

Wednesday, March 21, 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: Michael Robinson
Vice President & Government Relations

Re: Testimony In Support for HCR 135/HR 121

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 135/HR 121 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.



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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 for HCR 135/HR 121
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 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 135/HR 121 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: March 20, 2018

Testimony in support of HCR 135 and HR 121

Submitted to: The House Committee on Health and Human Services

Aloha Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee,

I write in support of HCR 135 and HR 121. 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.

HB687, HD2 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 135 and HR 121 so that our population may eventually benefit from closing this crucial gap in coverage.

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

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.

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Date: March 21, 2018

Testimony in support of HR121

To Members of the Committee:

I am submitting testimony in support of HR121, 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.

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

HR-121

Submitted on: 3/21/2018 3:18:51 AM

Testimony for HHS on 3/21/2018 8:30:00 AM

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

Comments: