



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

ON THE FOLLOWING MEASURE:

H.B. NO. 687, RELATING TO INSURANCE. (Proposed HD1)

BEFORE THE:

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

DATE: Tuesday, February 6, 2018 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 329

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

Chair Mizuno 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.

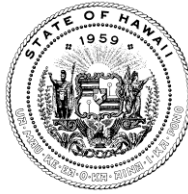
Section 1311(d)(3)(B) of the Affordable Care Act allows a state to require Qualified Health Plans to add benefits as long as the state defrays the cost of the additional benefits. A federal regulation, 45 CFR 155.170, provides that unless the enactment is directly attributable to State compliance with 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 would 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 CFR 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
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Tuesday, February 6, 2018
8:30 a.m.

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

TO THE HONORABLE JOHN M. MIZUNO, CHAIR, AND MEMBERS OF THE
COMMITTEE:

The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on H.B. 687, Proposed 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 offers 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.



Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

Before:
House Committee on Health & Human Services
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

February 6, 2018
8:30 am
Conference Room 329

Re: HB 687, Proposed HD1, Relating To Insurance

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure regarding mandated health coverage for the costs of transportation to the continental U.S. for heart and/or lung transplant patients.

Kaiser Permanente Hawaii supports the intent of this bill, but requests an auditor study.

Kaiser Permanente supports the intent of this bill to provide insurance coverage to the continental U.S. for heart and/or lung transplant patients, but requests that the legislative auditor conduct an impact assessment report, as statutorily required for any new mandate under Sections 23-51 and 23-52 of the Hawaii Revised Statutes, to assess among other things:

- a) The extent to which such insurance coverage is already generally available;
- b) The extent of the coverage;
- c) The level of public demand for the treatment or service;
- d) The level of public demand for individual or group insurance coverage of the treatment or service;
- e) The extent to which the proposed coverage might increase the use of the treatment or service;

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- f) The extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders; and
- g) The impact of this mandated coverage on the total cost of health care.

Furthermore, any 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 enacted after December 31, 2011, in excess of the State's essential health benefits. Since coverage for transportation costs for transplant patients 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.

Thank you for the opportunity to comment.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 6, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: HB 687 Proposed HD1 – Relating to Insurance

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

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

HMSA appreciates 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. We certainly recognize the importance of this issue to our members and are working with the stakeholders involved to address our concerns and find common ground.

Thank you for allowing us to comment on this measure.

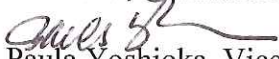
Sincerely,
Jace Mikulanec
Hawaii Medical Service Association - Government Relations



**THE QUEEN'S
HEALTH SYSTEMS**

LATE

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health and Human Services

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

Date: February 5, 2018

Hrg: House Committee on Health and Human Services Hearing; Tuesday, February 6, 2018 at
8:30AM in Room 329

Re: Support for the intent of H.B. 687, Relating to Insurance

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 the intent of H.B. 687, Relating to Insurance.

Queen's is 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. Thank you 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.

LATE

February 6, 2018 at 8:30am
Conference Room 329

House Committee on Health & Human Services

To: Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Michael Robinson
Vice President & Government Relations

Re: Testimony In Support for HB 687, Proposed HD1 – Relating to Insurance

My name is Michael Robinson, Vice President & Government Relations at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox – specialize in innovative programs in women's health, pediatric care, cardiovascular services, cancer care, bone and joint services and more. Hawai'i Pacific Health is recognized nationally for its excellence in patient care and the use of electronic health records to improve quality and patient safety. Learn more at HawaiiPacificHealth.org.

I write in support of HB 687, Proposed HD1 which would require insurance coverage for air transportation for patients in dire need of immediate transportation to the Mainland.

While we are continuing to work with stakeholders on reaching a solution and may provide additional amending language as the measure moves through the process, because of the urgency of the situation and the significant short-term issues arising from the lack of coverage for air transportation, we request that the sunrise study required by HRS Sections 23-51 and 23-52 be waived. We suggest the following language be inserted into the bill:

“Notwithstanding any law to the contrary, the insurance coverage requirements established by this Act shall not be subject to the social and financial assessment requirements of chapter 23, part IV, Hawaii Revised Statutes.”

