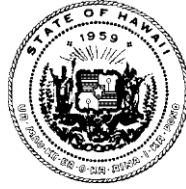


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DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
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March 27, 2019

TO: The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **SCR 201/SR 161 – URGING THE DEPARTMENT OF HUMAN SERVICES TO CREATE
A COMPACT OF FREE ASSOCIATION ADVISORY BODY**

Hearing: March 28, 2019, 10:20 a.m.
Conference Room 211, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports SCR 201 and SR 161.

PURPOSE: The purpose of SCR 201 and SR 161 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 these resolutions. 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.

AN EQUAL OPPORTUNITY AGENCY

LATE

SR-161

Submitted on: 3/27/2019 12:26:36 PM

Testimony for WAM on 3/28/2019 10:20:00 AM

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

Comments:

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 and SR161, 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, COFA islanders 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 and SR161, as a key step towards restoring health equity to our COFA families, friends and neighbors.

Finally, I encourage the Senate Ways & Means Committee to provide DHS adequate funding for administering the Advisory Group proposed in these resolutions and supporting the advisory group's responsibilities for evaluation and assessment, including conducting financial impact analyses and providing more refined COFA census and demographic data.

Thank you

Michael Epp

Kokua Kalihi Valley

Comprehensive Family Services

2239 North School Street,

Honolulu, Hawaii 96819

808 382-1231

LATE

Date: March 27, 2019

To: Senate Ways and Means Committee

Re: SR161 and SCR201 “Urging the Department of Human Services to Create a Compact of Free Association Advisory Board.”

Dear Colleagues in the Senate Ways and Means Committee,

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