



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
TWENTY-NINTH LEGISLATURE, 2018**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 687, H.D. 1, RELATING TO INSURANCE.

**BEFORE THE:**

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

**DATE:** Wednesday, February 14, 2018 **TIME:** 2:00 p.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Russell A. Suzuki, Acting Attorney General, or  
Daniel K. Jacob, Deputy Attorney General

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Chair Takumi and Members of the Committee:

The Department of the Attorney General provides the following comments:

The purpose of this bill is to require insurance coverage for the costs of transportation to the continental United States for qualifying patients.

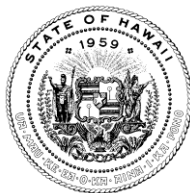
Section 1311(d)(3)(B) of the Affordable Care Act allows a state to require Qualified Health Plans to add benefits as long as the state defrays the cost of the additional benefits. A federal regulation, 45 C.F.R. section 155.170, provides that unless the enactment is directly attributable to State compliance with Federal requirements, a benefit is in addition to the Essential Health Benefits if the benefit was required by a state after December 31, 2011, and it directly applies to Qualified Health Plans.

This bill would require Qualified Health Plans to provide coverage for the costs of transportation to the continental United States for qualifying patients. Because this benefit was not mandated by state law prior to December 31, 2011, it may be considered an additional mandate that the State would be required to defray the cost.

In the event a state mandates a benefit in addition to the essential health benefits, 45 C.F.R. section 155.170(c)(2)(iii) requires Qualified Health Plan issuers to quantify the cost attributable to each additional state-required benefit and report their calculations to the state. States are then required to defray the cost by either making the payment to an individual enrolled in a qualified health plan offered in the state, or on

behalf of an individual enrolled in a Qualified Health Plan directly to the Qualified Health Plan in which such individual is enrolled. At this time, our department is unaware of a state that has been subjected to the obligation to pay for a benefit in addition to the Essential Health Benefits. Therefore, there are no prior examples of how the State would meet its obligation and what specific procedures would be necessary to fulfill the obligation. Our office believes, however, that after the Qualified Health Plan issuer submits the issuer's costs attributable to the additional mandate, the Legislature would need to appropriate the money during the following legislative session and propose a mechanism in order to distribute the money.

Thank you for the opportunity to provide testimony.



DAVID Y. IGE  
GOVERNOR

DOUGLAS S. CHIN  
LIEUTENANT GOVERNOR

**STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN  
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DEPUTY DIRECTOR

**TO THE HOUSE COMMITTEE ON  
CONSUMER PROTECTION AND COMMERCE**

**TWENTY-NINTH LEGISLATURE  
Regular Session of 2018**

Wednesday, February 14, 2018  
2:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 687, H.D. 1, RELATING TO INSURANCE.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE  
COMMITTEE:

The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on H.B. 687, H.D. 1, Relating to Insurance. My name is Gordon Ito, and I am the Insurance Commissioner for the Department’s Insurance Division. The Department provides the following comments.

The purpose of this bill is to require insurance coverage for the costs of transportation to the continental United States for qualifying patients.

The addition of a new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act, which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State’s qualified health plan.

In addition, any proposed mandated health insurance coverage requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes section 23-51.

Thank you for the opportunity to testify on this measure.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 14, 2018

The Honorable Roy M. Takumi, Chair  
The Honorable Linda Ichiyama, Vice Chair  
House Committee on Consumer Affairs and Commerce

Re: HB 687, HD1– Relating to Insurance

Dear Chair Takumi, Vice Chair Ichiyama, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 687, HD1, which requires insurance coverage after December 31, 2018, for the costs of transportation to the continental United States for qualifying patients.

HMSA appreciates and supports the intent of this measure to address the challenge facing members needing to access emergent medical care that can only be offered at facilities on the continental United States. As such, the stakeholders have worked collaboratively to address the concerns that have been raised and feel that we have a suitable proposal.

We submit the following suggested amendments for the Committee's consideration and would request they apply to the relevant sections within the HRS (§431:10A, §432:1, and §432D):

**Qualifying patients; transportation cost**

**coverage.** Notwithstanding any law to the contrary, each policy of accident and health or sickness insurance issued or renewed in this State after December 31, 2018, providing coverage for health care, except for policies that only provide coverage for specified diseases or other limited benefit coverage, shall provide coverage for the costs of medically necessary transportation from Hawaii to the continental United States for qualifying patients for the purpose of obtaining treatment.

For purposes of this section, "qualifying patient" is defined by the medical provider's team as a patient that meets all of the following criteria:

- (1) The patient displays a high risk of imminent death despite optimal available treatment in the State of Hawaii;



An Independent Licensee of the Blue Cross and Blue Shield Association

- (2) The patient has a diagnosis of a potentially reversible disease or is a potential candidate for a heart or lung, or both, transplant, destination ventricular assist device, or total artificial heart;
- (3) The medically necessary out-of-state treatment as defined in Chapter 432E, HRS for the patient is not available in the State of Hawaii;
- (4) The patient shall not have any known absolute contraindications to the out-of-state treatment being sought;
- (5) Patient does not have end stage dementia, anoxic brain injury, terminal cancer, or a premorbid condition with a short term expected survival.
- (6) The patient is not being transported for the sole purpose of cancer treatment or bone marrow transplant; and
- (7) The patient is on Extracorporeal Membrane Oxygenation (ECMO) or Mechanical Circulatory Support (including percutaneous VAD and intraaortic balloon pump therapies)and such support is medically necessary.

We appreciate the Chair and Vice-Chair's assistance and patience as the stakeholders have worked on this compromise language.

Thank you for considering our proposed amendments and allowing us to testify on HB 687, HD1.

Sincerely,  
Jace Mikulanec  
Hawaii Medical Service Association - Government Relations



Testimony of  
John M. Kirimitsu  
Legal & Government Relations Consultant

Before:  
House Committee on Consumer Protection & Commerce  
The Honorable Roy M. Takumi, Chair  
The Honorable Linda Ichiyama, Vice Chair

February 14, 2018  
2:00 pm  
Conference Room 329

**Re: HB 687 HD1, Relating to Insurance**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure mandating insurance coverage for transportation services to the continental U.S. for medical treatment for qualifying patients.

