

HCR52 HD1

REQUESTING THE AUDITOR TO ASSESS BOTH THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED HEALTH INSURANCE

Measure Title: COVERAGE FOR THE COSTS OF MEDICALLY NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED STATES FOR QUALIFYING PATIENTS.

Report Title: Mandated Coverage; Transportation; Auditor; Sunrise Review

Description:

Companion: [HR40](#)

Package: None

Current Referral: CPH

Introducer(s): MIZUNO, BROWER, MCKELVEY, THIELEN, Belatti, Cachola, Creagan, Lowen

HCR-52-HD-1

Submitted on: 4/11/2018 2:47:23 PM

Testimony for CPH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

Testimony of John Kirimitsu
Legal & Government Relations Consultant

Before:
Senate Committee on Commerce, Consumer Protection, and Health
The Honorable Rosalyn H. Baker, Chair
The Honorable Jill Tokuda, Vice Chair

April 13, 2018
10:00 am
Conference Room 229

HCR 52, HD1 - REQUESTING THE AUDITOR TO ASSESS BOTH THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED HEALTH INSURANCE COVERAGE FOR THE COSTS OF MEDICALLY NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED STATES FOR QUALIFYING PATIENTS.

Chair, vice chair, and committee members, thank you for this opportunity to provide testimony on HCR 152, HD1, requesting an audit study regarding transportation coverage for qualifying patients.

Kaiser Permanente Hawaii supports this resolution.

Kaiser Permanente supports a legislative audit to conduct an impact assessment report, as statutorily required 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 for medically necessary transportation to the U.S. mainland is already generally available for qualifying patients;
- b) Kaiser Permanente and HMSA's request to amend the definition of the term "qualifying patient" to include a provision that requires a patient be on medically-necessary extracorporeal membrane oxygenation or mechanical circulatory support (including percutaneous ventricular assist devices and intraaortic balloon pump therapies) to qualify for the mandated covered benefit proposed in the measure; and
- c) Whether the addition of this mandated coverage will 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.

Thank you for your consideration.



April 13, 2018

The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: HCR 52, HD1– REQUESTING THE AUDITOR TO ASSESS BOTH THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATED HEALTH INSURANCE COVERAGE FOR THE COSTS OF MEDICALLY NECESSARY TRANSPORTATION TO THE CONTINENTAL UNITED STATES FOR QUALIFYING PATIENTS.

Dear Chair Baker, Vice Chair Tokuda, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony **supporting** the intent of HCR 52, HD1 requesting the Auditor to assess both the social and financial effects of proposed mandated health insurance coverage for the costs of medically necessary transportation to the continental United States.

HMSA appreciates and supports the intent of this measure that seek to evaluate the challenge facing individuals needing to access emergent medical care that can only be offered at facilities on the continental United States. We believe this resolution seeks to address the concerns raised in HB 687, HD1 and we appreciate the Committee's request that the Auditor examine the proposed benefit that would include a provision requiring a patient be on medically-necessary extracorporeal membrane oxygenation or mechanical circulatory support (including percutaneous ventricular assist devices and intraaortic balloon pump therapies) to qualify for the mandated covered benefit proposed in the measure.

Thank you for allowing us to submit testimony on this measure.

Sincerely,
Jace Mikulanec
Hawaii Medical Service Association - Government Relations

Friday, April 13, 2018 at 10:00 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair

From: Michael Robinson
Vice President of Government Relations & Community Affairs

Re: **Testimony In Support for HCR 52, HD1**

Requesting the Auditor to assess both the social and financial effects of proposed mandated health insurance coverage for the costs of medically necessary transportation to the continental United States for qualifying patients.

My name is Michael Robinson, Vice President of Government Relations and Community Affairs 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.

I write in support of HCR 52, HD1 which requests the Auditor to study the social and financial effects of mandated health insurance coverage for the costs of medically necessary air transportation to the Mainland for qualifying patients.

In certain unique cases, the medical procedure a patient needs is not available in Hawaii and is only available on the Mainland, requiring immediate air transportation to the Mainland. We understand the cost of this transportation is significant and catastrophic for some patients.

The Auditor's assessment of the social and financial effects of medically necessary air transportation would be an important step toward analyzing the issues and determining whether mandated insurance coverage for air transportation to the Mainland would benefit our patients.

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



Friday, April 13, 2018 at 10:00 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair

From: Len Y. Tanaka, MD

Re: Testimony In Support for HCR 52, HD1

Requesting the Auditor to assess both the social and financial effects of proposed mandated health insurance coverage for the costs of medically necessary transportation to the continental United States for qualifying patients.

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 Kapi'olani 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 HCR 52, HD1 which requests the Auditor to study the social and financial effects of mandated health insurance coverage for the costs of medically necessary air transportation to the Mainland for qualifying patients. I would be willing to assist the Auditor in the study and provide any information needed.

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. Requesting the Auditor

to conduct an assessment of the social and financial effects of mandated insurance coverage for air transportation is a vital step toward creating equity among all patients so that those who qualify can have access to medically necessary transportation and potentially life-saving treatment.