For critically ill patients, immediate treatment and care can make a difference in their survival and recovery rates. Many times the needed treatment is not available in Hawaii and is only available on the Mainland. Because time is of the essence, the only viable means of receiving the Mainland treatment is to be transported by air. Commercial flights are not an option as our critically ill patients require accompaniment by trained

medical personnel. The cost of transportation by air ambulance can be a significant financial burden for families that is not covered by health insurance. Medicaid currently covers the cost of air ambulance transportation for Hawaii's most needy families, but those who are middle-income earners and working full-time do not receive coverage for the cost of air ambulance transportation to the continental United States, creating an inequity in patients' ability to access needed medical treatment. HB 687, Proposed HD1 bridges that gap in coverage.

Thank you for the opportunity to provide testimony on this bill.

HB-687

Submitted on: 2/5/2018 12:26:24 AM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mae Kyono, MD	American Academy of Pediatrics, Hawaii Chapter	Support	No

Comments:

Mae Kyono, MD

Bill# HB687 proposed D1

February 4, 2018

I support HB687 proposed D1 because it will help ensure that Hawaii residents receive the medical care they need to survive. I am a pediatric hospitalist, I take care of sick children in the hospital. Medical transport is crucial to safely send a patient to the mainland for procedures that are not done here.



Tuesday, February 6, 2018 at 8:30 am
Conference Room 329

House Committee on Health & Human Services

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Len Y. Tanaka, MD

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

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, Proposed HD1 which would require insurance coverage for air transportation for patients in dire need of immediate transportation to the Mainland. I support HB687 proposed HD1 because it will help ensure that Hawai'i residents receive the medical care they need to survive recoverable critical illness. Because of the urgency of this matter and the significant consequences resulting from the lack of other options, I request that the sunrise review required by HRS Sections 23-51 and 23-52 be waived.

Patients who require care on the Mainland due to lack of subspecialty services can be so ill that time is of the essence. 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. In some cases, we use all manner of technologies for mechanical respiratory and circulatory support. Delays in transport can result in delay for definitive treatment for 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. 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.



Tuesday, February 6, 2018 at 8:30 am
Conference Room 329

House Committee on Health & Human Services

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

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

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

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 Hawai'i's only maternity, newborn and pediatric specialty hospital. It is well recognized as Hawai'i'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 Hawai'i 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 Hawai'i 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 Hawai'i and the Pacific Region with high quality, compassionate care.

I write in support of HB 687, Proposed HD1 which would require insurance coverage for air transportation for patients in dire need of immediate transportation to the Mainland. Because of the urgency of this matter and the significant consequences resulting from the lack of other options, I request that the sunrise review required by HRS Sections 23-51 and 23-52 be waived.

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 ohana 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.

LATE

HB-687

Submitted on: 2/5/2018 4:10:22 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lindsey Hoell		Support	No

Comments:

I am strongly in support for HB687. As a perfusionist who formerly worked with these patients at Queens, Straub, and Kapiolani, it is devastating to see patients unable to receive the care they need nor be transported to a facility where they can be treated. It is tragic to hit productive members of society with the option of crippling healthcare bills or death at a moment when they are fighting for their life. We must protect our neighbors when they are the most vulnerable. We have seen patients die waiting to fundraise the transport costs. We have also seen patients who we could not extend care to, knowing there was no way to get them off island for treatment. The public is trusting in insurance companies in good faith, and when they are battling for their life, the companies turn their back on them. This must change.

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

Date: February 2, 2018

Testimony in support of HB687 Proposal HD1
House Committee of Health and Human Services

To Chair Mizuno & Other 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, clinicians, and hospital administration to improve the care for Hawaii residents.

Thank you,

Erick Itoman, MD
Critical Care Medicine

February 6, 2018

Honorable John Mizuno, Chair
Honorable Bert Kobayashi, Vice Chair
House Committee on Health and Human Services

**Re: HB 687 Proposed HD1 – Relating to Insurance – STRONG SUPPORT
Conference Room 329 – 8:30AM**

Aloha Chair Mizuno, Vice Chair Kobayashi, and members of the committee:

Thank you for the opportunity to testify in strong support of the proposed HD1 for HB 687. My name is Leslie Campaniano, and I am a mother of a 22-month-old son, and a friend of Tim and Shaina Au, who had the unfortunate experience of needing a life-saving procedure for their newborn son that was unavailable in the State of Hawaii. After standing beside my dear friends and watching as they hoped for a miracle while caring for their newborn son who was in desperate need of a unique, life-saving surgical procedure, I can only hope that no one ever has to suffer the same heartache. Your support of the proposed HD1 for HB 687 can help ensure that no other parent will have to suffer like my friends have.

