



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

April 9, 2019

TO: The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services & Homelessness

FROM: Pankaj Bhanot, Director

SUBJECT: **SCR 201 – URGING THE DEPARTMENT OF HUMAN SERVICES TO CREATE A
COMPACT OF FREE ASSOCIATION ADVISORY BODY.**

Hearing: April 12, 2019, 9:00 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports
SCR 201.

PURPOSE: The purpose of SCR 201 is to urge DHS to create a Compact of Free
Association (COFA) Advisory Board to make recommendations on different aspects of
health care coverage for COFA residents.

DHS recognizes the unique circumstances our community members from the
Republic of the Marshall Islands, Federated States of Micronesia, and the Republic of Palau
face while navigating their way through systems of care that can struggle to meet their
needs, particularly in the areas of health insurance and health care. Beginning in 2015,
DHS's Med-QUEST Division (MQD) has facilitated a COFA Stakeholder meeting to provide a
forum for ongoing dialog between health providers, COFA community leaders, outreach
workers called "kokua," health insurers and members of Hawaii's congressional delegation.
We believe that this informal group may serve as a foundation for the establishment of the
more formal advisory body that is called for in this resolution. We look forward to the
continued dialog and co-created solution building that will come from this body.

Thank you for the opportunity to testify.

SCR-201

Submitted on: 4/11/2019 11:41:39 AM

Testimony for HSH on 4/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Epp	Kokua Kalihi Valley	Support	Yes

Comments:

TESTIMONY ON SCR201

From: Michael Epp, Kokua Kalihi Valley Comprehensive Family Services

Regarding: SCR201: URGING THE DEPARTMENT OF HUMAN SERVICES TO CREATE A COMPACT OF FREE ASSOCIATION ADVISORY BODY

Committee: House Committee Human Services and Homelessness

Date: April 12, 9am

Aloha, my name is Michael Epp. For seven years, I was Executive Director of the Pacific Island Health Officers Association, the health leadership body of the US-Affiliated Pacific Islands, including the FSM, Palau and the Marshalls. I now work in management at Kokua Kalihi Valley, a community health center serving a large population of Hawaii's COFA residents – a third of our 10,000 patients are COFA residents.

So I've had the privilege of working with COFA islanders both in their nations of origin and in Kalihi. They are a gifted and resilient and resourceful people. SCR201 which Kokua Kalihi Valley fully supports, describe in their preambles the significant contributions of COFA islanders to our State economy, culture and security. I will, in the interest of time, not repeat these contributions here.

Having been raised in Hawaii, I understand how each wave of newcomers faces discrimination. But Hawaii's COFA residents—despite their significant contributions to our state community—face a particularly difficult form of structural (and unintended) discrimination unlike other comparable immigrant groups: In the State's well-meaning effort to address the policy, funding and social complexities facing this population, adult COFA islanders ages 19 to 64, who live up to 138% of the poverty level and who are not aged, blind, disabled or pregnant, have been excluded from Medicaid (at both the Federal and State levels) and, in the last few years, have been shifted from one comparatively inadequate health plan to another, in a confusing ever-changing maze of administrative and documentation requirements and financial copays.

The result, while surely unintentional, has been devastating. For many of our COFA families in Kalihi, the outcome has been preventable and debilitating illness and death. This is not overstatement. At Kokua Kalihi Valley, we are completing an assessment of the impact of these economic and administrative barriers among our COFA patients, and the results are deeply discouraging. We look forward to sharing our findings with you soon.

We often hear that the COFA Medicaid issue is primarily a federal problem. And I commend the leadership in my State, for allocating resources for the health benefits that do exist. But federal recalcitrance should not be an excuse in a State that often serves as an example to the nation, of justice, care and aloha—values that are at the core of our host culture identity and that undergird our success as a community. In the current national political climate about immigration, taking a more welcoming and caring stance is more critical than ever. Please pass SCR201, as a key step towards restoring health equity to our COFA families, friends and neighbors.

Thank you

Michael Epp

Kokua Kalihi Valley

Comprehensive Family Services

2239 North School Street,

Honolulu, Hawaii 96819

808 382-1231

LATE

To: Hawaii State House Committee on Human Services and Homelessness

Date: Friday, April 12, 2019 at 9:00 am

Re: Testimony of Save Medicaid Hawaii in strong support of SCR 201 "Urging the Department of Human Services to Create a Compact of Free Association Advisory Body."

Dear Chair Joy A. San Buenaventura, Vice Chair Nadine K. Nakamura, and Members of the Committee

Save Medicaid Hawaii writes in strong support of SCR 201 "Urging the Department of Human Services to Create a Compact of Free Association Advisory Body."

COFA citizens residing in Hawaii and their Hawaii-born families are actively contributing to Hawaii's economy and culture, just as all immigrant groups before them have done. However, the unique immigration status of COFA residents stems from their close and historical relationship between the United States and their homeland of origin.

The ill-conceived experiment to dis-enroll COFA migrants in Hawaii from MedQUEST and onto the ACA instead has been of questionable economic value to the state and has caused enormous loss and burdens upon these families and upon our health care system as a whole.

Hawaii is one health insurance risk pool and when a large group of residents goes uninsured or underinsured, as many COFA migrants are, this raises the costs of health care for the entire system, which then get passed on to all of us in increased health insurance premiums.

