DAVID Y. IGE
GOVERNOR OF HAWAII

BRUCE S. ANDERSON, PHD
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of HB1013 HD1
RELATING TO INVOLUNTARY HOSPITALIZATION.

REP. CHRIS LEE, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: February 11, 2019 Room Number: 325

Fiscal Implications: N/A.

Department Testimony: The purpose of HB1013 HD1 is to clarify that persons who need an emergency examination for possible involuntary hospitalization may be transported to the nearest emergency department designated by the Director of Health.

As currently enacted, section 334-59, Hawaii Revised Statutes, contains numerous ambiguities related to the transport of individuals by law enforcement who may be a risk to themselves or others. The proposed amendments will improve the timeliness and quality of appropriate care, as well as diminish the logistical burden on law enforcement officers who are likely to have custody of individuals in need of emergency examination.

The Department of Health acknowledges that some emergency departments may lack access to necessary resources such as mental health providers, and as a result would not be designated. Amendments accepted by the House Committee on Human Services and Homelessness propose further restrictions by excluding Critical Access Hospitals unless there is a written agreement with the Department of Health. In recognition of these limitations, the department does not intend to extend the designation to additional facilities, currently.

Although the scope of this measure is narrow, the growing burden of our community's unmet mental health needs requires re-evaluation, particularly around issues of involuntary treatment and hospitalization. Valued partners have also expressed concerns over the lack of clarity in

other related statutes. Therefore, department would welcome the opportunity to address these concerns in the form of a working group with targeted objectives to include all willing stakeholders.

Offered Amendments: N/A.

HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

House Committee on Judiciary
Rep. Chris Lee, Chair
Rep. Joy A. San Buenaventura, Vice Chair

February 11, 2019
Conference Room 325
2:00 p.m.
Hawaii State Capitol

Testimony Opposing House Bill 1013, HD1
Relating to Involuntary Hospitalization.
Permits the Director of Health to designate emergency departments to which persons requiring emergency mental health treatment may be taken by law enforcement, subject to certain restrictions.

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

Hawaii Health Systems Corporation, on behalf of our nine public hospitals across the state, opposes this measure. The changes suggested to HRS 334-59 run contrary to the overall intent of the statute, to guide law enforcement and health care providers in the use of involuntary examination and treatment when a mental health crisis places a person at imminent risk for harming themselves or others. This process of police custody is commonly referred to as MH-1.

This measure would eliminate the directive to transport individuals who have mental health emergencies to a hospital that has psychiatric services and instead allow the Department to designate any hospital to receive them regardless of its capabilities to safely evaluate and treat the likely disease that underlies the behavior. This potentially deprives the person of the most appropriate care for their condition, and places them as well as other patients and employees at risk for harm. Under current law, the Director may only designate non-psychiatric facilities to receive those threatening or attempting suicide. This is an important and logical distinction.

The majority of individuals who meet criteria for involuntary transport are suffering from psychiatric emergencies either due to chronic mental illness or substance abuse and a few have medical conditions causing delirium or violent behavior. The statute does not contemplate that the police would make decisions alone, but sets forth

that the Department shall provide mental health emergency workers to assist them. The police on Oahu have access to a police psychologist but there is no pre-hospital mental health emergency support on the neighbor islands.

The irony of the Department's putting forth this measure is that they have already designated hospitals without psychiatric capabilities to receive MH-1 patients despite lacking the statutory authority to do so. In the past the Department designated a number of Oahu hospitals as MH-1 receiving sites in addition to Queens, Castle and Tripler, the hospitals with psychiatric services. These designations have not significantly altered the distribution of MH-1 patients, primarily because the police department directs them for the most part to psychiatric facilities per the current statute.

Last year the Department announced they would designate additional MH-1 receiving hospitals on the neighbor islands. Hospital representatives pointed out a number of concerns for our ill-equipped small rural hospitals. Despite this the Department went forward without designating mental health emergency workers on the neighbor islands, as they said they would, resulting in serious problems with inappropriate delays and potentially unsafe transfers.

Severe behavioral health emergencies deserve a system of care that whenever possible transports victims to the hospitals with the needed resources to treat them. We do this for trauma, heart attacks and strokes and behavioral health emergencies deserve no less. If there is not enough capacity to meet the need then we should build it and we stand ready to work with the Department to do so. But at the present time we ask that you defer this measure.