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



Friday, April 13, 2018 at 10:00 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair

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

**Re: Testimony In Support for HCR 52, HD1
Requesting the Auditor to assess both the social and financial effects of
proposed mandated health insurance coverage for the costs of medically
necessary transportation to the continental United States for qualifying
patients.**

My name is Melody Kilcommons and I am the 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 HCR 52, HD1 which requests the Auditor to study the social and financial effects of mandated health insurance coverage for the costs of medically necessary air transportation to the Mainland for qualifying patients. I would be willing to assist the Auditor in the study and provide any information needed.

For critically ill patients, immediate treatment and care can make a difference in their survival and recovery rates. Sometimes 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 for our critically ill patients. 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. Requesting the Auditor to conduct an assessment of the social and financial effects of mandated insurance coverage for air transportation is a vital step toward creating equity among all patients so that those who qualify can have access to medically necessary transportation and potentially life-saving treatment.

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

From: Oren Bernstein, MD, FASA
Submitted on: April 10, 2018

Testimony in support of HCR 52, HD1

Submitted to: The Senate Committee on Commerce, Consumer Protection and Health

Aloha Chair Baker, Vice Chair Tokuda, and Members of the Committee,

I write in support of HCR 52, 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 should not represent a substantial financial burden on the insurance companies if it were adopted. I believe any cost increase passed on to the greater subscriber pool would be very minimal.

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.

HCR 52, 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 support HCR 52, HD1 so that our population may eventually benefit from closing this crucial gap in coverage.

Mahalo nui loa for your consideration,
Oren Bernstein, MD, FASA

HCR-52-HD-1

Submitted on: 4/10/2018 1:59:46 PM

Testimony for CPH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gina Shin	Individual	Support	No

Comments:

Dear Committee Chair and committee members,

My name is Gina Shin and I work as a cardiac operating room nurse but I am writing as a private citizen in support of HCR52. This covers a gap in our health coverage.

This is not a well known issue that could potentially affect anyone in Hawai'i. It is not an ailment that affects the old and the frail. It can be any young healthy individual or even a child. And the primary ailment can be something as simple as a flu or an overlooked cavity. But this could lead to an infection that could cause lung and/or heart failure. Most individuals will recover without incident. However, a very few individuals will need a life-saving organ transplant or a mechanical assistive device, both which are not available in Hawai'i. In the interim, they usually need additional support just to sustain life, usually in the form of ECMO (extracorporeal membrane oxygenation). These patients need specialized air transportation to the mainland. Private insurance covers ECMO and interventions here and the transplant on the mainland but it does not cover the costs of transportation in between. It is an exorbitant amount of money, ranging from \$80,000-\$130,000. Families need to fundraise or liquidate their savings to save their loved one. Our community in Hawai'i should have the same therapies available to us as our mainland counterparts, especially if you have insurance coverage.

I hope you will voice your support for this bill and the sunrise analysis, if deemed necessary. Thank you so much for reading my testimony. If you have any questions please feel free to contact me. Thank you again.

Respectfully yours,

Gina Shin

shin.gina@gmail.com

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

Date: April 11, 2018

Testimony in support of HCR52 HD1

To Members of the Committee:

I am submitting testimony in support of HCR52 HD1, requesting the auditor to assess the financial and social effects of a Statute mandating insurance coverage for medically necessary, emergent, transportation to the continental United States. This assessment could lead to the support of transporting critically ill patients to the mainland in a timely manner.

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 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



Ashlynn Bannister

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 in 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 the swift actions they took in treating me for my illness.



Our family is eternally grateful to the staff at Kapiolani Hospital who took part in saving Ashlynn in the crucial hours after checking in to the emergency room. In just a few days she was transported to Seattle Children's Hospital. Air transport was such a vital piece in Ashlynn's recovery. Our family is in full support for Bill HCR52.

HCR-52-HD-1

Submitted on: 4/13/2018 7:33:21 AM

Testimony for CPH on 4/13/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
caroline motley	Individual	Support	Yes

Comments:

To the members of the legislature:

My name is Caroline Motley. I am a Masters student at the Myron B. Thompson school of Social Work at the University of Hawaii specializing in mental and behavioral health. In regards to purposed HCR52 HD1 I support this bill.

I believe that all people should have access to health care. I am glad that Medicaid currently covers transportation costs for critically ill patients to receive care on the mainland. I am disappointed to hear that individuals who work full time are not able to receive comparable services.

I believe that no American should have to mortgage their home, crowd fund, or go into massive amounts of debt to receive medical care for their critical condition. Many low and middle income people do not have credit acceptable for a loan or credit card, to pay for transportation for critical care on the mainland. The minimum wage compared to the cost of living in Hawai'i already makes it hard for families and individuals to be able to save or support themselves with full time jobs, let alone a costly air ambulance bill.

The social implications for individuals who cannot afford care can also be costly. Family members could develop emotional distress, leading to a mental health condition, not being able to support and care for a loved one or themselves. It can also put individuals and families who are just scraping by to support themselves with clothing, food and shelter, into poverty. As stated in this bill, a family could delay the process of obtaining life-saving medical care not available in the state of Hawai'i, as they are attempting to gather funds for transportation, and with time the condition could get worse, or the bed space for the individual's procedure could be given up.

It is unethical that a critically ill person could not receive care they need because of lack of funds, this reflects a disregard for human life because of their income status.

Thank you for considering my testimony.