and assessed by community paramedics under medical direction & oversight.

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HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814
Phone: (808) 723-7800 • Fax: (808) 723-7836

KIRK CALDWELL
MAYOR



IAN T.T. SANTEE
ACTING DIRECTOR

February 23, 2017

LATE

The Honorable Sylvia Luke, Chair
The Honorable Ty J.K Cullen, Vice-Chair
House Committee on Finance
House of Representatives
Twenty-Ninth Legislature
Regular Session of 2017

Re: HB1410, HD1 Relating to Emergency Medical Services

Dear Chair Luke, Vice Chair Cullen, and Members:

The Honolulu Emergency Services Department, Emergency Medical Services Division opposes HB1410, HD1. We oppose HB1410, HD1 as written; however we support the community paramedic portion and oppose the Transient Accommodations Tax (TAT) revenues and Emergency Medical Services Special Fund (Special Fund) going to the General Fund for the statewide comprehensive emergency medical service.

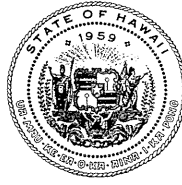
This bill also increases the responsibilities of the counties but does not increase the funding. The Emergency Medical Services Division has 20 ambulances that cover the whole island. We run 90,000 calls and do not have enough funding to support that. We cannot afford for the TAT and the Special Fund not to be allotted specifically for EMS.

We, the Honolulu Emergency Services Department, oppose HB1410, HD1.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian T.T. Santee". The signature is stylized and somewhat abstract, with a long horizontal stroke extending to the left.

Ian T.T. Santee
Acting Director



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

LATE

**Testimony COMMENTING on HB 1410 HD1
RELATING TO EMERGENCY MEDICAL SERVICES**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 23, 2017 12:00pm Room Number: 308

- 1 **Fiscal Implications:** Part I - HB1105: Conversion of \$14,796,503 in special funds to general
2 funds. Note: This proposal is based on revenue projections made prior to the January 4, 2017,
3 forecast of the Council on Revenues.
- 4 Part II - HB1410: We appreciate the intent of Part II, and defer to the Governor's Executive
5 Budget request for the Department of Health's (DOH) appropriations and personnel priorities.
6 This part appropriates an unspecified amount of general funds for FY 2018 and FY 2019 to the
7 DOH for a two-year county ambulance service pilot program for the County of Hawaii and the
8 City and County of Honolulu. However, the pilot program is intended to commence FY 2020
9 and terminate at the end of FY 2021.
- 10 Part III - HB216: We appreciate the intent of Part III, and defer to the Governor's Executive
11 Budget request for the DOH appropriations and personnel priorities. This part requests an
12 unspecified amount of general funds for fiscal years 2017 - 2018 and 2018 - 2019 be
13 appropriated to the DOH for a three-year community paramedic services pilot program. These
14 funds would be for training and certification, staffing personnel, equipment and supplies,
15 medical records, and billing for the service.
- 16 **Department Testimony:** This bill combines the following measures: HB1410, HB1105, and
17 HB216.
- 18 **Part I - HB1105: Position: Strongly Supports.** This is part of Governor Ige's administrative
19 package.
- 20 Hawaii's Emergency Medical Services (EMS) system is a statewide full-time professional
21 operation serving residents and visitors.
- 22 If this part is enacted, state EMS policy as a whole must preserve the current level of funding as
23 of July 1, 2016, regardless of source of revenue or method of finance, to assure uninterrupted

1 services and continuity of the system. This part proposes the abolishment of the EMS Special
2 Fund and redirects its deposits into the general fund for purposes of budget neutrality.
3 Furthermore, it is the intention of the DOH to request the equivalent amount in general funds to
4 be added to its base budget for FY 2018 and for FY 2019.

5 Technical Information

6 General funds comprise approximately 80% of the EMS system's funding. The revenue deposits
7 comprise the remaining 20%. These deposits are authorized by section 321-234, Hawaii Revised
8 Statutes, and consist of:

- 9 • \$1.25 per each cigarette sold pursuant to section 245-15, HRS;
- 10 • \$5 from each annual motor vehicle registration fee pursuant to section 249- 31, HRS;
- 11 and
- 12 • Interest and investment earnings attributable to the moneys in the EMS Special Fund.

