

**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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**Testimony in SUPPORT of HB1013 HD2
RELATING TO INVOLUNTARY HOSPITALIZATION**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date and Time: Tuesday, February 26, 2019 at 11:00 a.m.

Room: 308

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) supports this measure. HB1013
3 HD2 requires the DOH to establish an Involuntary Hospitalization Task Force to examine certain
4 sections of chapter 334, Hawaii Revised Statutes, and make recommendations to the legislature
5 that address unnecessary emergency department admissions and improve access for MH-1
6 patients to the most appropriate level of care.

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

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

13 **Offered Amendments:** None.

Tuesday, February 26, 2019 at 11:00 AM
Conference Room 308

House Committee on Finance

To: Representative Sylvia Luke, Chair
Representative Ty Cullen, 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 in its current amended form which establishes an involuntary hospitalization task force to examine certain sections of HRS chapter 334 and to 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 (MH1) in the care environment that is most appropriate to provide that level of care. 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 to 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.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Finance
The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair

February 26, 2019
11:00 a.m.
Conference Room 308

Re: HB1013 HD2, Relating to Involuntary Hospitalization

Chair Luke, Vice Chair Cullen, and committee members, thank you for this opportunity to provide testimony on HB1013 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 HB1013 HD2.

As originally introduced HB1013 would have dramatically changed Hawai'i law such that mentally disturbed patients would no longer be transported to a "licensed psychiatric facility" for assessment and instead could have been transported to any "emergency department," throughout the State of Hawai'i such that the burden of conducting emergency examinations of mentally disturbed persons would fall on emergency departments across the state that are neither licensed, staffed nor 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.

While we appreciate the intent of the Involuntary Hospitalization Task Force sought to be established via HB1013 HD2, Kaiser Permanente Hawai'i believes the scope of the Task Force needs to be revised to address the need to build inpatient and community capacity to help make this system work appropriately for all involved, but most importantly for the patient.

Therefore, we recommend that the objectives sought by the Involuntary Hospitalization Task Force should also include an assessment of current needs and capacities for evaluation and treatment of those patients in need of acute mental health assessment and treatment, including an assessment of available appropriately licensed psychiatric beds and substance abuse treatment beds and consideration of ways to expand capacity. In addition, consideration should also be given to an assessment of other resources, such as outpatient treatment capacity statewide with emphasis on preventing crisis situations, including recurrence for those emergently assessed and/or treated.

Thank you for this opportunity to testify on this matter.



February 26, 2019 at 11:00 am
Conference Room 308

House Committee on Finance

To: Chair Sylvia Luke
Vice Chair Ty J.K. Cullen

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. We appreciate the opportunity to continue discussions we've been hosting as an Association; however, we do believe that some objectives of the task force and the membership should be reconsidered to ensure the effectiveness of the group. We look forward to working with our members, the Department of Health, and future committees on achieving this goal.

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 we look forward to having a productive conversation on this topic. 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 25, 2019

Hrg: House Committee on Finance; Tuesday, February 26, 2019 at 11:00 AM in Room 308

Re: Support for Intent with Comments on H.B 1013 HD2, 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 to establish an involuntary hospitalization task force within the Department of Health (DOH) 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. 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 expanded 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, 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 and could have been seen in other ED's. Although we have six dedicated patient rooms for treating those with psychiatric illness, we have experienced times when these rooms were full, leaving us to find space in our ED to evaluate and treat. This creates an unsafe environment and stresses an already over capacity ED that the community relies on for the only Level Trauma 1 and tertiary and quaternary care facility in the Pacific Basin.

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.



THE QUEEN'S HEALTH SYSTEMS

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.

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.