Thank you for the opportunity to testify.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Monday, February 11, 2019 at 2:00 PM
Conference Room 329

House Committee on Judiciary

To: Representative Chris Lee, Chair
Representative Joy San Buenaventura, Vice Chair

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

Re: Testimony in Opposition to HB 1013, HD1
Relating to Involuntary Hospitalization

My name is Michael Robinson, Vice President, Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health (HPH) is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

We write in opposition to HB 1013, HD1 which allows the Department of Health (DOH) to designate a hospital emergency department and *replaces a licensed psychiatric facility* to receive individuals suffering from mental health crisis regardless of the hospital's ability to safely and accurately evaluate and treat those individuals. We believe this approach is not in the best interest of MH1 patients and the healthcare delivery system for a number of reasons.

First, the proposed amendments contradict the Department's stated intent to "…exclude facilities from inappropriate admissions if they do not have adequate psychiatric resources". The original spirit and intent of HRS §334-59, which this bill seeks to amend, was to place individuals who have mental health emergencies requiring involuntary admissions (MH1) to be placed in the care environment that is most appropriate to provide that care: which would be a licensed *psychiatric facility*. Per §334-1, a psychiatric facility is defined as a "public or private hospital…which provides inpatient or outpatient care, custody, diagnosis, treatment or rehabilitation services for mentally ill persons or for persons habituated to the excessive use of drugs or alcohol or for intoxicated persons." The current statute acknowledges that ultimately the most appropriate care setting for patients experiencing a mental health crisis is to be transported to a *psychiatric facility* where the appropriate behavioral health services, equipment and staffing necessary to best handle these cases exist. *These facilities have the capabilities in part because they have inpatient psychiatric services that patients in crisis can access more readily*.

An emergency room does not have the appropriate setting for meet the long term needs of these patients who could also potentially be harmful to the hospital staff and other patients. Transport to an emergency department not attached to a psychiatric facility will not assure that the facility has the resources appropriate for an MH1 patient. Additionally, since an involuntary admission

will likely require transport to a licensed psychiatric facility for optimal care, ***and*** this determination is made ***prior*** to being transported to an emergency department – the proposed amendments will likely only result in the patient being re-transported (transported twice) to a licensed psychiatric facility. We do not triage other types of patients who seek medical attention in this manner, and behavioral health patients should not be treated any differently. For example for stroke or traumatic injury being, the Department has adopted policies to ensure patients are placed in appropriate settings to take on those higher-acuity patients to provide the best possible treatment.

Second, Straub Medical Center is currently serving to address this issue as a designated MH1 facility despite not being a licensed psychiatric facility. While we recognize the distinction between MH1 and patients experiencing homelessness, as a proxy of the extent of this effort attached is a chart on the percentages of discharges of homeless versus non-homeless patients. The attachment demonstrates that the affiliated hospitals of Hawai‘i Pacific Health shoulder a good part of the burden of caring for the homeless population many of whom are in dire need of mental health services. Additionally, police and emergency medical personnel already transport patients in need of mental health services to our emergency departments, not to mention the costs related to re-transport of MH1 individuals to a licensed psychiatric facilities.

Third, the Department's designation of facilities to function as MH1 intake facilities since 2013 was done *without statutory authority* nor with an explanation of the criteria in determining which facilities were to be designated and which facilities were to be excluded. This bill seeks now to *retroactively* put into statute Departmental policies whose initial formation was not clearly articulated to the designated facilities.

Fourth, although the current form of the bill specifies that a memorandum of agreement must exist between the DOH and hospital before such a designation may occur, the bill potentially substitutes the emergency department for a licensed psychiatric facility such that all future individuals suffering from mental health crisis bypass the licensed psychiatric facility. This is evident on the neighbor islands where the DOH may designate the critical access hospital as being able to receive individuals suffering from mental health crisis in the absence of a memorandum of agreement if the critical access hospital is the only hospital on the island.