**Kaiser Permanente Hawaii supports the intent of this bill, but is requesting amendments.**

Kaiser Permanente continues to collaborate with community stakeholders and requests the following amendments:

16           "§431:10A-           Qualifying patients; transportation cost  
17 coverage.           Notwithstanding any law to the contrary, each policy  
18 of accident and health or sickness insurance issued or renewed  
19 in this State after December 31, 2018, providing coverage for  
20 healthcare, except for policies that only provide coverage for  
21 specified diseases or other limited benefit coverage, shall  
1 provide coverage for the costs of [medically necessary] transportation to the

2 continental United States for qualifying patients.

3 For purposes of this section, "qualifying patient" means a  
4 patient that meets all of the following criteria:

5 (1) The patient displays a high risk of imminent death

6 with ~~with~~ [despite] optimal available treatment in the State;

7 (2) The patient has a diagnosis of a potentially

8 reversible disease or is a potential candidate for a

9 heart or lung, or both, transplant, destination

10 ventricular assist device, or total artificial heart;

11 (3) The [medically] necessary [out-of-state] treatment [as defined in Chapter  
432E, HRS] for the patient is not

12 available in the State;

13 (4) The patient shall not have any known absolute

14 contraindications to the out-of-state treatment being

15 sought;

[(5) Patient does not have end stage dementia, anoxic brain injury, terminal  
cancer, or a premorbid condition with a short term expected survival;]

16 ~~(5)(6)~~ (6) The patient is not being transported for the sole

17 purpose of cancer treatment or bone marrow transplant;

18 and

19 ~~(6) There is a receiving medical facility that has an~~

20 ~~accepting medical team and support capability to~~

21 ~~mitigate the immediate risk of death."~~

[(7) The patient is on Extracorporeal Membrane Oxygenation (ECMO) or Mechanical Circulatory Support (including percutaneous VAD and intraaortic balloon pump therapies) and such support is medically necessary.]

\* Deleted language is stricken, and added language is [bracketed] and underscored.

Thank you for the opportunity to comment.



Nicholas C. Dang, MD  
3288 Moanalua Road  
Honolulu, HI 96819

January 31, 2018

House Committee on Health and Human Services  
Hawaii State Capitol  
415 South Beretania St.  
Honolulu, HI 96813

To the House Committee on Health and Human Services:

My name is Dr. Nicholas C. Dang, and I am a Cardiothoracic surgeon at Kaiser Moanalua Medical Center in Honolulu, HI. I am writing to you to voice my support for a bill that would stipulate medical insurance companies to provide financial assistance, in part or in full, to transfer patients in need of emergency medical services not available in the state of Hawaii.

Heart disease remains the leading cause of death in the state and across the country. In Hawaii, each year, hundreds of patients undergo open heart surgery to treat or correct their illness. Some patients present late in their disease course such that they are not candidates for conventional heart surgery, and the only treatment options capable of prolonging their survival are mechanical circulatory support (e.g. Ventricular Assist Devices (VADs)) and heart transplant. Neither of these options are currently available within the state, nor are they expected to be in the foreseeable future.

In addition, some patients who undergo heart surgery have unexpected, life-threatening complications, and require advanced level care in an emergency setting. These patients are often sustained on some form of circulatory support, such as ECMO (extra-corporeal membrane oxygenation), Impella VAD, or intra-aortic balloon pump, however, the efficacy of such measures does not generally extend beyond a few days. Escalation of support to either an implantable VAD or placement on the UNOS heart transplant list then becomes necessary.

Several hospitals in Hawaii have established working relationships with major medical centers on the mainland US that provide expertise and comprehensive care for the sickest of cardiac



patients. These centers are capable of providing the full spectrum of cardiac support, including ECMO, VADs, and heart transplantation. In my personal experience as a surgeon who has required such advanced care for his patients, I have always been impressed with the receptiveness and willingness of the receiving center's surgical team and hospital administration to facilitate such a high level transfer.

Unfortunately, however, the sheer exorbitant cost of transfer then becomes the limiting factor, either resulting in delay of definitive care or rendering the entire treatment strategy financially infeasible. In the current environment, health insurance companies in Hawaii cover in-hospital care expenses, at least in part, but little to no coverage is provided to transport the patient from Hawaii to a hospital on the mainland US. Depending on the acuity of illness, the precise level of care needed, and the receiving medical center involved, the cost of transfer can run in excess of a hundred thousand dollars. This cost needs to be borne by the patient and his/her family and paid in full prior to transfer. Needless to say, such a financial burden under emergency circumstances can be overwhelming for many families, and in most cases, eliminates the option of patient transfer altogether.

The need for such emergency transfers arises infrequently, perhaps several times a year. As physicians, we strive to provide the highest quality care within the confines and infrastructure of our own hospital systems, but much of that conscience and freedom of practice is owed to the good faith that patients can be transferred to mainland centers of excellence, should they need it. The reality is that because of tremendous financial restraints, advanced level care may not be attainable for these sickest of patients, and many are ill-fated to never leave the island.

I humbly request your consideration of this important matter and ask for your support of a bill that would stipulate medical insurance companies to provide financial assistance to patients in need of emergency transfer to a mainland center for their care. As a Cardiothoracic surgeon whose focus is to treat a broad scope of patients with cardiovascular disease, I have a vested interest in seeing such legislation passed, both for my own practice and more importantly, for the Hawaii community.

Thank you for your time and consideration.

Please feel free to contact me for any questions or comments. I can be reached at:



E-mail: [Nicholas.C.Dang@kp.org](mailto:Nicholas.C.Dang@kp.org)

Mobile: 808-271-3518

Respectfully yours,

A handwritten signature in black ink, appearing to read "Nicholas C. Dang".

Nicholas C. Dang, MD  
Department of Cardiothoracic Surgery  
Kaiser Moanalua Medical Center



Wednesday, February 14, 2018 at 2:00 pm  
Conference Room 329

**House Committee on Consumer Protection & Commerce**

To: Representative Roy M. Takumi, Chair  
Representative Linda Ichiyama, Vice Chair

From: Len Y. Tanaka, MD

**Re: Testimony in Support of HB 687, HD1 – Relating To Insurance**

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My name is Len Y. Tanaka, MD. I am currently an Assistant Professor in the Department of Pediatrics at the University of Hawai'i, John A. Burns School of Medicine. I am employed by the Kapiolani Medical Specialist group as a pediatric intensivist. I hold board certifications in both Pediatrics and Pediatric Critical Care Medicine. In addition to my clinical and academic roles, I also serve as the Medical Director for Hanuola, the Extracorporeal Membrane Oxygenation (ECMO) service.

I write in support of HB 687, HD1 which would require insurance coverage for air transportation for patients in dire need of immediate transportation to the Mainland. I support HB 687, HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive recoverable critical illness.

