

HCR 52

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# HOUSE CONCURRENT RESOLUTION

URGING THE NATIONAL FOOTBALL LEAGUE TO ALLOW INJURED PLAYERS TO  
USE CANNABIDIOL IN PILL OR LIQUID FORM, IN LIEU OF OPIOIDS,  
TO ADDRESS THE PAIN FROM THEIR WORK-RELATED INJURIES.

1           WHEREAS, every day, more than 90 Americans die after  
2 overdosing on opioids, including prescription pain relievers,  
3 heroin, and synthetic opioids such as illicitly manufactured  
4 fentanyl; and  
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6           WHEREAS, the misuse of and addiction to opioids is a  
7 serious national crisis that affects public health as well as  
8 social and economic welfare; and  
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10           WHEREAS, the Centers for Disease Control and Prevention  
11 estimates that the total economic burden of prescription opioid  
12 misuse alone in the United States is \$78,500,000,000 per year,  
13 including the costs of healthcare, lost productivity, addiction  
14 treatment, and involvement with the criminal justice system; and  
15

16           WHEREAS, in 2015, more than 33,000 Americans died as a  
17 result of an opioid overdose and an estimated 2,000,000  
18 individuals in the United States suffered from substance use  
19 disorders related to prescription opioid pain relievers, and  
20 591,000 suffered from a heroin use disorder; and  
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22           WHEREAS, approximately 21 to 29 percent of patients who are  
23 prescribed opioids for chronic pain misuse them; between eight  
24 and 12 percent develop an opioid use disorder; an estimated four  
25 to six percent of individuals who misuse prescription opioids  
26 transition to heroin; and about 80 percent of individuals who  
27 use heroin first misused prescription opioids; and  
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29           WHEREAS, this situation has become a public health crisis  
30 with devastating consequences, including increases in opioid



1 misuse and related overdoses as well as a rising incidence of  
2 neonatal abstinence syndrome due to opioid use and misuse during  
3 pregnancy; and

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5 WHEREAS, the increase in injection drug use has also  
6 contributed to the spread of infectious diseases such as HIV and  
7 hepatitis C; and

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9 WHEREAS, many National Football League players suffer from  
10 serious injuries during their careers due to the nature of their  
11 work and are often prescribed opioids to help alleviate the pain  
12 from their injuries; and

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14 WHEREAS, the dangers of overuse and abuse of opioids have  
15 been well-documented; and

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17 WHEREAS, however, research studies have demonstrated that  
18 cannabidiol is non-intoxicating but exerts a number of  
19 beneficial pharmacological effects--for instance, cannabidiol is  
20 anxiolytic, anti-inflammatory, antiemetic, and antipsychotic;  
21 and

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23 WHEREAS, although cannabidiol is a component of marijuana,  
24 it does not produce the psychoactive effects that have made  
25 marijuana attractive for recreational use; and

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27 WHEREAS, it may be preferable for and beneficial to the  
28 health and well-being of injured football players to be allowed  
29 to use cannabidiol in pill or liquid form, in lieu of opioids,  
30 to address the pain from their work-related injuries; now,  
31 therefore,

32  
33 BE IT RESOLVED by the House of Representatives of the  
34 Twenty-ninth Legislature of the State of Hawaii, Regular Session  
35 of 2018, the Senate concurring, that the National Football  
36 League is urged to allow injured National Football League  
37 players to use cannabidiol in pill or liquid form, in lieu of  
38 opioids, to address the pain from work-related injuries; and

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40 BE IT FURTHER RESOLVED that certified copies of this  
41 Concurrent Resolution be transmitted to the Commissioner of the



# H.C.R. NO. 52

1 National Football League and the respective General Managers of  
2 each of the teams that compose the National Football League.

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OFFERED BY:

*John M. Flannery*  
~~*John R. ...*~~  
*Guthrie Thiel*  
~~*[Signature]*~~  
*Richard ...*  
*Wade S. ...*  
*William A. ...*  
*Rory M. ...*

MAR 01 2018



Tuesday, April 3, 2018 at 2:00 pm  
Conference Room 329

**House Committee on Consumer Protection & Commerce**

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

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

**Re: Testimony In Support for HCR 52, Proposed 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.**

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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, Proposed 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.



Tuesday, April 3, 2018 at 2:00 pm  
Conference Room 329

**House Committee on Consumer Protection & Commerce**

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

From: Len Y. Tanaka, MD

Re: **Testimony In Support for HCR 52, Proposed 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.**

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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 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, Proposed 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.



Tuesday, April 3, 2018 at 2:00 pm  
Conference Room 329

**House Committee on Health & Human Services**

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

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

**Re: Testimony In Support for HCR 52, Proposed 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.**

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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, Proposed 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.



An Independent Licensee of the Blue Cross and Blue Shield Association

April 3, 2018

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

Re: HCR 52– 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 Takumi, Vice Chair Ichiyama, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony **supporting** the intent of HCR 52, 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 these measures 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 both resolutions adequately seek 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

Testimony of John Kirimitsu  
Legal & Government Relations Consultant

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

April 3, 2018  
2:00 pm  
Conference Room 329

**HCR 52, PROPOSED 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, Proposed 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) The level of public demand for the transportation service;
- c) The level of public demand for individual or group insurance coverage of the transportation service;
- d) The extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders;
- e) The impact of this mandated coverage on the total cost of health care;
- f) 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

- g) 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.

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 a nearby major hospital, but acting as a private citizen. The reason for this testimony is to give the health care provider's perspective on an issue that affects the people of Hawaii.

Most people do not realize how isolated Hawaii truly is. And while we live in the United States, which is 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. This is 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. This is a concern, especially given the current flu-epidemic that seems to be affecting the younger counterparts of our population.

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. And during this time, they are incurring more costs in the Intensive Care Unit. ECMO is a very expensive therapy, utilizing a perfusionist who is needed at the bedside 24/7. There are maybe only a dozen of these specialized professionals working on the island, and they cover all cardiac cases at all the major hospitals on the island. Having to expend personnel to cover a patient on ECMO leaves other hospitals short-staffed and overworked. In the past, others had to be recruited from the mainland to cover our basic cardiac needs. In addition to a perfusionist, they need one-on-one ICU nurse coverage, constant blood lab level tests, extensive drug therapy, multiple blood transfusion, and usually require additional trips back to the operating room.

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. And I believe the movement towards a Sunrise Analysis will reflect that the impact on insurance premiums will be negligible.

Thank you very much for taking the time to reading my testimony. And I hope you will vote to mandate this much needed benefit for the people of Hawaii because the cost of living in paradise is far too high already. Thank you again.

Gina Shin  
Cardiac Operating Room Nurse  
[shin.gina@gmail.com](mailto:shin.gina@gmail.com)  
808.585.1263

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

Date: April 2, 2018

Testimony in support of HD1

To Members of the Committee:

I am submitting testimony in support of HD121, requesting an 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 supporting the transport of critically ill patients to 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