

HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

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

February 20, 2019
Conference Room 308
2:00 p.m.
Hawaii State Capitol

**Testimony commenting on House Bill 1539, HD 1
Relating to the Hawaii Health Systems Corporation.
Integrates the Oahu regional health care system into the Hawaii Health Systems
Corporation board.**

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

The Hawaii Health Systems Corporation (HHSC) board of directors offers the following comments on HB 1539, HD 1.

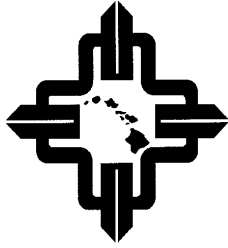
HHSC was created by the Legislature in 1998 as a separate agency to administer the twelve public hospitals located across the state. For the first ten years of its existence, it was centrally administered from Oahu by a board of directors comprised of representatives from all counties. The system had five geographic areas, each with its own local advisory council. Approximately ten years ago, the statute was revised and HHSC was re-organized into five regions, each with its own board of directors who have operational control of the facilities and finances in their region. Since then, the corporate board has provided primarily policy oversight and support to the regions. Many current HHSC corporate board members have previously served on HHSC regional boards.

The history of HHSC has been shaped in large part by the changing nature of our neighbor islands. As their population grows, the demand for health services similar to those offered in Honolulu increases. HHSC is currently focused on meeting that demand without asking for ever-increasing taxpayer subsidies. That is why our board supports efforts to reduce our general fund request whenever possible.

This measure can reduce expenditures by streamlining the organization of HHSC to place the responsibility for its two Oahu facilities, Maluhia and Leahi hospitals, under the corporate board. These facilities are approximately six miles from each other and are exclusively focused on long-term care at the skilled and intermediate nursing level while also providing adult day care. All of HHSC's neighbor island facilities provide long-term care to similar populations, and the corporate board is very familiar with the various aspects of serving the vulnerable elderly including compliance with State and Federal regulations, finances and long-term care quality measures. Also the HHSC corporate office is located at Leahi hospital.

The regional autonomy that HHSC's system provides has been successful on the neighbor islands. On Oahu, given the limited nature of services operated by HHSC in relation to all health services, the benefit of regional control is not as compelling. The corporate board can provide the necessary operational oversight of the two Oahu facilities in a more cost-effective manner than having a completely separate regional administration.

Thank you for the opportunity to testify.



OAHU REGION HAWAII HEALTH SYSTEMS CORPORATION

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

February 20, 2019, 2:00 P.M.
Conference Room 308
Hawaii State Capitol

Derek Akiyoshi
Oahu Region Chief Executive Officer
Hawaii Health Systems Corporation

Re: Testimony in Opposition
HB 1539 HD1, Relating to the Hawaii Health Systems Corporation

The Oahu Regional Health System Board of Directors (hereinafter, “OR Board”) respectfully **opposes** HB 1539 HD1 for many reasons, chief among them being that it would deprive the community of an established board comprised of highly knowledgeable and educated volunteers who are solely dedicated to the Oahu Region’s mission of providing safety-net healthcare services for the vulnerable aged, blind and disabled population, especially persons without financial means and access to necessary care.

Preliminarily, we note that HB 1539 HD1 does not contain an introductory paragraph. It is therefore very difficult for us to discern the legislative purpose for this bill or otherwise resolve any concerns that the legislature may have about the Oahu Region’s current governance and operational structure. Given what appears to be the operative effect of the bill – namely, to abolish the OR Board and transfer all of its duties to the Hawaii Health Systems Corporation (hereinafter, the “Corporation” or “HHSC”) Board of Directors – we will focus our testimony in **opposition** to HB 1539 HD1 on our firm belief that the OR Board is the most equipped and appropriate entity to govern the affairs and future of the Oahu Region’s facilities.