Patients who require care on the Mainland due to lack of subspecialty services can be so ill that time is of the essence. In some cases, we use all manner of technologies for mechanical respiratory and circulatory support. Babies born with congenital heart disease in some cases become progressively ill over a matter of hours despite the best efforts of our critical care services. Delays in transport can result in delay for definitive treatment for a reversible disease; whether by specialized service or by specialized surgery.

ECMO is an artificial heart and lung machine used to support the body when a disease has compromised normal heart and/or lung function. An example would be a patient with severe flu resulting in pneumonia, respiratory failure, and shock with cardiac failure. Through no fault of their own, a patient would become critically ill and require ECMO to maintain life until their body is able to heal itself. In the past year we had 12 patients needing ECMO, 2 (adults) of which required air transportation to the Mainland. There is a gap in care. While the hospitalization and procedures are covered by insurance, the method to get to the destination on the Mainland for care is not. This is inconsistent

with care in the medical system where the doctor needs to spend enormous amounts of time and energy coordinating the approval process, rather than directing bedside clinical care.

I support this bill to provide equitable justice to the people of Hawai`i who are critically ill, have curable disease, and need specialized services to get their definitive treatment. The only thing worse than getting a catastrophic disease, is dying from that catastrophe because your catastrophic insurance coverage lacks the benefit for getting you the care you need. There is a unique subgroup of patients for whom the lack of a travel benefit is failing: the critically ill. The process to ask for approval from the patient's own insurance is based on the idea that there is time to review the request to make an exception. A patient on ECMO needing VAD and/or heart transplant cannot wait for a prior authorization exception during Monday-Friday 9 AM to 4 PM workday. Mandating this benefit would save both the patient and create a smooth the process for the team of people managing clinical care and insurance.

Thank you for your attention to this important matter and for your support for the health of Hawai`i's people.



Wednesday, February 14, 2018 at 2:00 pm  
Conference Room 329

**House Committee on Consumer Protection & Commerce**

To: Representative Roy M. Takumi, Chair  
Representative Linda Ichiyama, Vice Chair

From: Melody Kilcommons  
Director, ECMO/Transport and Emergency & Trauma Services

**Re: Testimony in Support of HB 687, HD1 – Relating To Insurance**

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My name is Melody Kilcommons and I am Director of ECMO (extracorporeal membrane oxygenation) and Transport, as well as Emergency and Trauma Services, at Kapi'olani Medical Center for Women & Children. Kapi'olani Medical Center for Women & Children is Hawaii's only maternity, newborn and pediatric specialty hospital. It is well recognized as Hawaii's leader in the care of women, infants and children. With 243 beds, the not-for-profit hospital delivers 6,000 babies a year, and is also a medical teaching and research facility. Specialty services for patients throughout Hawaii and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric and adult care, critical care air transport and high-risk perinatal care. Over 1,500 employees and more than 630 physicians provide specialty care at Kapi'olani. The hospital is home to the Kapi'olani Women's Center and the Women's Cancer Center, and offers numerous community programs and services, such as specialty pediatric clinics, the Kapi'olani Child Protection Center and the Sex Abuse Treatment Center. Kapi'olani is an affiliate of Hawaii Pacific Health, one of the state's largest health care providers and a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawaii and the Pacific Region with high quality, compassionate care.

I write in support of HB 687, HD1 which would require insurance coverage for air transportation for patients in dire need of immediate transportation to the Mainland. Well-being and healthy life choices to prevent chronic illness should be high priority. The US spends more money on healthcare than any other country in the world and yet, we often are not the first at adopting new technology or leading best practices. Historically, volume and high acuity were drivers for reimbursements and hospital revenue; this is not a sustaining business model.

The population of Hawaii is roughly 1.4 million people. There is approximately an additional 700,000 tourists per month. Statistically this means that there is likely to be

approximately 20-30 patients a year that would possibly require heart or lung transplant or ECMO for acute respiratory failure. This care is a standard of care for patients on the Mainland. Currently in Hawaii if one of our residents needed this treatment they would not be able to get it in Hawaii. Although all of our hospitals strive to give the very best care and often we collaborate on programs to tap resources to provide nationally benchmarked programs and quality outcomes, we do not have a heart lung transplant or circulatory device program here in the islands; this is due to our remote location and population. For the kind of treatment required, immediate transportation by air is the only available means of safely transporting our very sick patients to Mainland medical facilities that can provide the treatment and care they need. These patients have no choice but to go to the Mainland.

Our local insurance providers cover care for these services on the Mainland. However, there remains a service gap – the transport to get to a medical center that offers these services is not a covered benefit. While commercial plans do not cover the transport, Medicaid/Quest plans do. This means that for those individuals who are working and have an adequate income, the cost of air transportation is not covered. The cost of the transportation is expensive and prohibitive. There is a basic inequity for our working-class citizens.

With your new baby, sick child, or dying family member suddenly being told that you have to come up with anywhere from \$40,000-\$150,000 in order to immediately to fly to the Mainland is frightening and stressful. Additionally, because the transportation is not a covered benefit or a service that all hospitals provide, the patients may be on their own to figure out who to call, what is safe, and who is the best to provide the air transportation. There might not even be a plane available for immediate transport.

I support this bill because we can do better and we need to do better to support our local families. In order to keep patients from dying, to expedite care for critical intervention at the right time and be fiscally responsible in our remote location, we need to partner and collaborate. We want our o'hana to have access to the very best care, care here in Hawaii and if there is something like transplant services that we cannot offer at this time, or complex cardiac surgery for children then we should ensure that they get to where they need to be as fast and efficiently as possible.

We at Kapi'olani Medical Center for Women & Children have experienced first-hand the plight of our patients who have needed to be transported to the Mainland. These are people like you or me who never thought they would need these services and then the nightmare happened. These are just a few examples: a 23 year old marine with a cold that progressed to ECMO, requiring transport; a 10 year old from Kaneohe with a common cold virus that affected her heart which stopped beating requiring ECMO and transport; and a precious newborn with a life-threatening cardiac anomaly that required immediate surgery not available in Hawaii.

Thank you for the opportunity to provide testimony.