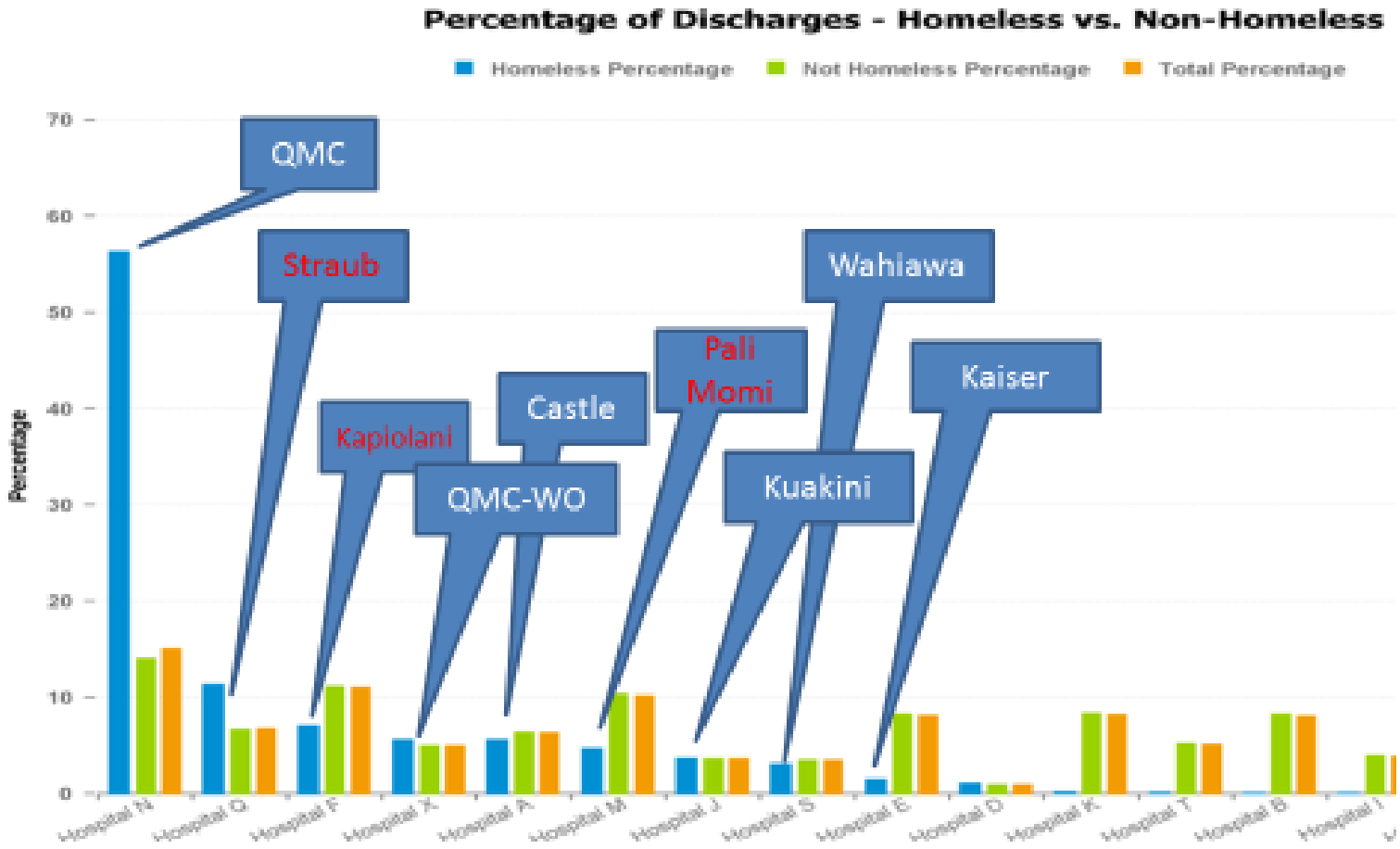
Finally this legislation runs counter to current community dialogue to place MH1 and homeless patients into high cost acute care hospital settings. The bill reinforces current non-optimal referral patterns for MH1 and prevents creative solutions from evolving to provide care this. Instead, it will overburden our emergency departments and reduce available staff time and resources in dealing with other types of acute injuries. We believe that there is a need to build inpatient and community capacity to help make this system work appropriately for all involved, but most importantly for the patient.

We recommend that this bill be deferred and instead a meaningful workgroup be developed to develop the optimal care environment for this population that makes puts the needs of MH1 patients first and enables the types of interventions needed. Hawai‘i Pacific Health and its affiliated hospitals would be willing to serve on this workgroup.