The proposed HD1 will ensure that a qualified patient will receive full coverage for medical transport by health insurers, mutual benefit societies, and health maintenance organizations to a mainland health care center for all plans issued after December 31, 2018. This measure will provide access to life-saving, out-of-state treatment for individuals in the State of Hawaii.

I respectfully ask that you support the proposed HD1.

Thank you for the opportunity to testify.

Sincerely,

Leslie Campaniano

From Len Y. Tanaka, MD
Bill HB687 proposed D1

February 4, 2018

Representative Linda Ichiyama
House District 32
Hawaii State Capitol
Room 327
415 South Beretania Street
Honolulu, HI 96813

Dear Representative Ichiyama:

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

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 certification 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.

Patients who require care on the mainland due to lack of subspecialty services can be so ill that time is of the essence. 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. In some cases, we use all manner of technologies for mechanical respiratory and circulatory support. Delays in transport can result in delay for definitive treatment for reversible disease: whether by specialized service or by specialized surgery.

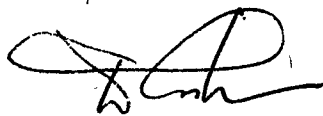
ECMO is an artificial heart and lung machine used to support the body when

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.

There is a gap in care. Where the hospitalization and procedures are covered by insurance but the method to get to the destination 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 catastrophe because your catastrophic insurance coverage lacks the benefit for getting you the care you need. There is a unique subgroup of patients that 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 smooth the process for the team of people managing clinical care and insurance.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Len Y. Tanaka', with a stylized flourish at the end.

Len Y. Tanaka, MD

Name: Gina Shin
Bill No.: HB687 proposed HD1
Position: SUPPORT
Submitted On: February 5, 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

Name: Christine Johnston
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

I have had the opportunity to be part of a care team that provides medical escort for critical infants and children to the mainland on many occasions. These trips truly can make the difference between life or death, and are time sensitive. Often as the financial coverage for the transport is being debated or the family is struggling to come up with the funds to help their child get to the care they need, the patient's condition is worsening by the hour. Critically Ill patients are delicate. Any changes to their environment can be a catalyst to a worsening of their condition. As the patient gets sicker, the complicated process of transferring him/her to the mainland becomes more and more of a high risk endeavor. Often, by the time the transport date is finalized, the act of transporting the patient to where he/she needs to go for treatment can be life threatening.

Despite the stressful nature of these transports, they have been some of the most rewarding experiences of my career. In several instances, these children arrive at the receiving hospital on the mainland and are in surgery within hours. Hawai'i is an amazing place with excellent health care systems, but our small state can simply not offer some of the advanced services our patients need to survive. To put it bluntly, without these transports, these children would die.

Having had the first-hand knowledge of how these transports to the mainland save lives, I was disheartened to learn that this service was not a covered benefit in my insurance plan for myself or my children. I strongly feel that transports to the mainland should be a covered benefit for Hawai'i's residents.

Submitted On: February 5, 2018

Name: **Kara Wong Ramsay, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

I am a neonatologist at Kapiolani Medical Center for Women and Children, where I care for critically ill infants. I have been involved in the management, coordination and transportation in several sick infants who required transport to the mainland for life saving surgeries or transplants which are not available in our island state. I can attest first hand to the stress and worry that both I as the provider and the parents face in the uncertainty of not knowing when a baby will receive insurance clearance for transport and whether or not the baby will remain medically stable without deterioration while awaiting this clearance. I support this bill because it will substantially improve the medical care of Hawaii's sickest infants and children.

Submitted On: February 5, 2018

Name: Kenneth Ash, MD
Bill No.: HB687 proposed HD1
Position: SUPPORT

I am the former medical director of the Kapiolani Medical Center for Women and Children Neonatal Pediatric Critical Care Transport Team.

Over the decades I served in that position I saw numerous families in crisis, working with their insurance companies to arrange last minute coverage for costly air ambulance transports to mainland hospitals, which alone were able to provide the medical care they desperately needed.

Some families had to go into debt and sign promissory notes to cover this crisis. We owe it to Hawaii's families to be there for them in their time of need.

