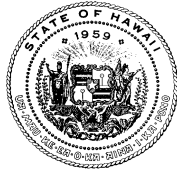


HB 1013 HD2

Measure Title:	RELATING TO INVOLUNTARY HOSPITALIZATION.
Report Title:	Emergency Mental Health Examination
Description:	Establishes an involuntary hospitalization task force to examine certain sections of chapter 334, HRS, and make recommendations to the legislature to reduce unnecessary emergency department admissions and improve access for MH-1 patients to the most appropriate level of care. (HB1013 HD2)
Companion:	SB1239
Package:	Governor
Current Referral:	CPH, JDC
Introducer(s):	SAIKI (Introduced by request of another party)



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
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**Testimony in SUPPORT of HB1013 HD2
RELATING TO INVOLUNTARY HOSPITALIZATION**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, PROTECTION, AND HEALTH

Hearing Date and Time: Tuesday, March 19, 2019 at 09:05 a.m.

Room: 229

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) supports this measure.

3 The DOH recognizes that it is statutorily responsible for the development and
4 implementation of a statewide mental health system in partnership with government and
5 community organizations per §334-2 which states:

6 **§334-2 Mental health system.** The department of health shall foster and coordinate a
7 comprehensive mental health system utilizing public and private resources to reduce the
8 incidence of mental or emotional disorders and substance abuse, to treat and
9 rehabilitate the victims in the least restrictive and most therapeutic environment possible,
10 and to provide treatment and care for homeless individuals with serious and persistent
11 mental health challenges to enable them to reside in a permanent dwelling unit or
12 homeless facility, as defined in section 346-361. The department shall administer such
13 programs, services, and facilities as may be provided by the State to promote, protect,
14 preserve, care for, and improve the mental health of the people. [L 1967, c 259, pt of §1;
15 HRS §334-2; am L 1984, c 218, §2; am L 2016, c 186, §3]

16 Further, the DOH understands that the overlapping issues of mental illness, substance
17 abuse and homelessness present complex problems for the state for which there are no simple
18 solutions. The need to better coordinate resources both internally and externally to provide for a
19 more comprehensive, accessible and integrated system of care is evident in the many

1 measures currently considered by the legislature in addition to HB1013 HD2 before you today.
2 These include, SB567 SD2 HD1, SB1051 SD1 HD1, SB1124 SD2 HD1, SB1494 SD2, HB1221
3 HD2, and others. Also evident in these measures is the reality that no one entity can
4 successfully tackle and mitigate these issues alone as they cross multiple sectors of state and
5 county government and the private sector. Lastly, these measures all illustrate the need to
6 proactively and decisively move from the current system, structured largely as various siloes, to
7 a more integrated system.

8 The DOH has found success in coordinating multiple systems to proactively address a
9 particular issue in its application of the Hawaii Opioid Initiative (HOI). The structure of the
10 “coordinated policy framework” at the center of the initiative’s activities has allowed the HOI to
11 mobilize various entities to implement concrete solutions and programs in an expedited
12 timeframe with fewer barriers and less resistance.

13 We believe that this is due to three key strengths the HOI and its coordinated policy
14 framework leveraged. First, the HOI focused on actively developing concrete and attainable
15 solutions and objectives. Second, the HOI remained committed to the central theme that all
16 stakeholders were seeking the same ultimate goal(s) which allowed all stakeholders to identify
17 and unify around common paths toward those goals. Third, the HOI focused on leveraging and
18 “linking and syncing” the resources that were currently available to achieve the identified goals.

19 We believe that this approach can, and should, be expanded to solving broader issues
20 such as mental illness, substance abuse and homelessness. The DOH’s commitment to and
21 movement toward integrated systems of care are evident in the way that the Department’s
22 Behavioral Health Administration has redesigned the substance abuse care system, its work on
23 developing a unified electronic record system, and its continued work and support of the HOI.

