



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

**Testimony COMMENTING on HB 0216**  
**RELATING TO COMMUNITY PARAMEDIC SERVICES**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 31, 2017 830AM

Room Number: 329

1 **Fiscal Implications:** We appreciate the intent of HB 0216, and defer to the Governor's  
2 Executive Budget request for the Department of Health's (DOH) appropriations and personnel  
3 priorities. HB 0216 requests an unspecified amount of general funds for fiscal years 2017 - 2018  
4 and 2018 – 2019 be appropriated to the DOH, Emergency Medical Services & Injury Prevention  
5 System Branch (EMSIPSB) for a community paramedicine pilot program. These funds would be  
6 for training and certification, staffing personnel, equipment and supplies, medical records, and  
7 billing for the service.

8 **Department Testimony:** The Department recognizes the significant challenges to providing  
9 health care and emergency medical services to Hawaii. Many EMS calls are from repeat callers  
10 and patients who do not require traditional hospital emergency department care. This measure  
11 formalizes the findings made by the HCR 90 (adopted during the Regular Session of 2016)  
12 interdisciplinary working group. In addition to the types of patients described community  
13 paramedics could perform routine emergency and hospital follow-up and chronic care provision  
14 for diabetes, hypertension, and asthma. Community paramedicine services would promote a state  
15 of health and when appropriate keep patients out of hospital thus decreasing use of scarce health  
16 care dollars. The report recommended a community paramedicine pilot program be established  
17 at two or three sites. HB0216 seeks to establish a three year pilot program beginning on 1 July  
18 2017 and administered by DOH and an evaluation of the program's effectiveness.

19 Should the legislature decide to pilot community paramedic services, the DOH recommends that  
20 the pilot community paramedicine be limited initially to two sites, one on Oahu and the other on

1 a neighbor island. Since the community paramedic is a new level of care, training and  
2 certification courses would need to be offered by Kapiolani Community College. In addition to  
3 training DOH would need to retain a program administrator, a medical director for each site, two  
4 rapid response (non-transport) vehicles and requisite equipment. The State would need to  
5 develop a fee schedule for community paramedic services with all fees being returned to the  
6 State's General Fund similar to current billing practice for 911 services. Initially the current pre-  
7 hospital medical records system would be used but a new system community paramedic record  
8 system would need to be procured. As mentioned in the HB0216, the DOH would have to  
9 develop temporary rules for community paramedicine. This would require DOH to work consult  
10 the Hawaii Medical Board and other stakeholders. Community paramedics would work closely  
11 with a patient's medical provider and other community health workers.

12 Although exact costs are not available, DOH estimates that each pilot site would cost \$ 1 million  
13 per year. Kapiolani would require approximately \$150,000 per year for implementation and  
14 training. Additionally, DOH budgetary needs would total \$500,000 for program development,  
15 administration, and evaluation.

16 We appreciate the opportunity to testify. Thank you.

17 **Offered Amendments:** None

**PRESENTATION OF THE  
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON  
HEALTH

TWENTY-NINTH LEGISLATURE  
Regular Session of 2017

Tuesday, January 31, 2017  
8:30 a.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON HOUSE BILL NO. 216, RELATING TO COMMUNITY PARAMEDIC  
SERVICES.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board ("Board"). Thank you for the opportunity to provide written testimony on House Bill No. 216, Relating to Community Paramedic Services. The Board has not had an opportunity to discuss this measure, but will do so at its next meeting on February 9, 2017. Therefore, the Board is not able to offer comments or a position on this bill at this time.

Thank you for the opportunity to provide written testimony on House Bill No. 216.

kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Saturday, January 28, 2017 10:11 AM  
To: HLTtestimony  
Cc: speedy\_bailey@amr-ems.com  
Subject: \*Submitted testimony for HB216 on Jan 31, 2017 08:30AM\*

**HB216**

Submitted on: 1/28/2017

Testimony for HLT on Jan 31, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Speedy Bailey	American Medical Response	Support	Yes

Comments:

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kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, January 29, 2017 2:14 PM  
To: HLTtestimony  
Cc: tito.villanueva@amr.net  
Subject: Submitted testimony for HB216 on Jan 31, 2017 08:30AM

**HB216**

Submitted on: 1/29/2017

Testimony for HLT on Jan 31, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tito Villanueva	American Medical Response	Support	No

Comments: I strongly support HB216. I strongly urge your committee's passage of this bill to establish and appropriate funds for a three-year community paramedic services pilot program.

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**HB216**

Submitted on: 1/27/2017

Testimony for HLT on Jan 31, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Curt S. Morimoto	Individual	Support	No

Comments: Community Paramedicine is growing across the country. Hawaii EMS has started a working group to explore a pilot program to assist those in the community who may be able to be directed to resources other than busy ER rooms. Please approve!!