**HB-687-HD-1**

Submitted on: 2/13/2018 1:41:50 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	OCC Legislative Priorities Committee of the Democratic Party of Hawaii	Support	No

Comments:






## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Roy M. Takumi, Chair  
The Honorable Linda Ichiyama, Vice Chair  
Members, Committee on Consumer Protection & Commerce

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: February 13, 2018

Hrg: House Committee on Consumer Protection & Commerce Hearing; Wednesday, February 14, 2018 at 8:30AM in Room 329

Re: Support for H.B. 687 H.D. 1, Relating to Insurance

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My name is Paula Yoshioka and I am the Vice President for Government Relations and External Affairs for The Queen's Health Systems (Queen's). I appreciate the opportunity to provide support for H.B. 687 H.D. 1, Relating to Insurance. This measure would require insurance coverage for the costs of transportation to the continental United States for medical treatment for qualifying patients.

Queen's has been working with Hawaii Pacific Health (HPH) and the Hawaii Medical Service Association (HMSA) on consensus amendments to present to the Committee on Consumer Protection and Commerce. Queen's supports these amendments to H.B. 687 H.D. 1, which are reflected in testimony provided by HMSA and ensure that our patients, who qualify for coverage of transportation, have access to the life-saving treatment not available in the State of Hawai'i.

Extracorporeal Membrane oxygenation (ECMO) facilitates life support for patients with heart and/or lung failure. Queen's serves ECMO patients who require transportation to the continental United States for life-saving treatment such as heart and lung transplantation and ventricular assist devices (VADs) implantation, which are not currently available in the State of Hawai'i. The coordination ECMO transport to the mainland requires a significant amount of resources, such as securing a plane, specialized equipment, and a medical team to travel with the patient. There are substantial financial burdens placed on families to cover the costs of transport.

For over 150 years, Queen's has been committed to the mission of providing quality health care services in perpetuity to Native Hawaiians as well as all the people of Hawai'i. We believe that this legislation will improve access to care for our patients and thank the legislature for the opportunity to testify on this measure.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

From: Oren Bernstein, MD, FASA  
Submitted on: February 12, 2018

Testimony in support of HB687, HD1

Submitted to: The House Committee on Consumer Protection and Commerce

Aloha Chair Takumi, Vice Chair Ichiyama, and Members of the Committee,

I write in support of HB687, HD1. I am a cardiac anesthesiologist in a private group practice. I also appeal to you as President of the Hawai'i Society of Anesthesiologists.

Over the course of my career, we have encountered multiple clinical situations in which we exhaust all of our available resources in the care of a patient with fulminant heart or lung failure. While we have the ability to place such patients on temporary heart/lung bypass machines (extracorporeal membrane oxygenation or ECMO), this therapy is only a temporizing measure until definitive curative procedures can be performed at a mainland facility. Usually, this will involve heart or lung transplantation, or sometimes implantation of a durable artificial heart pump.

Once a patient is in such a critical state, every hour and every day that goes by without definitive treatment is time that puts the patient at ever-increasing risk for major complications, often fatal ones. Major strokes, kidney failure, liver failure, severe infections, and catastrophic bleeding are all too familiar to us who care for these patients. For patients who experience these conditions on the mainland, the time one waits to advanced therapy is far less than it is for us in the Islands, and their risk of such complications is far lower.

For this reason, the current situation in our Hawaiian Islands puts every person in our population at risk if they were to contract a disease that results in heart or lung failure. Any one of us might acquire a virus that could result in heart or lung failure- young or old, keiki or kupuna, and everyone in between. We are all at risk for these conditions, regardless of our baseline state of health.

Currently, ECMO transportation to the mainland is not covered by commercial insurers. Moreover, the transport airlines, who have highly specialized crews and equipment, cannot operate without upfront payment to cover the high cost of the service they render. As such, patients are forced to wait- for days, oftentimes more than a week- while their family members work to obtain cash amounts of \$80,000 or more. We have seen families liquidate their retirement accounts, sell every available asset, and all but guarantee their future financial bankruptcy in order to pay for this transportation. They must do this while in the emotional state of someone whose loved one is on the brink of death.

Every day that is wasted because a family must engage in this kind of fundraising is a day that unnecessarily adds enormous risk to these patients- often lethal risk. If these patients could be transported to a site that could provide definitive therapy as soon as the necessity for such transport is known, every last one of us that lives in this state would be better protected. Every time our team sees a patient succumb to heart or lung failure after waiting for a week on ECMO while their family fundraises for them, we lament the state of our medical system and wish for something better.

This bill is being designed to cover a very small, very specific cohort of patients. As such, it would not represent a substantial financial burden on the insurance companies if it were adopted. At my main facility, one or two patients per year might be affected. For the families of those patients, however, this bill may mean the difference between life and death. Moreover, the cost of extended ICU care on ECMO is astronomical, and I sincerely doubt that the cost to the insurers under the current system would be any less than it would be if the transport and subsequent definitive therapy was immediately paid for as soon as it was known to be required.

HB687, HD1 is the vehicle by which we can patch this glaring hole in the safety net for our state's population. By making air transportation a necessarily-covered benefit for patients on ECMO or full mechanical circulatory support, absolutely crucial days can be saved before patients receive the lifesaving definitive therapy they require.

I know for a fact that this bill will save lives, and I urge the legislature to adopt it.

Mahalo nui loa for your consideration of this bill,  
Oren Bernstein, MD, FASA

**HB-687-HD-1**

Submitted on: 2/12/2018 3:57:36 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eliza Ilano	Individual	Support	No

Comments:

Dear Members of the Committee for HB687,

I strongly urge your support for this bill to help people who may find themselves or their family in need of transportation to obtain lifesaving procedures only available in the continental United States. The cost should be covered by insurance because the burden of the transportation cost is so astronomical that it can devastate families and persons affected by an illness or an accident that cannot be treated in the state of Hawaii.

Any one of us can be subject to this unfortunate situation due to the nature of life's circumstances and the isolation and limitations of living in the islands of Hawaii.

Thank you for your consideration.

Kind Regards,

Eliza Ilano

**HB-687-HD-1**

Submitted on: 2/13/2018 2:53:19 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lucas Morgan	Individual	Support	No

Comments:

I fully support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive. My best friend's newborn son had a rare heart condition that required specialized surgery not available in Hawai'i. Without a medical flight, he would have surely died. Even though it took many days longer to get a medical flight here for him than was hoped for, her made it and is thus still living 4 months later. Please help Hawai'i families in the future be able to depend on getting the life-saving treatments they need on the mainland if not available here by ensuring medical flights.

