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OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Finance**

**Thursday, April 4, 2019
2:05 p.m.
State Capitol, Conference Room 308**

**On the following measure:
S.B. 1494, S.D. 2, RELATING TO HEALTH**

Chair Luke and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department supports this bill.

The purpose of this bill is to establish a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness. The Department supports this measure, as it will promote stabilization of the health insurance marketplace and help decrease the systematic overuse of healthcare services that can harm patients and generate excess costs.

Thank you for the opportunity to testify on this bill.

OFFICE OF INFORMATION PRACTICES

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To: House Committee on Finance

From: Cheryl Kakazu Park, Director

Date: April 4, 2019, 2:05 p.m.
State Capitol, Conference Room 308

Re: Testimony on S.B. No. 1494, S.D. 2
Relating to Health

Thank you for the opportunity to submit testimony on this bill, which would establish a working group to evaluate behavioral health care and related systems. The Office of Information Practices (OIP) takes no position on the substance of this bill, but has a concern and **seeks clarification regarding the proposed working group's exemption in the S.D. 2 version of the bill from the Sunshine Law's notice requirement, section 92-7, HRS, at bill page 4 lines 17-18.**

The proposed working group would meet the definition of a "board" subject to the Sunshine Law, so under the bill in its current form the working group would be required to hold open meetings, accept public testimony, and keep and post minutes of its meetings – but would be under no obligation to actually tell the public when and where its meetings will be held and what it will be considering there, due to this bill's exemption from the Sunshine Law's notice requirement. **It seems contradictory for the working group to be required to do everything the Sunshine Law prescribes for holding open meetings other than notifying the public when a meeting will be held.**

Based on discussion with the Department of Health, OIP's understanding is that the working group will include a number of government employees who deal with the issues the working group is charged with addressing in the course of their daily work, as is likely the case for the non-government members as well. To allow those members to continue to do their usual work duties, which are likely to include talking to one another about some of the same issues the task force is addressing, **OIP would recommend that the exemption at page 4, lines 17-18 be replaced with language that would instead allow less than a quorum of the working group's members to discuss board business outside a meeting so long as no commitment to vote is made or sought.** This would allow smaller groups of members to continue to discuss the issues before the working group as required to perform their jobs, while ensuring that the working group's decisions are reached only in a meeting open to the public. Specifically, **OIP recommends the following language:**

(e) Two or more members of the working group, but less than the number of members which would constitute a quorum for the working group, may discuss between themselves matters relating to official business of the working group to enable them to perform their duties to the working group and the organizations they represent faithfully, as long as no commitment to vote is made or sought. Such discussions shall be a permitted interaction under section 92-2.5, Hawaii Revised Statutes.

Helping Hawai'i Live Well

To: Representative Sylvia Luke, Chair, Representative Ty Cullen, Vice Chair, Members, House Committee on Finance

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF SB 1494 SD 2 RELATING TO HEALTH

Hearing: April 4, 2019, 2:05 pm, CR 308

Thank you for hearing **Senate Bill 1494 SD 2**, which establishes a working group to evaluate current system gaps and determine steps that may be taken by the State to promote effective integration of behavioral health care and related systems to address the negative impacts of substance abuse, mental health conditions, and homelessness.

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawai'i 77 years ago, that serves the community by promoting mental health through advocacy, education and service. We have been a leader in improving the care and treatment of people with mental illness in Hawaii through policy change. In the 1940s and 1950s our emphasis was on improving the care of patients at the State Hospital in Kaneohe. We helped pass Hawaii's progressive Civil commitment Law in 1976, the Patient Rights Law (Act 272) and Residential Treatment Program Law in 1980, and Hawaii's first Mental Health and Substance Abuse System Act in 1984. In the 1990s we helped get a Psychiatric Advance Directive law passed and helped obtain parity in health insurance coverage for mental health treatment.

As evidenced through our state's homelessness crisis as well as the inquiries for help we receive daily at our office, we have substantial gaps in behavioral health care and supportive services access. The 2018 Commonwealth Fund Scorecard reported that 64% of adults with mental illness in Hawaii did not receive treatment.¹ We appreciate the willingness of the major stakeholders named in this bill to work together on the issue and are available to assist as well.

Thank you for considering my **testimony in support of SB 1494 SD2**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

¹ D. C. Radley, D. McCarthy and S. L. Hayes, 2018 Scorecard on State Health System Performance, The Commonwealth Fund, May 2018.