Thank you for the opportunity to testify.

HAWAII HEALTH INFORMATION CORPORATION

Hospital table



KAISER PERMANENTE®

Government Relations

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Judiciary
The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair

February 11, 2019
2:00 p.m.
Conference Room 325

Re: HB1013 HD1, Relating to Involuntary Hospitalization

Chair Lee, Vice Chair San Buenaventura, and committee members, thank you for this opportunity to provide testimony on HB1013 HD1, which permits the Director of Health to designate emergency departments to which persons requiring emergency mental health treatment may be taken by law enforcement.

Kaiser Permanente Hawai'i respectfully OPPOSES HB1013 HD1.

HB1013 HD1 dramatically changes Hawai'i law such that mentally disturbed patients will no longer be transported to a "licensed psychiatric facility" for assessment and instead may be transported to any "emergency department," throughout the State of Hawai'i. These changes throughout much of Hawai'i Revised Statutes (HRS) §334-59 will mean that such patients will no longer be transported to facilities licensed, staffed and equipped to properly assess and evaluate such patients appropriately and will inherently shift the burden of conducting emergency examinations of mentally disturbed persons to emergency departments across the State of Hawai'i that are not licensed, staffed or equipped to address the needs of these patients in order to determine if they meet the requirements of involuntary hospitalization for their own protection and for the safety of the public. This drastic change poses significant risks and challenges to facilities, the patients and the public.

Kaiser Permanente Hawai'i recognizes that there is significant burden on licensed psychiatric facilities in the state that have emergency services given that they receive the bulk of MH-1 patients. Moreover, these same facilities have concurrently seen a significant rise in psychiatric emergency transfers (MH-4) to these facilities. This has resulted in a lack of capacity at these facilities. However, HB1013 HD1 is neither the solution to address these issues, nor will it be able to adequately provide the appropriate care for all MH-1 patients.

Many acute-care facilities' Emergency Departments, including the one at Kaiser Moanalua Medical Center, lack the physical infrastructure in their emergency departments, including locked

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rooms and dedicated security personnel, which are critical to safely care for MH-1 patients needing psychiatric care and lack the kind of staffing and programming necessary to adequately and safely assess these patients. This poses a threat to the safety of not only the care providers, but also other patients and family members present in the Emergency Department. This is exacerbated by the fact that many of these Emergency Departments are currently often at capacity and diverting patients. Moreover, when such patients are assessed as needing involuntary hospitalization, these facilities are not equipped or capable of providing this care and such patients may well end up spending many days in unlicensed ill-equipped emergency departments awaiting transfer to a licensed psychiatric facility.

Furthermore, MH-1 patients are specialized patients facing mental health crises. This is similar to other specialized patients, such as trauma and burn victims, who are directed to Emergency Departments and acute-care hospitals that offer that type of specialized care. As such, we believe MH-1 patients should be transferred to psychiatric facilities that are equipped to best handle these specialized cases.

Overall, Kaiser Permanente Hawai‘i believes there is a need to build inpatient and community capacity to help make this system work appropriately for all involved, but most importantly for the patient. We want to be part of the discussion about addressing the underlying issues and finding a solution. We note that in 2018, the Healthcare Association of Hawai‘i convened several meetings with the Department of Health on how specifically to treat patients transported under HRS §334-59. We suggest these discussions continue. Accordingly, **we recommend the committee consider striking Section 1 and Section 2 and inserting language establishing a Behavioral Patient Transport Task Force to address the challenges of capacity of facilities receiving behavioral health patients**.

Thank you for this opportunity to testify on this matter.

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Healthcare Association of Hawaii

February 11, 2019 at 2:00 pm
Conference Room 325

House Committee on Judiciary

To: Chair Chris Lee
Vice Chair Joy A. San Buenaventura

Re: Submitting Comments
HB 1013 HD 1, Relating to Involuntary Hospitalization

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you to the committee for the opportunity to **submit comments** on HB 1013 HD 1, which would replace references to "licensed psychiatric facility" to read "emergency department" throughout much of Hawaii Revised Statutes (HRS) §334-59, among other changes.