Mahalo,

Lucas Paul Kawika Morgan, PhD

**HB-687-HD-1**

Submitted on: 2/13/2018 1:08:19 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jana yakushiji	Individual	Support	No

Comments:

Bill # HB687 proposed D1

“I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive”

Submitted On: 2/13/2018

Jana Yakushiji, MD

**HB-687-HD-1**

Submitted on: 2/13/2018 12:46:05 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jeremy Grad	Individual	Support	No

Comments:

I support HB687 HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive.

On September 14, 2017, two of my best friends gave birth to a son at Kapiolani Medical Center with a congenital heart defect. Although it took three days to secure the life-flight plane that transported him to Stanford Children's Hospital for life-saving surgery, insurance thankfully covered all medical expenses. Without coverage, their son may not have received the medical care he needed to survive.

**HB-687-HD-1**

Submitted on: 2/13/2018 12:31:03 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tessa Pape	Individual	Support	No

Comments:

Your Name \_Tessa Pape\_\_\_\_\_

Bill # HB687 proposed D1

I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive.

My nephew, Dylan Au, required medical transport to Stanford Medical Center, where he received life saving heart surgery. The surgery was not available in Hawaii. Without the medical transport, he would not be alive today.

Submitted On: \_2/13/2018\_\_



**HB-687-HD-1**

Submitted on: 2/13/2018 12:06:05 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chad Sakumoto	Individual	Support	No

Comments:

**Chad R Sakumoto**

**Bill # *HB687 proposed D1***

To Whom It May Concern:

I am a father to two young boys and it would be my worst nightmare to have one of my sons not receive life-saving medical treatment or care due to insurance or legal obstacles.

**I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive.**

**Submitted On: \_\_02/13/2018\_\_**

To Committee Chair and committee members.

My name is Gina Shin and I am an operating room nurse, specialized in Cardiac/Open Heart Surgery at the Queen's Medical Center. The reason I am here in front of you today is to give the health care provider's perspective on an issue affects the people of Hawaii.

Most people do not realize how isolated Hawaii truly is. And while we live in the United States, considered the forefront of technology and healthcare, Hawaii does not have the same access as our counterparts on the Mainland. The assumption is that the modern hospitals here in Hawaii can provide any and all services needed. Specifically referring to members of our community who need heart or lung transplants or specific cardiac support/assistive devices. We do not have a heart/lung transplant or advance cardiac support program here in Hawaii. We can however support and temporarily sustain these patients with ECMO (Extracorporeal Membrane Oxygenation) but this is usually just a bridge to more definitive treatment.

These patients are not the frail, elderly members of our community. They are young, working individuals (like you and me) Perhaps they got the flu that progressed to resistant pneumonia leading to the necessity of a lung transplant. Or they acquired an infection that affected their heart and now need extra cardiac support.

Standard insurance will cover the cost of transplants and assistive devices needed, but they do not cover the cost of transportation to the Mainland. These individuals are very sick and need a specialized chartered flight immediately. The financial burden of this flight can cost anywhere from \$80,000 to \$130,000. Their loved ones are frantically scrambling for money to pay upfront (i.e. second mortgages, GoFundMe campaigns, draining retirement savings, etc.). Meanwhile, the patient's condition is deteriorating because every hour truly makes a difference.

I am fully insured by HMSA PPO. I work for a hospital, yet I do not have this health benefit. If I needed emergency transport to the Mainland for my heart or lungs, I could not afford it and my family would have to choose between financial ruin and saving my life. And that is a decision that no family should have to make. However, if Insurance Companies are mandated to provide this benefit for our isolated community, it could save patients and their families. It would only pertain to a small group of individuals, roughly about 15-20 per year so the insurance premiums increases should not be significant.

Thank you very much for reading/listening to my testimony. And I hope you will vote to mandate this much needed benefit for the people of Hawaii. Thank you again.

Gina Shin  
TCV Charge Nurse, Queen's Medical Center  
808-585-1263  
shin.gina@gmail.com

**HB-687-HD-1**

Submitted on: 2/13/2018 3:01:12 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ashlee Kishimoto	Individual	Support	No

Comments:

Ashlee Kishimoto

Bill # HB687 proposed D1

I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive. In 2017, 2 people (Rodney Tam and Dylan Au) I know needed medical air assistance to the mainland to receive vital assistance for treatment not provided in Hawai'i.

Submitted On: February 13, 2018

Erick Itoman, MD  
2811 Kahawai Street  
Honolulu, HI. 96822  
(808)542-3057  
[erickitoman@gmail.com](mailto:erickitoman@gmail.com)

Date: February 12, 2018

Testimony in support of HB687 Proposal HD1

To Members of the Committee:

I am submitting testimony in support of HB687 Proposal HD1, a proposal that would decouple the cost of emergency airlift transportation to the mainland for continued care from the individual patient.

I am a privately contracted, Intensive care physician, who manages critically ill patients in different Intensive Care Units (ICUs), in three different Adult Hospitals on Oahu. I do not represent any one institution, but have a unique, universal perspective on the challenges that patients and their families carry when having to travel to the mainland for further care in an emergent and critical setting. In particular, the burden is especially great when patients are on Extracorporeal Membrane oxygenation (ECMO).

ECMO facilitates life support on Heart & Lung or Lung-only bypass. It is used in patients with heart, lung, or heart and lung failure. This technology is typically used to save younger patients and is reserved for the narrow window of individuals that are beyond critically ill, but still can be saved. These are patients whose lungs could not be supported on conventional or rescue mechanical ventilation, or whose hearts were incapable of responding to potent medications mimicking adrenaline. Yet, with ECMO, these patients have an opportunity to be supported to recovery, transplant, or destination mechanical device implantation. Unfortunately, Hawaii does not have an institution where heart & lung transplantation is possible, nor is destination ventricular assist devices (VADs) implantation possible.

The coordination process of ECMO mainland transport is cumbersome. It involves calling numerous centers across the mainland to accept the patient. Then, contracting a transportation company capable of transpacific transport, and assembling a team to travel with the patient to the mainland. The typical cost of such a transport is between \$80,000-\$130,000. If insurance does not cover the cost of emergency evacuation, the patient and their families have to pay the transport companies, in full, prior to transport. It is extremely rare that families have the resources to immediately pay. Thus, they take out mortgages, loans, or liquidate assets. Some families bankrupt themselves. A few, view the financial burden as insurmountable, and elect to die. Many try fundraising. All capital campaigns take time, and time is not something these patients have. The financial piece strains coordination. Transport is placed on hold, the "go" date becomes ambiguous, and accepting institutions expresses frustration with the delay. The interruption can

affect outcomes as patients deteriorate, complications arise, and definitive care is deferred.