The Corporation Board Is Not the Appropriate Governing Body

Inevitable Conflict

As you are aware, the Corporation Board is comprised primarily of members from the neighbor islands. In fact, of the ten voting members currently on the Corporation Board, only two reside on the island of Oahu. As such, we have serious concerns that, when corporation-wide interests inevitably conflict with the Oahu Region’s interests, the Corporation Board will not be able to faithfully discharge its duty to support the mission of both the Corporation and the Oahu Region. For example, in years where the total legislative appropriation to HHSC is less than the sum of each Region’s budget request, each Region would naturally have to compete for its

share of the distribution. If the Corporation Board becomes responsible for the Oahu Region's interests under HB 1539 HD1, it is inconceivable to believe that, in the foregoing situation, the Corporation could take a position that does not create a conflict between its duty to the HHSC System and the Oahu Region. This, and many other clearly inevitable and irreconcilable conflicts are why each island Region was granted its own governing body in the first place.

No Financial Benefit Will Result From Abolishing the OR Board

The Oahu Region disagrees with the Corporation's assertion that abolishing the OR Board can "reduce expenditures" or be "more cost-effective." See Corporation's February 7, 2019 Testimony to House Committee on Health. First, it is no secret that all members of the OR Board volunteer their services with no expectation of remuneration. They serve the OR Region because they believe in the Oahu Region's mission to serve the most vulnerable population regardless of financial status. The only actual impact would be that the OR Board – which has extensive knowledge of long-term care and direct experience with the Oahu Region's operations – would be replaced by a board that, as admitted by the Corporation, only "provided primarily policy oversight and support to the regions" since regionalization occurred over ten (10) years ago. *Id.*

Second, should the Corporation assert that the reduced expenditures referred to in its testimony could be realized by replacing members of the Oahu Region's management team with existing Corporation staff, we would again disagree. Given the Corporation's limited role of only providing "policy oversight and support to the regions[,]", it is the current Oahu Region staff members who have the requisite experience in long-term care to understand the intricacies of our operations. This is especially so given the recent and extensive amendments to the CMS survey regulations (also known as the Requirements of Participation) that require full compliance by November 28 of this year. Thus, it is again clear that no cost savings would be realized from abolishing the OR Board because the existing management staff would still be necessary to carry out the Oahu Region's healthcare obligations.

The OR Board Is Best Suited to Govern the Oahu Region

Unlike the Corporation Board – which is responsible for the general governance of the entire HHSC system and not directly involved in the operation of any healthcare facilities – the OR Board's members are all residents of Oahu who understand the value Leahi Hospital and Maluhia brings to the vulnerable and financially challenged local community through our provision of in-patient long-term care, adult day health services (2 of only 6 programs on Oahu), the only certified TB (tuberculosis) unit in Hawaii, and a geriatric outpatient clinic. Having been involved in many of the challenges faced by the Oahu Region over the years, the OR Board is also mindful of the rising costs of healthcare. It is to this end that the OR Board has committed itself to developing new initiatives that will enable the subsidies we receive to have a greater positive impact on the community.

With regard to value, the OR Board recognizes that, being tasked with serving a primarily Medicaid population, the Oahu Region's facilities exist to provide an important unmet need *on Oahu*. While private hospitals on Oahu are able to meet the needs of local acute patients, there is still a need for long-term care and adult day health programs to serve Oahu's financially challenged, elderly, disabled or otherwise vulnerable population. In the event that the Oahu

Region's facilities are closed, it is highly unlikely that private facilities would be willing to fill their empty beds with the challenging low-reimbursement residents that we routinely serve. Without the Oahu Region's services, our long-term care residents and adult day health participants would likely have to be cared for at home. It goes without saying that a family member's sudden responsibility of having to provide 24 hour care for their loved one(s) would be nothing short of devastating.

The OR Board and management team have been exploring ways of generating income from the Leahi property to subsidize our operational costs. Our efforts to date have included discussions regarding potential development a public-private partnership to provide dialysis services and working with the SOH Film Office and major producers to reopen the Leahi campus for media productions. We have also become open to possible privatization of our operations if it can be accomplished transparently and with due concern for our patient population and employees.

In regard to positive impact, the OR Board and management team have been actively working with acute-care facilities to accept more patients from their costly waitlists. These efforts have been expended in response to HCR 95, which was passed by the legislature last year, and a detailed description of the same can be found in the legislative report submitted by the OR Board prior to this legislative session. The Oahu Region has also begun discussions with the State Homeless Coordinator, SOH Department of Human Services, city officials and HPD to address the healthcare needs of the homeless population that are "high utilizers" of local emergency rooms. Based on our preliminary communications, appropriations from the "Ohana Zones" initiative could be considered to renovate unused portions of the Leahi campus into an important service site. Further, the Oahu Region recently developed an important partnership with the Meals-on-Wheels program to provide approximately 350 meals per week for homebound individuals.