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**House of Representatives**  
**The 29<sup>th</sup> Legislature**  
**Regular Session of 2017**

**Committee on Health**

Rep. Della Au Belatti, Chair. Rep. Bertrand Kobayashi, Vice Chair.

Members:

Rep. Sharon E. Har. Rep. Chris Todd. Rep. Dee Morikawa.  
Rep. Andria P.L. Tupola. Rep. Marcus R. Oshiro

Written Testimony By:

*Jillian Kelekoma*

Mother, Wife, Daughter, Community Servant, Paramedic, Critical Care Paramedic,  
Flight Paramedic, Instructor, and EMS Coordinator for the County of Kauai

The following written testimony is in

**SUPPORT** OF

**HB216**

Relating to Community Paramedic Services

Aloha Chair, Vice Chair, and Members of the Committee on Health,

Community Paramedicine is an emerging field in health care where Paramedics operate in expanded roles in an effort to connect underutilized resources to underserved populations. Although Paramedics have operated in expanded roles in several foreign countries, such as Canada, England, and New Zealand, for many years, in the U.S. the concept is relatively new. There are only a handful of counties that provide this service, and they are making a huge impact on not only their community, but also the pockets of the taxpayers and state/county “check-writers”. The main goals of community paramedicine are as follows:

*Reduction of unnecessary transports:* These would be our “frequent flyers”. They tax our resources, and generally do not have the means to contribute back to those resources. Services provided still need to be funded, but most of these “frequent flyers” are often on government-sponsored medical programs. So, government and in turn taxpayers end up footing that bill once again.

*Reduction of readmission of chronically ill patients:* Readmission of patients with chronic illness makes a huge financial impact in many ways to our hospital systems. First in direct relation to my initial statement, most of these people are enrolled in government sponsored medical programs. Second, these facilities are additionally penalized for readmission of these chronically ill patients, within 30 days. By providing a community paramedic to their home, we act as case managers for these chronically ill patients, and assure they are keeping up with their health care needs, medications, doctor appointments, etc. That simple intervention will keep them out of the hospital, healthier, allow for appropriate resource allocation, and bottom line keep the cost of health care down.

Lastly, Primary Care. Access to a primary care physician in Kauai is ridiculous. It is of no fault of our amazing physicians; it is a health care crisis. Family medicine, general practitioners, pediatrics, internal medicine are fields that new physicians try to stray away from due to reimbursement. Basically, these aforementioned specialties make the largest long-term impact on patients, yet, they are the least paid NATIONWIDE. Their offices are filled with patients that could potentially be seen by a community paramedic, based on that physician's referral. That would keep the patient out of their office, and leave space for those patients who actually need to be seen by their physician, but not necessarily at a Hospital, Emergency Room, or Urgent care. The implementation of Community Paramedicine will make the largest impact in this area by far. In fact, insurance companies may begin to notice the reduction of their costs, and potentially help to fund programs.

HB216 will implement the recommendations of the working group, which will establish and appropriate funds for a three-year community paramedic services pilot program.

I am nearing 20 years of service in the field of Emergency Medical Services, and I have seen the evolution worldwide. I, as well as my family, humbly and respectfully ask for your support of HB216. Help us to make a positive impact on our County and our community.

A handwritten signature in black ink, appearing to read 'Jillian Kelekoma', with a stylized, cursive script.

Jillian Kelekoma  
jillian@hawaii.edu





# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Health  
January 31, 2017 at 8:30 a.m.

By  
John Morton  
Vice President for Community Colleges  
University of Hawai'i System/Kapi'olani Community College

### HB 216 – RELATING TO COMMUNITY PARAMEDIC SERVICES

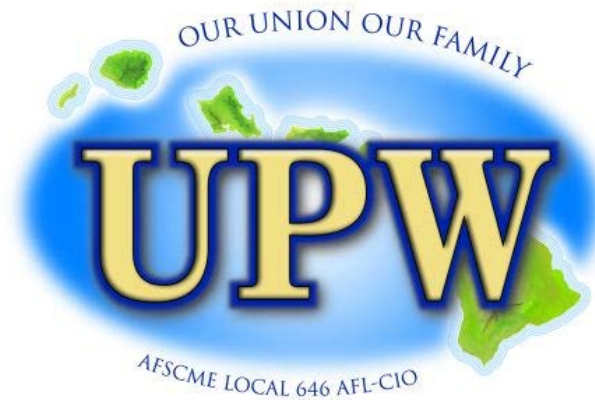
Chair Belatti, Vice Chair Kobayashi and members of the committee:

The University of Hawai'i supports HB 216, "Relating to Community Paramedic Services." The implementation of a Community Paramedic program in the State of Hawai'i will help to raise the overall health of Hawaii's residents. In particular, a program designed to train Community Paramedics will benefit individuals who have social determinates of health issues, specifically access to healthcare.