April 3, 2019

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

Re: SB 1494 SD2 – Relating to Health

Dear Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1494, SD2, which establishes a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness. It also makes an appropriation and is effective 7/1/2050.

HMSA supports this measure to evaluate and improve behavioral health care in the state for some of the most vulnerable in our population. The plight of families and individuals experiencing homelessness is visible to everyone in the community. We too are concerned about those who lack appropriate shelter, many of whom have health concerns, including behavioral health issues and/or who suffer from substance abuse. We look forward to the discussion generated by the working group.

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

Sincerely,

Pono Chong
Vice President, Government Relations



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April 4, 2019
Conference Room 308
2:05 a.m.

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

From: 'Ohana Health Plan
Rachel Wilkinson, Government Affairs Sr. Manager

Re: SB 1494 SD2, Relating to Health; **In Support**

'Ohana Health Plan ('Ohana) is a member of the WellCare Health Plans, Inc.'s ("WellCare") family of companies and provides healthcare for Hawaii residents statewide. Since 2009, 'Ohana has utilized WellCare's national experience to develop a Hawaii-specific care model that addresses local members' healthcare and health coordination needs. By focusing on the state's Medicaid and Medicare population, 'Ohana serves Hawaii's most vulnerable residents: low-income, elderly, disabled, and individuals with complex medical issues. Our mission is to help our members lead better, healthier lives.

'Ohana offers our **support** of SB 1494 SD2, which establishes a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness; and makes an appropriation.

Since 2013, 'Ohana has served as the sole provider of the state's Community Care Services (CCS) program, a highly specialized care model to help Medicaid-eligible adults who have a qualifying serious mental illness (SMI)/severe and persistent mental illness (SPMI) and significant functional impairment. These individuals are Hawaii's most vulnerable—people who have been diagnosed with schizophrenia, delusions, psychosis, bi-polar disorder, and major depression. For some, the impairment is such that they are unable to work or complete daily tasks independently.

We strongly urge the passage of SB 1494 SD2 to further the discussion with key stakeholders and to advance behavioral health integration. Thank you for the opportunity to provide testimony on this measure.

SB-1494-SD-2

Submitted on: 4/4/2019 10:44:19 AM

Testimony for FIN on 4/4/2019 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimo K. Carvalho	IHS, The Institute for Human Services	Support	No

Comments:

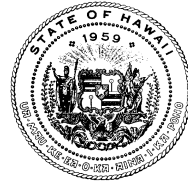
SB-1494-SD-2

Submitted on: 4/3/2019 2:57:12 PM

Testimony for FIN on 4/4/2019 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Hawaii Kai Homeless Task Force	Support	No

Comments:



STATE OF HAWAII
DEPARTMENT OF HEALTH
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LATE

Testimony in SUPPORT of (SB 1494 SD 2)
RELATING TO HEALTH

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: April 4, 2019

Room Number: 308

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) strongly supports this opportunity
3 to continue to work with stakeholders such as primary care health plans and the Department of
4 Public Safety, the Judiciary and the Department of Human Services (DHS) to implement a
5 seamless, statewide continuum of care to address the negative impacts of substance abuse,
6 mental health conditions, and homelessness. The DOH recognizes it is statutorily responsible for
7 developing and maintaining a statewide system of care that leverages public and private
8 partnerships and resources, and is committed to doing this in collaboration with the community.
9 We welcome this measure’s intent to continue build upon and expand the successful efforts of
10 the Hawaii Opioid Initiative and other initiatives in the state such as Ohana Nui, Queens Medical
11 Center’s care navigator program and H4 Hawaii, that are aimed at evaluating system gaps and
12 taking steps to “link and sync” efforts to improve the quality of care.

13 Although this measure intends to address substance abuse as a chronic condition, which
14 is greater in scope than the present efforts by the Hawaii Opioid Initiative to prevent and treat
15 opioid use disorders, this measure aligns especially with a treatment access objective of the
16 Hawaii Opioid Action Plan to expand coordinated entry system pilot statewide.

17 With respect to county representation on the working group, the DOH will extend an
18 invitation to as many behavioral health and housing shelter providers who can commit to
19 participate in monthly meetings of the working group. The DOH has been working with the
20 Office of Information Practices (OIP) regarding language concerning the Sunshine Law and

1 concur with the amendments they have put forth and we appreciate the ability to partner with
2 them also in this effort.

3 Thank you for the opportunity to provide testimony.