I worry about the population in Hawaii. The last time that there was a national explosion in respiratory failure was with the 2009 H1N1 pandemic. This pandemic triggered the adult ECMO practice to spike. According to the CDC, the US has not seen this level of people experiencing flu-like symptoms since 2009.

I welcome a solution and am happy to work with government, insurance, fellow physicians, and hospital administration to improve the care for Hawaii residents.

Thank you,

Erick Itoman, MD  
Critical Care Medicine

**HB-687-HD-1**

Submitted on: 2/12/2018 8:52:41 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Erin Brenner	Individual	Support	No

Comments:

**HB-687-HD-1**

Submitted on: 2/12/2018 4:13:07 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Margaret Maupin	Individual	Support	No

Comments:

**HB-687-HD-1**

Submitted on: 2/13/2018 3:09:34 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Ontai	Individual	Support	No

Comments:

Jennifer Ontai

Bill # HB687 proposed D1

I support HB687 proposed HD1 because access to life-saving treatment should not depend on a payor's individual policies.

Submitted On: 2/13/2018



**HB-687-HD-1**

Submitted on: 2/13/2018 4:27:02 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nadine Yafuso	Individual	Support	No

Comments:

Nadine Yafuso

Bill # HB687 proposed D1

“I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive”

Submitted On: 02/13/18

**HB-687-HD-1**

Submitted on: 2/13/2018 4:15:35 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shaina Sonobe	Individual	Support	No

Comments:

I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive.

As a parent and physician, I support this Bill in hopes that no patients or families experience hardship getting to the mainland for critical treatment that is not available in Hawaii. Any obstacle that prevents this from happening, whether it be insurance, legal, or logistical reasons, would be a huge detriment to the state of Hawaii and its people.

The purpose of passing this Bill really hits home as we have experienced first hand how difficult it was to transport our neonate son to the mainland when he desperately needed it for his heart surgery. Here is our story:

"The day our son Dylan was born was the most emotional and terrifying day of our lives. Dylan was born on September 14, 2017 with a congenital heart defect named total anomalous pulmonary venous return (TAPVR), a 1:10,000 defect that went undetected on routine prenatal ultrasound. The defect is compatible with life for a very short duration of time, but surgical correction is necessary usually within the first few days of life for the type that Dylan had. Optimal surgical correction usually occurs immediately after birth in cases that are diagnosed prenatally.

The sequences of events following Dylan's delivery are still a blur yet culminate to the longest day we have experienced. The rapid diagnosis by the team at Kapiolani Medical Center was impressive. However the quick diagnosis was met head on by our largest obstacle. The corrective cardiac surgery he needed was not available in the state of Hawaii. After being explained the seriousness of the situation it was evident that time was of the essence. One comment sticks in our head "he needed surgery yesterday". The medical team at Kapiolani did everything in their power to arrange transport to Stanford Hospital but the major limiting factor was there was no life-flight plane available.

Every extra day that went by while we waited, was another day that our son could potentially die. There is only one cure for this heart defect and it was not available while we were stranded in Hawaii. The days spent waiting felt like an eternity. Our personal

pediatrician, Dr. Joseph Ward, reached out to private jets inquiring if it were possible to hire them out of pocket to transport Dylan. Unfortunately, none had the specialized cabin to support a medical transport (and one that could support ECMO, should Dylan need it). We would have given anything to get Dylan to Stanford as quick as possible.

The waiting game was torture. From being told “Dylan needs to get to Stanford now”, only to hear “we are having difficulty finding a plane” was the most helpless we have ever felt. The medical team at Kapiolani along with the transport head coordinator, Melody, worked throughout all hours of the day to find any possible way to transport Dylan.

Dylan was born on a Thursday and we were first told a plane would be available Saturday. Saturday then turned into Sunday, then Wednesday, then to Tuesday. Given the uncertainty with the transport availability, a discussion was made with the neonatologist preparing us for the possibility of starting ECMO - the very last intervention option other than surgery to keep Dylan alive.

The delay in flight availability had the team at Kapiolani searching for any option possible. They reached out to the military in hopes of using one of their aircrafts for transport. We were told this would be the first time a civilian would be medically transported under these circumstances. Approval came from Washington D.C. allowing the transport on Sunday. Although this was never done for neonates before, it was something the Kapiolani team and we were willing to do to get Dylan to Stanford as soon as possible.

Miraculously a standard life-flight plane became suddenly available Sunday morning and the military transport was not necessary. Dylan left Kapiolani Medical Center early Sunday morning and arrived at Stanford that afternoon. He was in surgery at Stanford Children’s Hospital within 2 hours after landing. The doctors and staff at Stanford told us numerous times, “We’ve been waiting for him for 3 days...”

We will forever be grateful for the effort required to arrange transport for our son. Hearing the news that a flight was secured provided the greatest relief during the most stressful time of our lives. After spending the first 2 months of his life at Stanford Children’s Hospital, we are happy to report that Dylan is recovering well. He has been a warrior through it all and one day he will know how hard everyone worked to get him the care he needed."

Thank you for your consideration in passing this Bill.

Shaina Sonobe, MD & Timothy Au, MD



HB687, HD1

February 13, 2018

To whom it may concern.

I am writing to voice my STRONG SUPPORT of HB687, HD1.

In early September of last year, one of my close friends gave birth to a beautiful baby boy. Shortly after he was born, however, doctors discovered that he had a previously undetected, life-threatening medical condition requiring **immediate** surgery on the mainland.

Instead of getting the surgery "that he needed yesterday," my friends were forced to wait for days while their insurance company decided whether or not to send a medical transport plane. As you can imagine, this was absolutely agonizing.

Fortunately, our little miracle baby survived long enough to receive the surgery and care that he needed. He is now healthy and thriving, but no family should have to go through what they went through.

I urge you to pass this bill. Future lives may depend on it.

Thank you for your consideration.

Sincerely,

*Marissa Grad*

**LATE**

**HB-687-HD-1**

Submitted on: 2/13/2018 6:50:01 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
robert suzuki	Individual	Support	Yes

Comments:

Robert Suzuki

Bill # HB687 proposed D1

As a young professional wanting to move back home and start our family I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive. Without HB687 young people like my wife and I are scared to have children without access to the critical care you can find on the Mainland.