There are a number of benefits that Community Paramedics can provide, such as addressing the needs of those with chronic illness (Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Mental illness), improving access to healthcare (federally qualified health centers (FQMC), primary care physicians, community health centers), and assisting those with transportation issues. In addition, Community Paramedics can make recommendations on home safety issues and social issues (e.g., domestic violence, food scarcity, social service needs). Lastly, Community Paramedics are the new frontline for chronic health disease management. The Community Paramedic can identify health trends (vital signs, weigh gain, etc.) that are warning signs in preventing the need for acute or emergency need for treatment in already over-crowded emergency departments.

Kapi'olani Community College has been a member of the working group that was created in HCR 90 (2016). In the current measure, KCC is also responsible for developing the curriculum and training. We stand ready to assist in developing and implementing this important program. With regard to Section 2(1), "Training and Certification", the University requests funding be provided for curriculum development and training responsibilities as outlined in this measure.

**LATE**



THE HAWAII STATE HOUSE OF REPRESENTATIVES  
The Twenty-Ninth Legislature  
Regular Session of 2017

**COMMITTEE ON HEALTH**

The Honorable Representative Della Au Belatti, Chair  
The Honorable Representative Bert Kobayashi, Vice Chair

DATE OF HEARING: Tuesday, January 31, 2017  
TIME OF HEARING: 8:30 a.m., Rm. 329  
PLACE OF HEARING: State Capitol  
415 South Beretania Street

**TESTIMONY ON HOUSE BILL HB216 RELATING TO COMMUNITY PARAMEDIC SERVICES**

By DAYTON M. NAKANELUA,  
State Director of the United Public Workers,  
AFSCME Local 646, AFL-CIO ("UPW")

My name is Dayton M. Nakanelua, State Director of the United Public Workers, AFSCME, Local 646, AFL-CIO (UPW). The UPW is the exclusive bargaining representative for approximately 14,000 public employees, which include blue collar, non-supervisory employees in Bargaining Unit 01 and institutional, health and correctional employees in Bargaining Unit 10, in the State of Hawaii and various counties. The UPW also represents about 1,500 members of the private sector.

HB 216 proposes to establish a community paramedic pilot program to reduce the high-volume of 911 calls for non-emergency medical conditions and to meet other non-medical transportation needs e.g. post hospital discharge care, homeless population, hospice care and the others. The UPW supports this pilot program and await the evaluation report to make a final determination.

Thank you for the opportunity to submit this testimony.

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**HB216**

Submitted on: 1/30/2017

Testimony for HLT on Jan 31, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ryan McKnight	Individual	Support	No

Comments: Community paramedicine is the future of healthcare! Please pass this bill!

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**HB216**

Submitted on: 1/30/2017

Testimony for HLT on Jan 31, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tiffany Sentani	AMR Kauai Paramedics	Support	No

Comments: I am in support of HB 216. As a 20 plus year Paramedic of Kauai County I have seen the growth of the poopuation with urban development and visitors leading to and increase in the need for pre hospital ambulance request. Another 24 hours 7 days a week ambulance would greatly benefit Kauai County. Please pass this bill and support a valuable resource that saves lives. Thank you for your time and consideration.

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**LATE**

Jesse Ebersole, Captain Emergency Medical Services Bureau  
Hawaii Fire Department  
808 747 1043  
jebersole@hawaiicounty.gov

January 31, 2017

The Hawaii Fire Department is writing in **support** of HB 216 related to the proposed Community Paramedic Program. We would like to offer some background of the Community Paramedicine concept and the pilot program the Hawaii Fire Department has initiated.

Community paramedicine (CP) or Mobile Integrated Healthcare (MIH) is a new and evolving model of community-based health care in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations” (Kizner, Shore, & Moulin, 2013). CP programs have been independently developed in a number of states and countries, and thus are varied in nature. These programs typically have been designed to address specific local problems and to take advantage of locally developed collaborations between and among emergency medical services (EMS) and other health care and social service providers. Interest in this model of care has grown substantially in recent years in the belief that it may improve access to and quality of care while also reducing costs. Historically, EMS has focused on providing emergency treatment for persons suffering acute medical problems in community settings, while transporting such persons to a hospital emergency department (ED), and when needed, in the ED until care is taken over by hospital staff. EMS personnel also have been utilized to transport ill or injured persons between hospitals. The inherent nature of emergency care makes it more expensive than many other types of health care services. EMS systems and hospital EDs must be prepared to handle a wide array of routine and unusual problems that occur unexpectedly and often require a rapid response with specialized skills and equipment because the problems are serious and sometimes life threatening. Consequently, the fixed costs associated with operating and maintaining emergency care services are high. As concern about rising health care costs has grown in recent years, increased efforts have been directed at ensuring that expensive emergency care resources are optimally utilized. Also, because the overwhelming majority of

EMS systems rely on fire departments and other publicly funded agencies to provide at least some services, and because most local governments are under significant financial strain, local EMS providers have increasingly sought to secure additional sources of financial support. Early experiences with CP programs suggest that they may lead to more optimal use of EMS assets and offer some potential for diversification of the EMS funding base (Kizer, Shore, & Moulin, 2013).