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

Submitted On: February 5, 2018

Name: **Duncan E. Macdonald, MD**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

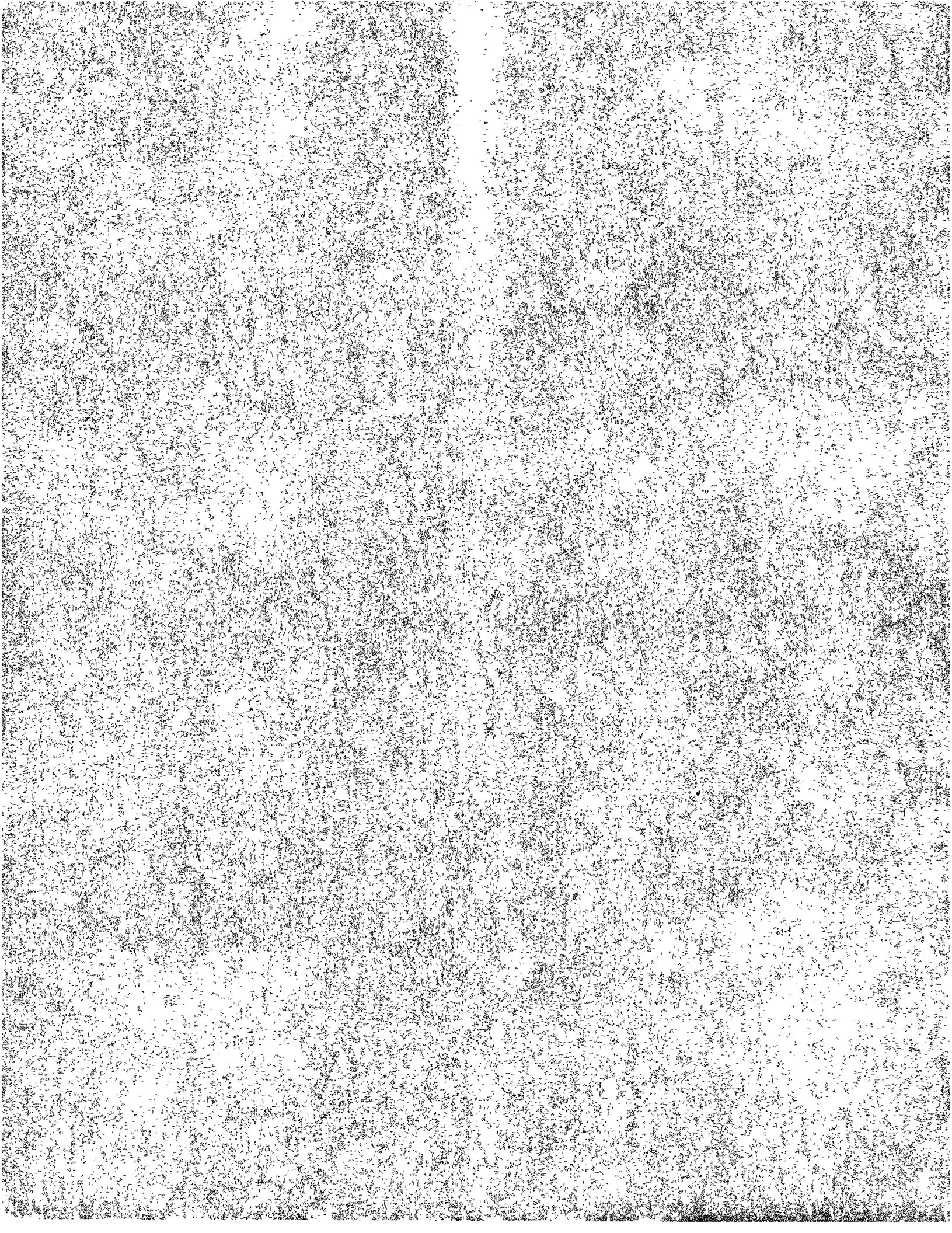
A handwritten signature in black ink, appearing to read "Duncan E. Macdonald". The signature is written in a cursive style with a large initial "D".