Submitted On: February 13, 2018

**LATE**

**HB-687-HD-1**

Submitted on: 2/13/2018 8:43:30 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristen Costales	Individual	Support	No

Comments:

**LATE**

**HB-687-HD-1**

Submitted on: 2/13/2018 10:27:27 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jonathan Chock	Individual	Support	No

Comments:

Jonathan Chock  
Bill # HB687 proposed D1

I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive. Hawai'i residents should not be put at risk having to wait for life-saving treatment.

Submitted On: 2.14.18



**LATE**

**Testimony in SUPPORT of H.B. 687, H.D. 1, Relating to Insurance  
Before the House Committee on Consumer Protection and Commerce  
on Wednesday, February 14, 2018 at 2:00 p.m.  
Submitted by: Tammy D.E. Tam**

My name is Tammy Tam, and I'm here to urge your support of H.B. NO. 687, H.D. 1. I urge your support of this bill due to my personal experience and our family's desire to prevent other families from the heartache and financial burden that our family experienced. Last summer, my husband, Rodney (Rod) Tam, required air ambulance transportation services to the Continental U.S. after what appeared to be a common cold or flu that turned to a resistant pneumonia referred to as community organizing (or cryogenic) pneumonia. This was not a "wet lung" pneumonia that one thinks of upon hearing pneumonia, nor was an illness left untreated, as Rod immediately sought medical attention at the earliest signs of becoming ill. He was very proactive about keeping well and fit. Rod loved his job, as a State Deputy Attorney General, for 25 years, his entire legal career. He loved it as much as he loved his family. He especially did not like having a cold because he regularly attended board meetings, and felt it disruptive to speak with a cough. It's ironic that I sit before you today, because it's Rod who often found himself presenting testimony to support his client or express a legal concern on legislative matters. Attached is a copy of his obituary for more information about the amazing person that he was. The pneumonia was discovered two and a half weeks after Rod became ill when a chest x-ray was taken after two courses of antibiotics, at home, did not help him. Rod was directed to the Queens Emergency Room where he immediately required maximum oxygen support with a nasal cannula. He spent 13 days in a regular hospital room where his oxygen needs continued to grow. An open-lung biopsy proved negative for cancer, but found a lot of inflammation and the resistant pneumonia. Following the biopsy, Rod was expected to go home with an oxygen concentrator to help his lungs to heal, however, his oxygen demands increased with a coughing attack, and simple movement from the bed to the chair. Rod required intubation and was placed on a ventilator, and kept in a medically induced coma (paralyzed and sedated). It was expected that he needed approximately 4-7 days on the ventilator to allow his lungs to rest, but the demand for oxygen support, even on the ventilator, continued to increase and his condition elevated to Acute Respiratory Distress Syndrome (ARDS), a tissue damaging condition, and eventual lung failure. His tending pulmonologist, Dr. George Druger, made contact with the Pulmonology and Lung Transplant team at University of California San Francisco (UCSF), and after reviewing Rod's file, UCSF accepted him. We just needed to get him there quickly and safely.

The task of transporting Rod to UCSF quickly and safely was not easy, nor quick by any means. Our insurance provider, HMSA, covers the cost of transplant (with prior approval), but not the cost of transportation to the transplant facility. I learned this during our experience and am still dealing with this matter. Air ambulance transportation companies require payment up front, and in full before arrangements for equipment, flight and medical crew, and the plane is made. The cost could devastate a family's finances and possibly place a family in a difficult situation of deciding whether the cost would be the obstacle to prevent their loved one from receiving the advanced medical care that they need. I was fortunate to have been able to come up with the funds to get Rod the transportation arrangements, however, it required that I leave his side to make multiple financial transactions to get the funds wired to the first company. Leaving Rod's side was especially difficult as I wanted to remain with him, caring for him and being his advocate because he could not do so. In addition, to the cost, and the time to facilitate the transportation could be devastating for the critically ill patient, and could literally mean life or death. It took seven days (from the time pre-approval for transplant was received from our Insurance Provider), two air ambulance transport arrangements, surgery to get Rod placed on the ECMO (external lung machine), and \$145,500 to get Rod safely to UCSF.

The first air ambulance arrangement was made, and we were scheduled to transport on June 18, 2017, three days after the pre-approval for transplant was received. They did not complete the transport

because the transport medical team determined, after twenty minutes of evaluation, their equipment was not sufficient to support Rod's needs and he would likely have gone into cardiac arrest 45-minutes into the flight. They also would not reimburse me for the transportation cost, less costs they incurred by coming out. The loss of this money is significant, but for my husband, the loss of three critical days should not have happened. The air transport team should have recognized that their equipment could not support Rod for the flight because the doctors, nurses and respiratory therapists at both facilities provided constant and in-depth detail of Rod's conditions, requirements and settings, and his condition did not change during this time. Despite the delay caused by the failed transport attempt, UCSF still wanted to accept Rod. After discussion between both facilities, it was determined that the safest option to transport was to place Rod on ECMO (an external lung machine). He remained on the ventilator and on ECMO for transport.

We were finally able to transport to UCSF via a second transportation company that specializes in ECMO transport, and Rod arrived safely the morning of on June 22, 2017. There often is not space to transport a family member in-flight, so family members who will support the patient during their hospitalization and recovery must provide their own travel arrangements. My father and I arrived by commercial airline a few hours later. The transplant facilities require at least two adult family members to support the patient. In case of illness, someone is still available to support the patient. This second arrangement for the air ambulance transport required management level approvals within the hospital which caused a few extra days of delay. The bill for this transport remains in limbo as the company, ECMO Innovations, has their legal team dealing with HMSA by trying to get reimbursement. They feel transportation should be covered benefit because without it, the transplant benefit is essentially invalidated because most families will not be able to bear the transportation costs.

Immediately upon arrival at UCSF, Rod was removed from sedation and weaned from the paralytics. He regained consciousness within three days. Dr. Jasleen Krukessa, the head of UCSF Transplant team, informed me that Rod's young age, 55 years, good health, fit and active lifestyle, along with the limited ailment being the sudden unexplained lung condition were some of the key reasons the team accepted him. Devastatingly, Rod's other major organs began to fail soon after he arrived and he passed away on July 4, 2017, twelve days after arrival at UCSF.

One can't help but think that the seven-day lapse of time between the pre-approval for transplant and transportation to the transplant facility, or even the smaller time period of 4 days between the two transportation attempts were the critical days and narrow window of opportunity that was missed. For patients like Rod, every minute, hour and day matters, the time waiting only contributes to the possibility of complications, and in Rod's case, likely contributed to the resulting multi-organ failure. UCSF was expecting him on June 19, and even this date was a delayed date, as they wanted him immediately upon their acceptance of him. Facilitating transportation takes time to coordinate and our location adds even more time because the planes, equipment, and personnel need to fly to Honolulu, then they must have a mandatory rest period before turning around to transport to the Continental U.S.