24 However, we are acutely aware that there is a significant amount of work yet to be done.
25 We are also very aware and grateful for the many partners that stand ready to assist, and we
26 welcome opportunity to get to work.

27 HB1013 H2, which requires the DOH to establish an Involuntary Hospitalization Task
28 Force to examine certain sections of chapter 334, Hawaii Revised Statutes, make
29 recommendations to the legislature that address unnecessary emergency department

1 admissions, and improve access for MH-1 patients to the most appropriate level of care is a
2 welcome opportunity for the DOH to continue our work.

3 The participation of stakeholders listed as members of the proposed task force is critical
4 in establishing a consensus for system improvement and for better services and supports for
5 individuals in need.

6 The DOH recognizes the importance of developing, coordinating, and maintaining
7 efficient processes for involuntary hospitalization and looks forward to continued collaboration
8 with legislators, partner agencies, and community stakeholders.

9 **Offered Amendments:** The Department asks that a line in section 2 of the measure be added
10 to read:

11 (g) The task force shall assure that it leverages the “coordinated policy framework”
12 utilized by the Hawaii Opioid Initiative to link and coordinate the efforts of any task force of
13 similar focus that the legislature requires of the Department of Health, and that the Department’s
14 Behavioral Health Administration continue to expand the use of the coordinated policy
15 framework in its statutorily required implementation of statewide mental health systems of care.

16 ~~(g)~~ (h) The task force shall be dissolved on June 30, 2020 provided that the Department
17 may seek to continue its efforts without the effect of this Act should it deem necessary.

Testimony of
Jonathan Ching
Government Relations Specialist

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

March 19, 2019
9:05 a.m.
Conference Room 229

Re: HB 1013, HD2, Relating to Involuntary Hospitalization

Chair Baker, Vice Chair Chang, and committee members, thank you for this opportunity to provide testimony on HB 1013, HD2, which establishes an involuntary hospitalization task force to examine certain sections of chapter 334, HRS, and make recommendations to the legislature to reduce unnecessary emergency department admissions and improve access for MH-1 patients to the most appropriate level of care.

Kaiser Permanente Hawai'i offers the following COMMENTS on HB 1013, HD2.

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.

While we appreciate the intent of the Involuntary Hospitalization Task Force sought to be established via HB 1013, HD2, Kaiser Permanente Hawai'i does not think the objectives currently laid out in the HD2 will adequately address the need to build both greater licensed psychiatric inpatient and outpatient community capacity to help make this system work appropriately for all involved, but most importantly for the patient. There is a need to address not only immediate needs, but also take a longer view designed to develop greater efficacy of treatment and prevention of the need for emergency psychiatric assessments and hospitalizations.

Accordingly, we concur with the request by the Healthcare Association of Hawaii for the language from SCR 100, which we believe best reflects the objectives that must be discussed and includes the appropriate representatives, be adopted into HB1013, HD2.

Thank you for this opportunity to testify on this matter.

**Testimony of the Office of the Public Defender,
State of Hawaii to the Senate Committee on
Commerce, Consumer Protection, and Health**

March 19, 2019

H.B. No. 1013 HD 2 RELATING TO INVOLUNTARY HOSPITALIZATION

Chair Baker and Members of the Committee:

We wish to provide **comments** on H.B. No. 1013 HD 2 which would establish a task force to examine certain sections of the Hawaii Revised Statutes which relate to involuntary hospitalization and make recommendations to the legislature that will diminish unnecessary emergency department admissions and improve access for MH-1 patients to the most appropriate level of care.

We would recommend that the State Public Defender or his/her designee be included on the proposed task force. The Office of the Public Defender is appointed to represent the subjects of involuntary commitment actions. The office is familiar with the process and is aware of the many difficulties which plague the emergency mental health system. The Office of the Public Defender also possesses expertise in the constitutional and statutory standards applicable to the involuntary commitment process.

Thank you for the opportunity to provide testimony in this matter.