13 Total revenue deposits from all sources into the EMS Special Fund in FY 2016 were
14 \$15,490,367.46.

15 Total expenditures from the EMS Special Fund in FY 2016 were \$13,426,984.26.

16 The remaining encumbrances, in the EMS Special Fund as of June 30, 2016, were
17 \$10,217,202,01.

18 **Part II - HB1410: Position: Comments.** We appreciate the intent and defer to the Governor's
19 Executive Budget request for the DOH appropriations and personnel priorities.

20 The proposed county ambulance service pilot program for FY 2020 and FY 2021, transfers the
21 regulation of state EMS services, including ambulance and patient care operations from the DOH
22 to the County of Hawaii and the City and County of Honolulu. The pilot program excludes the
23 pre-hospital emergency medical records system, billing and collections, and EMS pre-hospital
24 medical communications system. However, as previously stated, the DOH appropriation for the
25 county ambulance service pilot program is an unspecified amount of general funds for FY 2018
26 and FY 2019.

27 The current comprehensive Hawaii EMS system provides 911 emergency care everywhere in the
28 state for all residents and visitors. Because of the importance of this essential public service, the
29 DOH proposes that a task force comprised of members of the DOH-EMSIPSB, Emergency
30 Medical Services Advisory Committee (includes emergency physicians, pre-hospital care
31 providers, and consumers), Hawaii's four counties, and representatives from tourism and hospital

1 be established to study the impact of this wide ranging pilot. The task force's report would be
2 due to the legislature before the commencement of the 2018 regular session.

3 **Part III - HB216: Position: Comments.** We appreciate the intent and defer to the Governor's
4 Executive Budget request for the DOH appropriations and personnel priorities.

5 The Department recognizes the significant challenges to providing health care and emergency
6 medical services to Hawaii. Many EMS calls are from repeat callers and patients who do not
7 require traditional hospital emergency department care. This part formalizes the findings made
8 by the HCR 90 (adopted during the Regular Session of 2016) interdisciplinary working group.
9 In addition to the types of patients described, community paramedics could perform routine
10 emergency and hospital follow-up and chronic care provision for diabetes, hypertension, and
11 asthma.

12 Community paramedicine services would promote a state of health and when appropriate keep
13 patients out of hospital thus decreasing use of scarce health care dollars. The report
14 recommended a community paramedicine pilot program be established at two or three sites. Part
15 III seeks to establish a three-year pilot program beginning on July 1, 2017, and administered by
16 DOH with an evaluation of the program's effectiveness.

17 Should the legislature decide to pilot community paramedic services, the DOH recommends that
18 the pilot community paramedicine be limited initially to two sites, one on Oahu and the other on
19 a neighbor island. Since the community paramedic is a new level of care, training and
20 certification courses would need to be offered by Kapiolani Community College (KCC). In
21 addition to training DOH would need to retain a program administrator, a medical director for
22 each site, two rapid response (non-transport) vehicles, and requisite equipment.

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

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

32 Although exact costs are not available, DOH estimates that each pilot site would cost \$1 million
33 per year. KCC would require approximately \$150,000 per year for implementation and training.

- 1 Additionally, DOH budgetary needs would total \$500,000 for program development,
- 2 administration, and evaluation.
- 3 We appreciate the opportunity to testify. Thank you.

LATE

Testimony for HB 1410

As a practicing emergency room physician in the busiest emergency department in Hawaii I have noticed the visible rise in non-emergent transport of patients by EMS. The impact this has had on the community is real and tangible. The widely publicized and dubious status of having the highest homeless population per capita in the US has led this steady rise in non-emergent transport, where high-utilizers and the homeless have come to rely upon EMS as a means of transportation to access primary care in the emergency department. This has translated to markedly increased utilization and longer durations at times for EMS to respond to true medical emergencies where minutes can often be the difference in the chain of survival for patients. Honolulu is not the first urban city to experience this issue, and many EMS systems have evolved to respond to the need of community based paramedicine. This bill offers the beginnings of the evolutionary step for Honolulu EMS to mirror similar success found in other urban setting with large homeless populations. By providing the ability of medically trained paramedics with a community based mentality to work in concert with 9-1-1 EMS system, there is a significant potential to decrease non-emergent transports while improving access to life saving EMS transport and care. Furthermore, a community based paramedicine program would help to emphasize the concept of providing the right care at the right place and at the right time by directing these patients to appropriate primary care services that often times cannot be rendered in the emergency department. With the current estimated trajectory of the homeless population, I do not expect the situation to improve. It is my hope that with support for this bill that EMS can begin the process of building a community paramedicine service that will provide one of the missing pieces that currently exists in the continuum of care in Honolulu for those with difficulty accessing primary care.

Sincerely,

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