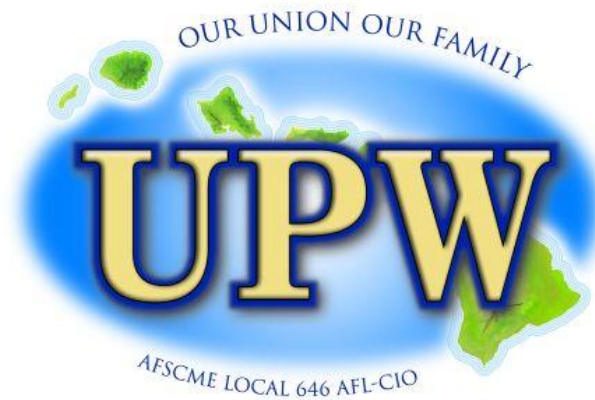
OR Board's Connection to Oahu Region Stakeholders

Through many prior experiences dealing with adversity, it must be noted that the OR Board has gained the respect and support of our residents, adult day health participants, family members, and staff. As you may be aware, the ripple effect of the recession that began in 2008 hit HHSC hard during fiscal year 2015. The impact was severe enough in the Oahu Region that we were forced to close one unit at both of our facilities and lay off or displace dozens of employees. When the closures were announced, the OR Board was there alongside the Oahu Region management team to provide information to all those who would be affected and demonstrate that we were making all reasonable efforts to protect their interests. Our collective efforts enabled us to temper the impact of the closures and earn the respect and support of the people we serve and employ.

Likewise, when the Maui Region privatized in 2017, there was a lot of uncertainty and paranoia that developed in the Oahu Region due to the fact that all regular Maui Region employees with at least two years of service credit were entitled to "bump" into other HHSC Regions in accordance with their respective collective bargaining agreement. It was only through the OR Board's support and commitment to transparency that we were able to alleviate employee concerns and assist the employees who were slated to be displaced or terminated. In sum, the OR Board and management team have a genuine connection with all Oahu Region stakeholders that was earned through experience and our proven commitment to the Oahu

Region's mission. At this juncture, we do not know with any certainty whether the legislature envisions the future of the Oahu Region to lie in privatization, maintenance/reduction/increase of the services currently provided, or closure of our facilities. Whatever such intent may be, however, we can unequivocally assert that the entity most experienced and capable to lead the Oahu Region towards any legislative goal – especially without any real or perceived conflicts of interest – is the OR Board.

Thank you for the opportunity to offer testimony on this very important matter.



The Hawaii State House of Representatives
The Thirtieth Legislature
Regular Session of 2019

Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair

Date of Hearing: Wednesday, February 20, 2019
Time of Hearing: 2:00 p.m.
Place of Hearing: Conference Room 308

TESTIMONY ON HB1539, HD1 RELATING TO THE HAWAII HEALTH SYSTEMS CORPORATION

By DAYTON M. NAKANELUA,
State Director of the United Public Workers,
AFSCME Local 646, AFL-CIO ("UPW")

My name is Dayton M. Nakanelua, State Director of the United Public Workers, AFSCME, Local 646, AFL-CIO (UPW). The UPW is the exclusive bargaining representative for approximately 14,000 public employees, which include blue collar, non-supervisory employees in Bargaining Unit 01 and institutional, health and correctional employees in Bargaining Unit 10, in the State of Hawaii and four counties. The UPW also represents about 1,500 members in the private sector.

The UPW strongly **opposes** House Bill 1539, HD1 that integrates the Oahu regional health care system into the Hawaii Health Systems Corporation board. This is contrary to the original intent of the hospital system organized into five regions to allow shared services support to encourage the hospitals to work closer together to provide integrated community health care with each having a board of directors, and maintaining the system and corporate board. We strongly believe that the existing Oahu regional board whose focus is on Oahu will better serve the interests of the Oahu hospitals in the HHSC.