Take for example the health of pregnant women and their children. Hawaii wisely continues to cover pregnant low- income COFA women under MedQUEST. However, just 2 months after giving birth, such a COFA woman is now considered an "adult" and loses MedQUEST coverage, even though she is still low-income, often under 100% of the FPL. While ACA insurance can be applied for, there are higher copays, and differing confusing rules, resulting in gaps in coverage for many new COFA mothers. The 6 months after a baby is born is considered the most critical time: to prevent health problems in the next pregnancy, to help babies breastfeed longer, to assist families to decide upon appropriate family planning methods, etc. The result of this sudden bureaucratically-induced loss of MedQUEST by post-partum COFA women is that a vulnerable population is falling off and on various insurance coverage during critical times in their life and health care. The end-result, experience shows, is increased hospitalizations and NICU babies - painful and expensive situations that good continuity of care can help prevent.

Save Medicaid members serve on the front lines of our communities and health care system and see in our practices examples of such compromised care and lives. We welcome the collection of quality data to determine the extent of the problems and the best solutions.

We fully support the SCR 201 calling on the Department of Human Services to Create a Compact of Free Association Advisory Body, which will recommend the best approach for providing parity in state-funded

health coverage for otherwise eligible COFA residents; and provide an economic analysis of the financial impact of the Advisory Body's recommendations.

We also encourage the House Committee on Human Services and Homelessness to support provision of adequate funding for DHS to administer the advisory group and support its responsibilities for evaluation and assessment, including conducting financial impact analyses and providing more refined COFA census and demographic data.

Sincerely,

Doris Segal Matsunaga, MPH
On behalf of ***Save Medicaid Hawaii***

Save Medicaid Hawaii, a network of people advocating for NO CUTS in Medicaid and working towards a stronger health care system in Hawaii that provides high quality universal health care for all.

<https://www.facebook.com/SaveMedicaidHawaii/>

SCR-201

Submitted on: 4/12/2019 8:51:43 AM

Testimony for HSH on 4/12/2019 9:00:00 AM

LATE

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Democrats Legislative Priorities Committee	Support	No

Comments:

SCR-201

Submitted on: 4/11/2019 11:38:35 AM

Testimony for HSH on 4/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Tom	Individual	Support	No

Comments:



Date: April 11, 2019

To: House Committee on Human Services and Homelessness

Re: SCR 201 “Urging the Department of Human Services to Create a Compact of Free Association Advisory Board.”

Dear Colleagues in the House Committee on Human Services and Homelessness,

I am Katherine Ratliffe, a professor in the Department of Educational Psychology in the College of Education at the University of Hawai‘i. I strongly support SR161 and SCR201 because I believe that services to our COFA resident community members is unfair and unequal, and has caused irreparable damage. It is time that we address the discrimination that they face that is perpetuated by our unequal treatment of them.

I have had the honor of being friends with and working with many people in our COFA resident community since before the severely inadequate Basic Health Hawaii healthcare coverage. There has been much confusion, frustration, and heartbreak around people not getting the medical care that they need due to the ever changing, inappropriate, bureaucratic health plans this community has been shuffled between.

People from COFA countries work and pay taxes, yet are afforded “less than” and inadequate health care plans, and have been forced to change plans often due to bureaucratic confusion. They are not eligible for the same services as other immigrant groups or as people who are US citizens. These folks are coming here because they want to change their lives for the better, and they are afforded this opportunity by the COFA agreements between our governments. Nowhere in those agreements does it say that they should be offered less than other people.

I have had the honor of visiting and working in the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau over the past 30 years. People have given up their ancestral lands, their autonomy and their cultures in order to accommodate our military defenses. Many gave up their health and their ways of life as we tested nuclear weapons on their islands in the 1950s and 60s. Many joined our military and lost their lives or health in military aggressions. Yet, they are not eligible for the same health and veterans’ benefits as others.

It is time we support our COFA community, and respect what they have offered us. COFA residents are an integral part of our Hawai‘i Ohana. They are our friends and family. They are doctors and restaurant workers. They are our mentors and students. And just like everyone else, they deserve appropriate access to dignified healthcare and equitable services. It is time.

I believe support of this task force can help lead to providing equitable care and services to all of our residents and members of our growing community. I also encourage the Senate Ways & Means Committee to provide DHS adequate funding for administering the advisory group and supporting its responsibilities for evaluation and assessment, including conducting financial impact analyses and providing more refined COFA census and demographic data.

Thank you,

Katherine Ratliffe

LATE

LATE

SCR-201

Submitted on: 4/12/2019 8:16:39 AM

Testimony for HSH on 4/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Acido	Individual	Support	No

Comments:

Thank you for the opportunity to write in strong support of SCR201 “Urging the Department of Human Services to Create a Compact of Free Association Advisory Board”

I have had the honor of working with our COFA resident community since the proposal of the severely inadequate Basic Health Hawaii healthcare coverage. Over many years there has been much confusion, frustration, and heartbreak around people not getting the care that they need due to the ever changing, inappropriate, bureaucratic health plans this community has been shuffled between.

I have seen fierce advocacy in the face of discriminatory policies by our local policy makers, COFA community, and health advocates. I have felt the joy of community abundance as well as the collective grief of losing another loved one to a preventable disease. I have witnessed resiliency of community throughout these events, as well as hopelessness - with people feeling like they have no options, “that I don’t want to be a burden, so I’ll just stop taking my medicine, I’ll just stop going to the doctor”.

It is time we definitively let our COFA community know that they are NOT a burden. That their giving of access to their land and waters to our government, their bravery in our military, their sharing of their cultural knowledge is honored and greatly appreciated. COFA residents are an integral part of our Hawaii Ohana. They are our friends and family. They are doctors and restaurant workers. They are our mentors and students. And just like everyone else, they deserve appropriate access to dignified healthcare. It is time.

I believe support of this task force can help lead to providing equitable care to all of our residents and members of our ever growing community. I also encourage the Senate Ways & Means Committee to provide DHS adequate funding for administering the advisory group and supporting its responsibilities for evaluation and assessment, including conducting financial impact analyses and providing more refined COFA census and demographic data.

Thank you