### **Hawaii Fire Department Community Paramedicine Pilot Program**

The Hawaii Fire Department EMS Bureau is piloting a Community Paramedic Program through a grant from the County of Hawaii Office of Aging. Our pilot officially began on October 1, 2017. Our objective has been to perform outreach to groups of Kupuna (60+) who are identified as within the focus areas below. To date a team of 2 HFD Community Paramedics have performed outreach to 85 individuals across Hawaii Island.

#### **Community Paramedicine Focus Areas**

1. **Fire Company Referral:** Referral from field personnel directly to Community Paramedic, these referrals typically identify individuals who are “vulnerable” and in need of services. Our field paramedics spot those individuals who “fall through the cracks”, they have enough income/assets not to be Medicaid eligible (or haven’t yet been designated as Medicaid eligible) have minimal to no support system, they are often our elderly frequent flyers with chronic health care issues who have managed independently without support their entire life and insidiously have become no longer able to take care of themselves, they are often caring for their spouse and have little or no family support. We often receive referrals from field paramedics to these individuals. **Results to date: 21 individuals in the program. Estimated amount of health care dollars spent per month before entering CP program- \$22,247 per patient \$572,397, 3 months later after CP visit and follow up by Office of Aging,**

Public Health Nursing current cost per month \$7,224 totaling \$151,704, cost savings of \$402,693

2. **High Utilizers:** EMS response of >4 times within a 6-month period, we have individuals whose EMS utilization is as high as 100+ cases per year. We have 308 individuals who meet this criteria, 1179 incidents (21% of all incidents) 24 % are homeless, we estimate their collective cost the health care system to be approx. 8.1M since 2014. **Results to date:** 29 Individuals in the program, average. Estimated amount of health care dollars spent per month before entering CP program- \$18,445 per patient \$534,905, 3 months later after CP visit and possible follow up by Office of Aging, Public Health Nursing, current cost per month \$14,408 totaling \$417,832 cost savings of \$117,073.
3. **Homeless:** We have 240 individuals within our database identified as homeless, they account for 452 incidents per year, with an approximate cost of \$3.1M 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 Hawaii. 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.
4. **Fall Risks:** Through the creation of an 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. Hawaii'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 Hawaii 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 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.

#### **Partnering agencies**

- County of Hawaii Office of Aging
- Public Health Nursing
- HOPE Services
- West Hawaii Community Health Clinic
- Hawaii Police Department Community Policing
- Hawaii County Prosecuting Attorney
- Hospice of Hawaii Island
- Hilo Medical Center
- Kona Community Hospital
- Bay Clinic

#### **Medical Director**

- Stefan Harmeling M.D.

#### **Current Funding**

1. Existing Hawaii Fire Department Budget
2. Supplemented by County of Hawaii Office of Aging funding 1 position for Pilot program, reimbursed \$278 per person (60+ unduplicated) \$533 per group presentation. HFD fronting funding, reimbursement to COH general fund.
3. 30K from Shippers Wharf Grant (Software, DME) via Daniel R. Sayre Foundation

#### **Pending**

1. Assistance to Firefighters Grant (FEMA) CP Vehicle (60K)

#### **Possible Funding**

1. 2017 Legislative initiative HB216



2. County Council Contingency Funds
3. Insurers- HMSA, Kaiser (preliminary discussions with HMSA positive)
4. Other grants

**Possible expansion**

1. HOPE Services once per month Hilo and Kona
2. Partnership with Bay Clinic, Mobile Medical Unit at Wailoa Park and HOPE once per month
3. Referrals from Hospitals across Hawaii Island
4. Referrals from Physician Groups

It's clear that Community Paramedicine is the next step in ensuring improved health, wellness, improved outcomes in our community along with preserving resources of emergency services. The State of Hawaii has convened a working group of EMS providers to propose legislation for a statewide Community Paramedicine program that will be added as a service to each county's EMS system. We are hopeful that this legislation will move forward and further improve the health and wellness of the residents and visitors of the State of Hawaii.

Mahalo for your support and consideration,

Jesse Ebersole

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**HB216**

Submitted on: 1/31/2017

Testimony for HLT on Jan 31, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia jennings	Individual	Support	No

Comments:

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