As an Association, we recognize that some facilities take on an outsized burden in treating patients transported under HRS §334-59. These facilities have this responsibility in part because they have inpatient psychiatric services. In some ways, it is appropriate for patients experiencing a mental health crisis to be transported to a facility with those services because they have the appropriate facilities and staffing necessary to best handle these cases. That model is similar to the current system of transporting patients who have experienced a stroke or traumatic injury being taken to facilities that are specialized to take on those higher-acuity patients to provide the best possible treatment. Further, some facilities are concerned that they lack the infrastructure and staffing necessary to take on these patients because of the potential risk it poses to the safety of employees and other patients.

This legislation does not address the underlying issues raised above, nor does it build capacity to help individuals in crisis to help alleviate the burden on some facilities. We believe that there is a need to build inpatient and community capacity to help make this system work appropriately for all involved, but most importantly for the patient. Accordingly, we would appreciate your committee creating an opportunity for a more formal discussion to address these and other related issues.

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Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, American Association for Homecare and Council of State Home Care Associations

As an Association, we have held several meetings as part of our Complex Patients working group on how to manage complex patients, including patients with behavioral health needs. These formal working groups included a wide swath of community stakeholders, including hospitals, long-term care facilities, Medicaid insurers, and government agencies to gain a comprehensive view of the issue, and discuss potential solutions that the community could reach consensus on. We also hosted meetings with the Department of Health on how specifically to treat patients transported under HRS §334-59 and how best to address the issues in the system. Those meetings included hospital and law enforcement representatives. We would support a formal continuation of those conversations through a vehicle such as a working group.

Our members understand and appreciate the importance of having a coordinated system to take care of people in our community who experience a mental health crisis. There is a consensus that people who are in crisis must have access to appropriate care and ask for an opportunity for all concerned stakeholders to discuss solutions for moving forward. Thank you for the opportunity to provide comments on this measure.

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Chris Lee, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
Members, Committee on Judiciary

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

Date: February 11, 2019

Hrg: House Committee on Judiciary Hearing; Monday, February 11, 2019 at 2:00 PM in Room 325

Re: Support for Intent with Comments on H.B 1013 HD1, Relating to Involuntary Hospitalization

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support for the intent with comments on H.B. 1013 HD1, which would replace references to "licensed psychiatric facility" to read "emergency department" throughout much of Hawaii Revised Statutes (HRS) §334-59, among other changes. MH-1 is a designation given to individuals transported by the police to a health care facility for a mental health evaluation. The Department of Health (DOH) previously designated three hospitals to be receiving facilities for MH-1s; The Queen's Medical Center, Castle Medical Center, and Tripler Army Medical Center. This was later expand in 2012 to include Straub Clinic and Hospital, Wahiawa General Hospital, Kaiser Moanalua Medical Center, and Waianae Cost Comprehensive Medical Center. At Queen's, these individuals present to the Emergency Department (ED) where evaluation and possible treatment, if needed, take place.

Our flagship hospital, The Queen's Medical Center - Punchbowl, has experienced disproportionate increases in the numbers of MH-1s to our facility over the years, despite the expansion of designated receiving facilities. In 2018, our emergency department saw over 1,700 patients that were brought in on MH-1, approximately 85% of them did not require a psychiatric admission. While we understand the challenges of MH-1 evaluations, we are disappointed that other resources and stakeholders have not been brought to bear in designated facilities. The Queen's Medical Center – Punchbowl also struggles with capacity. Although we have dedicated patient rooms for treating those with psychiatric illness, we had experienced times when we are

at capacity and must find space in our Emergency Department to evaluate and treat. The over reliance on Queen's is not the solution. Resources and capacity must be made available for other institutions that are appropriate for this population.

The Healthcare Association of Hawaii has facilitated discussions with the DOH and through working groups to address this issue. We appreciate the DOH and their Director for their efforts to address this issue. Queen's is hopeful that a more equitable distribution of care is agreed to and implemented. Mahalo nui for the opportunity to submit testimony on this measure.

HB-1013-HD-1
Submitted on: 2/10/2019 2:22:14 PM
Testimony for JUD on 2/11/2019 2:00:00 PM

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

Comments:

HOUSE OF REPRESENTATIVES
THIRTIETH LEGISLATURE, 2019
STATE OF HAWAII

H.B. NO. 1013

HB 1013 RELATING TO INVOLUNTARY HOSPITALIZATION

2/11/2019

Honorable Committee Chairs and Committee Members:

I am writing in support of HB 1013 with amendments, but oppose it without these amendments to include physician assistants along with physician and APRNs.