Submitted On: February 5, 2018

Name: Sally Tupper
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018



Name: Kellie Carlson
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018

Name: Lynn Kitamura
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018

Name: **Patti Hisaka**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: February 5, 2018

Name: Mike Nishimoto
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018

Name: Erin Egesdal
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018

Name: **Sean Nakamura**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: February 5, 2018

Name: Chuck Fujita
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018

Name: Cheryl K. Okado, MD
Bill No.: HB687 proposed HD1
Position: SUPPORT

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

Submitted On: February 5, 2018

Name: **Eugene S. Garrett Jr.**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Jeremy Grad**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Jerome Lee, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Tessa Pape**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Francesca Gouw**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Aimee Hui**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Ryan Sato**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Andrew K. Feng**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Carolyn Acoba**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Lin Tian**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Adrienne Ma, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Lucas Morgan, PhD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Susan MacKinnon**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Natalee Stewart**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Stephanie K. Abe**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Sneha L. Sood, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Cherilyn Yee, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Niall Kilcommons**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Chrisy Mafnas, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Briana Lau-Amii, MD**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Kambrie Kato**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Christine Shim**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Mavis Nikaido**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Anita Buck**

Bill No.: **HB687 proposed HD1**

Position: **SUPPORT**

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

Submitted On: January 31, 2018

Name: **Paul Fenwick, RN**
Bill No.: **HB687 proposed HD1**
Position: **SUPPORT**

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

Submitted On: January 31, 2018

To: The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health & Human Services

Date: February 6, 2018

Time: 8:30 a.m.

Place: Conference Room 329, State Capitol

Fr: Shaina Sonobe, MD - SUPPORT

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 medlife-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 medlife-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.



To: The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health & Human Services

Date: February 6, 2018

Time: 8:30 a.m.

Place: Conference Room 329, State Capitol

Fr: Timothy Au, MD - SUPPORT

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To: The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health & Human Services

Date: February 6, 2018

Time: 8:30 a.m.

Place: Conference Room 329, State Capitol

Fr: Ashlynn Bannister - SUPPORT

I am alive. I am alive today because one thing along the way helped me to survive. The plane that flew me to Seattle helped me for my recovery and without that plane I probably wouldn't be alive today. On September 23, 2015 when I was 10 years old I was admitted to Kapiolani Medical Center. My heart stopped twice and I was diagnosed with Myocarditis which is a heart condition. I was in the intensive care unit for three days on ECMO until the air ambulance transported me to Seattle Children's Hospital for cardiac evaluation and I recovered there. I was the first person to get transported on the air ambulance. After my recovery I got to meet the nurses and doctors that cared for me at Kapiolani and the ECMO team that transported me to Seattle. I am now 100% recovered from Myocarditis and I am grateful for their swift actions they took in treating me for my illness.

To: The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health & Human Services

Date: February 6, 2018

Time: 8:30 a.m.

Place: Conference Room 329, State Capitol

Fr: Angie Bannister - SUPPORT

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HB-687

Submitted on: 2/5/2018 7:08:59 PM

Testimony for HHS on 2/6/2018 8:30:00 AM

LATE

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

Comments:

LATE

February 6, 2018

Honorable John Mizuno, Chair
Honorable Bert Kobayashi, Vice Chair
House Committee on Health and Human Services

**Re: HB 687 Proposed HD1 – Relating to Insurance – STRONG SUPPORT
Conference Room 329 – 8:30AM**

Aloha Chair Mizuno, Vice Chair Kobayashi, and members of the committee:

Thank you for the opportunity to testify in strong support of the proposed HD1 for HB 687. My wife and I recently became grandparents for the first time to our grandson Dylan who required immediate air transport to the mainland after his birth. Dylan was born with a condition that required an immediate life-saving surgery that was unavailable in Hawaii. Your support of the proposed HD1 for HB 687 can help ensure that patients, like Dylan, will have this critical, life saving service available.

The proposed HD1 will ensure that a qualified patient will receive full coverage for medical transport by health insurers, mutual benefit societies, and health maintenance organizations to a mainland health care center for all plans issued after December 31, 2018. This measure will provide access to life-saving, out-of-state treatment for individuals in the State of Hawaii.

I respectfully ask that you support the proposed HD1.

Thank you for the opportunity to testify.

Sincerely,

Clyde and Pam Sonobe

From: Oren Bernstein, MD, FASA
Submitted on: February 2, 2018

Testimony in support of HB687 Proposed HD1

Submitted to: The House Committee on Health and Human Services

Aloha Chair Mizuno and Members of the Committee,

I write in support of HB687 Proposed HD1. I am a cardiac anesthesiologist in a private group practice, based mainly at the Queen's Medical Center. 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.

HB687 Proposed HD1 is the vehicle by which we can improve 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 this committee to adopt it.

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