Can someone so fit and healthy become so critically ill from a cold? Absolutely, it is rare, but unfortunately, it does happen. It happened to my husband, and our family will never be the same after the awful summer of 2017. So yes, it does happen and it could happen to any of us. The need for air ambulance transportation coverage to the Continental U.S. is a very real need for our residents when the best and often only opportunity for advanced medical care, is not available to us in Hawaii. This bill would require medical insurance providers to provide air ambulance transportation coverage for critically ill patients, whose only possible chance at survival and/or cure is advanced medical care such as extended therapy on ECMO (external lung device) and/or lung or heart transplant. The number of persons requiring transportation for transplant is limited to those who are good and viable candidates. Transplant candidates must meet very strict and specific criteria to be deemed eligible before referral, and subject to

even more very strict and specific criteria before acceptance by a transplant facility and team. This bill will not help my husband, but our family urges your support for this bill in hopes of sparing others the heartbreak that our family suffered by allowing the opportunity to seek advanced medical care when all possible medicare care and resources are exhausted here. Thank you very much for allowing me to share my story in support of this bill.

Tammy Tam  
(808) 741-4093  
[tammytam808@gmail.com](mailto:tammytam808@gmail.com)



## RODNEY JON TAM

Rodney Jon Tam, 55, of Honolulu, Hawaii, was called to heaven much too soon, on July 4, 2017 in San Francisco, California with family and friends at his bedside. He was born on November 16, 1961, in Honolulu, Hawaii.

Born and raised in Honolulu, Rod attended grade school at St. Theresa and graduated from Damien Memorial High ('79). He earned three college degrees on the mainland with a B.A. in Finance from Seattle University ('84), M.B.A. in Finance from University of Notre Dame, Mendoza School of Business ('88), and a J.D. from Lewis & Clarke Law School ('91). Rod was a member of both the Hawaii and Washington State Bar Associations and was licensed to practice law in both states. He bravely and successfully took both States' bar exams within three days of each other.

Rod spent his 25-year legal career as a Deputy Attorney General for the State of Hawaii, doing work that he loved. He served in the Commerce and Economic Development Division, representing the State Departments of Commerce and Consumer Affairs, Human Resources, and Budget and Finance, as well as various Legislators. His work as a Deputy Attorney General allowed him the unique opportunity to serve the State and its citizens through his work on behalf of many professional and vocational licensing boards, regulated industries and commissions. Rod also served his fellow State employees, through his representation of the Employee Benefit Programs (which includes the Deferred Compensation Plan and Flexible Spending Accounts). He was instrumental in setting up and implementing the HI529 College Savings, and Secondary Education Student Loan programs which help Hawaii's families. Rod coordinated the AG's Volunteer and Legal Intern Program, and promoted government legal work as a representative at UH Law School Job Fairs.

Before earning his law degree, Rod worked as a Computer consultant at Seattle University, an Accounting Department Supervisor at New People's Savings & Loan, a Vice President at Selective Settlements of Hawaii, and a Law Clerk for Shim, Tam, Kirimitsu, Kitamura & Chang.

In 2004, after seven years of marriage, Rod and his wife Tammy, were *blessed* with their son *Jonathan Rayden*. Fatherhood became the toughest job Rod loved! He found a calling to serve the community through his dedicated work as a coach for Aiea AYSO Region 118, Laulima Soccer Club, PAL Baseball, and Play Sports Flag Football. He was also a den leader, and assistant cubmaster for Pack 186 (Holy Family Catholic Academy), and an assistant Scoutmaster for Troop 180 (Pearl City Elks Club). Rod did not play sports and was not a Scout himself, but he diligently studied everything there was in order to teach the boys well. He influenced many young lives. His support went as far as participating in the Scout Order of the Arrow Ordeal, and becoming an OA Member himself.

A member of Waialae Country Club and the Nuuanu YMCA from 1992, Rod enjoyed many rounds of golf, and workouts pumping iron. He loved the ocean and enjoyed kayaking, paddle boarding, and swimming at Waialae Country Club with Jonathan. He also enjoyed archery and riflery.

Rod enjoyed time with family and friends from a simple garage party to the fine dining experience. He was also fortunate to travel the world with family and friends to places near and far, from Australia, Barcelona, China, Europe (including Monte Carlo, Spain, St. Tropez, and the Vatican), Vancouver, and many parts of the US Mainland, including his mainland favorite "*God, Country, Notre Dame*".

Rod is greatly missed by many, including his loving family. He is survived by his wife, Tammy (Eng), son Jonathan, parents Ray and Audrey Tam, brother Russell (Julie), in-laws Rita (Bobby) Eng, Dennis (InSuk) Eng, Kim (Mike) Ansagay, Glen (Brandie) Eng, Chelsey (Aaron) Simmons, 4 nephews, 3 nieces, 1 grand-niece, and so many others who called him *Brother, Coach, Friend, Mr. Rod, Mr. Tam, and Uncle*.

~ Rod's Celebration of Life Service will be held on Saturday, August 19, 2017, at Holy Family Catholic Church, 830 Main Street in Honolulu. Visitation will begin at 9:00 a.m. and the Service will start at 10:30 a.m. ~

**LATE**

**HB-687-HD-1**

Submitted on: 2/13/2018 9:15:14 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brandon Kaio	Individual	Support	No

Comments:

Brandon Kaio

Bill # HB687 proposed D1

“I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive”

Submitted On: 2/13/18

**LATE**

**HB-687-HD-1**

Submitted on: 2/14/2018 8:15:57 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
victoria gorbacheva	Individual	Support	No

Comments:

Dear Sir or Madam,

I am a practicing Certified Nurse in Operating Room at the Queen's Medical Center in Honolulu, Hawaii. I provided direct patient care to patients who became critically ill and needed transplants, which was not offered at the Queen's Medical Center or anywhere else on islands. The cost of the urgent air transport is over \$80,000 and it is not covered by patients' insurance plans. It was so frustrating to see families scraping together everything they could and fundraising desperately to collect needed amount of money, while precious time was running out for patients to receive an appropriate care. Some outcomes were devastating and heartbreaking.

I whole heartedly support the bill HB678 HD1. I am absolutely certain that this bill will save patients' lives. Thank you for your consideration. Victoria Gorbacheva, BSN, RN, CNOR, RNFA.