March 19, 2019 at 9:05 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Stanley Chang

Re: **Submitting Comments**
HB 1013 HD 2, 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 2, which creates an involuntary hospitalization task force to discuss critical issues with the transport, designation, and resources available for persons in crisis. 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. We appreciate the opportunity to continue discussions on how best to address the needs of these patients, and would request that the language from SCR 100, which we believe best reflects the objectives that must be discussed and includes the appropriate representatives, be adopted into this measure.

Thank you for the opportunity to provide comments on this measure.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health
Gaver

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

Date: March 15, 2019

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Tuesday,
March 19, 2019 at 9:05 AM in Room 229

Re: Support for Intent with Comments on H.B. 1013, H.D. 2, 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, H.D. 2 which would establish an involuntary hospitalization task force within the department of health to address admissions and access to appropriate care for the MH-1 population. 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 brought to our facility over the years, despite the expansion of designated receiving facilities. In 2018, out of over 1,700 MH-1s transported to our ED, about 60% of them did not require a psych evaluation in the ED and could have been seen in other ED's. Although we have six dedicated patient rooms for treating those with psychiatric illness, we had experienced times when these rooms are full leaving us to find space in our Emergency Department to evaluate and treat. This creates an unsafe environment

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



and stresses an already over capacity emergency department that the community relies on for the only level trauma 1 and tertiary and quaternary care facility in the pacific basin.

The Healthcare Association of Hawaii (HAH) has facilitated discussions to address this issue and we concur with their request to adopt language from SCR 100 into this measure. 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.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

LATE

Tuesday, March 19, 2019 at 9:05 AM
Conference Room 229

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

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

Re: **Comments on HB 1013, HD2
Relating to Involuntary Hospitalization**

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

We write in order to provide comments on HB 1013, HD2 which in its current amended form establishes an involuntary hospitalization task force to examine certain sections of HRS chapter 334 and make recommendations to the legislature to reduce unnecessary emergency department admissions and improve access for MH-1 patients to the appropriate level of care.

The original spirit and intent of HRS §334-59, was to place individuals who have mental health emergencies requiring involuntary admissions (MH-1) in the care environment that is most appropriate to provide the level of care required. Such an environment would be a licensed *psychiatric facility*. The current practice has been to transport patients experiencing a mental health emergency to a hospital's emergency department. Often these patients require involuntary hospitalization. An emergency room does not have the appropriate setting for meeting 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.

We believe that a review of HRS chapter 334 is not only timely, but also necessary toward the development as well as implementation of a system which will meet the needs of individuals who have mental health emergencies. We believe that some objectives of the task force and the membership should be reconsidered to ensure the effectiveness of the group. Hawai'i Pacific Health and its affiliated hospitals would be willing to serve on this task force.

Thank you for the opportunity to testify.

HB-1013-HD-2

Submitted on: 3/18/2019 8:49:24 PM

Testimony for CPH on 3/19/2019 9:05:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Evan Taniguchi, MD	Individual	Support	No

Comments:

Dear Senator Rosalyn Baker, Chair, Senator Stanley Chang, Chair and the Committee on Commerce, Consumer Protection and Health,

Please vote YES on HB1013HD2.

The bill in question, which has the goal to improve access for MH-1 patients to the most appropriate level of care, has my support as a resident psychiatrist. Access to psychiatric emergency rooms is a relevant and urgent mental health issue to the State of Hawaii which already has a limited number of psychiatric emergency rooms and access to emergent mental health care. I believe that HB1013 would serve as an important first step in attempting to address the current issues in our "MH1" system and in ensuring that patients in a mental health crisis receive appropriate and readily accessible care.

In addition, I would ask the committee to consider inviting a psychiatrist with psychiatric emergency room experience to the task force. I feel that clarifying the need for a representative with "frontline" emergency psychiatric experience would be important in accomplishing the goals of the task force.

Sincerely

Evan Taniguchi, MD

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evant@hawaii.edu