I am recommending the inclusion of additional language to include physician assistants (PAs).
The bill does include PAs in portions of the bill, and not in other key portions of the bill.
These proposed amendments, as attached, adds physician assistants where language includes physicians and advanced practice registered nurses.

These omissions are often unintentional.

PAs are found in all medical settings to include emergency departments, urgent care clinics, and in primary care. As such, their inclusion in all parts of the bill is appropriate.

Section 3 of the bill lists PAs while Section 2 does not. See below. Proposed amendments add PAs throughout the bill for consistency and a lack of ambiguity.

(3) Any licensed physician, advanced practice registered nurse, physician assistant, or psychologist who has examined a person and has reason to believe the person is:

(2) Upon written or oral application of any licensed physician, advanced practice registered nurse, psychologist, …

Proposed amendment: (2) Upon written or oral application of any licensed physician, <u>physician assistant,</u> advanced practice registered nurse, psychologist, …
Similar additions are included In the proposed amendments.

I would ask your consideration of inclusion of these amendments, as attached, as you move this bill forward.

Thank you for your consideration of this recommendation.

Fielding Mercer, PA-C
Previous president and legislative liaison for the Hawaii Academy of Physician Assistants (HAPA)

THIRTIETH LEGISLATURE, 2019
STATE OF HAWAII

H.B. NO.

A BILL FOR AN ACT

RELATING TO INVOLUNTARY HOSPITALIZATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Section 334-1, Hawaii Revised Statutes, is amended by amending the definition of "psychiatric facility" to read as follows:

""Psychiatric facility" means a public or private hospital or part thereof [~~which~~] that provides inpatient [~~or outpatient~~] care, custody, diagnosis, treatment, or rehabilitation services for mentally ill persons or for persons habituated to the excessive use of drugs or alcohol or for intoxicated persons."

SECTION 2. Section 334-59, Hawaii Revised Statutes, is amended by amending subsections (a) and (b) to read as follows:

" (a) Initiation of proceedings. An emergency admission may be initiated as follows:

(1) If a law enforcement officer has reason to believe that a person is imminently dangerous to self or others, the officer shall call for assistance from the mental health emergency workers designated by the director. Upon determination by the mental health emergency workers that the person is imminently dangerous to self or others, the person shall be transported by ambulance or other suitable means[~~,~~] to [~~a licensed psychiatric facility~~] the nearest emergency department designated by the director for further evaluation and possible emergency hospitalization. [~~A law enforcement officer may also take into custody and transport to any facility designated by the director any person threatening or attempting suicide.~~] The officer shall make application for the examination, observation, and diagnosis of the person in custody. The application shall state or shall be accompanied by a statement of the circumstances under which the person was taken into custody and the reasons therefor which shall be transmitted with the person to a physician, physician assistant, advanced practice registered nurse, or psychologist at the [~~facility.~~] emergency department.

(2) Upon written or oral application of any licensed physician, physician assistant, advanced practice registered nurse, psychologist, attorney, member of the clergy, health or social service professional, or any state or county employee in the course of employment, a judge may issue an ex parte order orally, but shall reduce the order to writing by the close of the next court day following the application, stating that there is probable cause to believe the person is mentally ill or suffering from substance abuse, is imminently dangerous to self or others and in need of care or treatment, or both, giving the findings upon which the conclusion is based. The order shall direct that a law enforcement officer or other suitable individual take the person into custody and deliver the person to a designated mental health program, if subject to an assisted community treatment order issued pursuant to part VIII of this chapter, or to the nearest [~~facility~~] emergency department designated by the director for emergency examination and treatment, or both. The ex parte order shall be made a part of the patient's clinical record. If the application is oral, the person making the application shall reduce the application to writing and shall submit the same by noon of the next court day to the judge who issued the oral ex parte order. The written application shall be executed subject to the penalties of perjury but need not be sworn to before a notary public.

(3) Any licensed physician, advanced practice registered nurse, physician assistant, or psychologist who has examined a person and has reason to believe the person is:

(A) Mentally ill or suffering from substance abuse;

(B) Imminently dangerous to self or others; and

(C) In need of care or treatment;

may direct transportation, by ambulance or other suitable means, to a licensed psychiatric facility for further evaluation and possible emergency hospitalization. A licensed physician, an advanced practice registered nurse, or physician assistant may administer treatment as is medically necessary, for the person's safe transportation. A licensed psychologist may administer treatment as is psychologically necessary.

(b) Emergency examination. A patient who is delivered for emergency examination and treatment to [~~a facility~~] an emergency department designated by the director shall be examined by a licensed physician, physician assistant, or advanced practice registered nurse without unnecessary delay, and may be given such treatment as is indicated by good medical practice. A psychiatrist, physician, physician assistant, advanced practice

registered nurse, or psychologist may further examine the patient to diagnose the presence or absence of a mental disorder, assess the risk that the patient may be dangerous to self or others, and assess whether or not the patient needs to be hospitalized."

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect upon its approval.

INTRODUCED BY: _____

BY REQUEST

Additions for physician and physician assistant are underscored. No deletions have been included for the proposed amendments to the bill.

Report Title:
Emergency Mental Health Examination; Designation of Emergency Departments by the Director of Health

Description:
Permits the Director of Health to designate emergency departments to which persons requiring emergency mental health treatment may be taken by law enforcement.

WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER
www.wcchc.com

LATE TESTIMONY

February 11, 2019

Testimony to the House Committee on Judiciary; Monday, February 11, 2018; 2:00 p.m.; State Capitol, Conference Room 325

RE: OPPOSITION TO HOUSE BILL 1013 HD 1: RELATING TO INVOLUNTARY HOSPITALIZATION

SUBMITTED BY: DR. STEPHEN BRADLEY, CHIEF MEDICAL OFFICER, WAIANAE COAST COMPREHENSIVE HEALTH CENTER

Chair Lee, Vice Chair San Buenaventura, and Members of the Committee on Judiciary:

The Waianae Coast Comprehensive Health Center stands in **opposition to HB 1013, HD1** and its proposed revisions. In conveying opposition, we wish to provide the Committee with insight regarding the Waianae Coast Comprehensive Health Center's operations as they relate to behavioral health emergencies. Our intent is to illustrate how any broad designation of our island-hospitals' emergency departments as MH-1 receiving facilities is ill-advised.

Founded in 1972, Waianae Coast Comprehensive Health Center is a community health center which served 38,136 patients through 205,452 visits in 2018. The Health Center's Emergency Department, open 24 hours since 1986, plays a dual role in both serving as the communities "ER" having responded to 23,227 visits in 2018, as well as being a critical component of the State of Hawaii's disaster preparedness and EMS network. We are one of only two community health centers in the Nation to operate a twenty-four-hour emergency department.

The Waianae Coast Comprehensive Health Center has no inpatient services. It has no on call specialists or psychiatry. Irrespective, its emergency department treats a substantial number of patients experiencing acute, mental health crises. These cases arrive by ambulance, self-present, or are referred during normal business hours from our outpatient clinics. They typically require admission to a facility with inpatient psychiatric capability, and it is not unusual for our emergency department to board two or more behavioral health emergencies for periods ranging from 12 to 24 hours until they are accepted in transfer. Physician and nursing resources are diverted, in turn compromising our ability to do what we do best: stabilize and treat medical emergencies. It would be disingenuous to suggest, as a rule, that an emergency

department accomplishes nothing in these instances. Individuals with mental health crises may present with attendant physical conditions. However, it is correct to note that during periods of extended boarding nothing is accomplished in furtherance of the treatment of psychiatric illness.

Honolulu Police Department data, published in conjunction with the initiation of the MH-1, jail diversion program, placed Waianae Coast Comprehensive Health Center's catchment area among the island's foremost in terms of the number of individuals whom police must place in involuntary hold during mental health crises. It also noted that our catchment area, and district, are unique in terms of the exceptional number of MH-1 cases which entail psychosis or an imminent risk of violent behavior. At present, Waianae Coast Comprehensive Health Center has no hands-on security.

The Committee will receive articulate and detailed testimony from other health care facilities. This will describe the added cost and inefficiency inherent in utilizing emergency departments as way-stations, in lieu of definitive psychiatric care. It is not our intent to reiterate such testimony here; rather we convey our support for it.

We remain at the Committee's disposal to answer any questions. Mahalo.