Thank you for the opportunity to submit this testimony.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirtieth Legislature, State of Hawaii
House of Representatives
Committee on Finance

Testimony by
Hawaii Government Employees Association

February 20, 2019

H.B. 1539, H.D. 1 – RELATING TO THE
HAWAII HEALTH SYSTEMS CORPORATION

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO raises serious concerns over the purpose and intent of H.B. 1539, H.D. 1 which abolishes the Oahu region of the Hawaii Health Systems Corporation and merges those functions with the Corporate Board.

The two hospitals in the Oahu region of the Hawaii Health Systems Corporation, Leahi Hospital and Maluhia, provide critical services for our community's kupuna. Together, the hospitals ensure a wide variety of patient needs are met, including traditional long-term care, short-term rehabilitation, and adult day health care. Since the Oahu region serves one of our most vulnerable populations, we do not believe the region was ever intended to financially compete with private-sector hospitals, nor to profit off of its patients. We respectfully raise concerns over the continuation of patient care and the impact to operations should the Oahu region be eliminated.

In past legislative sessions, we have conceptually supported measures to reconsolidate all of the regions back into the Corporation, as was originally intended with the inception of the HHSC, to maximize economies of scale, standardize policies & procedures, and centralize necessary services. However if the policy direction is to increase regional autonomy, as was legislated in 2007, then the Corporation should dissolve to fully empower community-based health care decisions. Given the two opposing policy directions, and after the privatization and removal of the three Maui region hospitals from the Corporation, we cannot support a piecemeal approach to integrate one region while the other regions maintain independence.

Thank you for the opportunity to raise concerns over the impact of H.B. 1539, H.D. 1.

Respectfully submitted,

Randy Perreira
Executive Director

House Committee on Finance

Tuesday, February 19, 2019

**TESTIMONY AGAINST HB 1539 , RELATING TO REMOVAL OF OAHU REGION BOARD AND
TRANSFER TO HHSC BOARD**

Dear Members of the Committees,

My name is Neal Yanagihara, and I am writing to express my concerns and testimony **against House Bill 1539**, relating to the removal of Oahu region board and transfer to HHSC board. This bill will greatly affect Oahu region's ability to provide continuing services and care to the most vulnerable and fragile elderly here on Oahu. With a board that will not have the best interests of Oahu region, I am afraid services will be curtailed, cuts will be made and the poor and disadvantaged will be left with less options.

By now we know that the need is there. The cost of caregiving continues to rise and our expenses are great. Leahi and Maluhia offer not only skilled nursing and long term care but an adult day health program that allows the elderly to remain in the community and with their families while delaying the need for institutional care. Adult day health is different from day care in that they are able to take care of a participant that requires more assistance with care including incontinence, assistance with ambulation, special diets and other needs. Maluhia and Leahi long term care population are majority Medicaid and need assistance in daily care.

As an employee for Maluhia for the past 18 years, I have seen many changes here, some good, some not so good. The majority of residents here use English as a second language and are on Medicaid. My concern is that who will be the advocate for these people? As the gap widens between "the have" and "the have nots", Maluhia/Leahi has been a safety net for those in need and how will we continue to service this population if others are making the decisions. How many other nursing homes have over 80% of residents on Medicaid? In recent years, Leahi/Maluhia have taken residents from other nursing facilities like St. Francis, Crawford and Island Nursing home as they shut down and needed a place for their residents. As the elderly population continues to increase and places like Maluhia and Leahi are not available I foresee problems for the acute care hospitals with backlog and placement for residents/patients with limited options. I understand that serious decisions need to be made but am concerned when a corporate board will oversee and not have any vested interest in the future of the Oahu region. My other concern is why are other regions allowed to continue to have their own boards (Kauai, Maui, East Hawaii and West Hawaii) yet Oahu falls under HHSC jurisdiction? Why does Oahu region get singled out to fall under HSSC domain? As each region seems to be doing things separately/autonomously, should they return back/fall under the department of health? Why does Maui region continue to request 20+ million in funding when the public seems to think they are privatized?

I am very concerned regarding the passage of this bill and the continued changes in the health care industry. I am hoping that progress for the care of the elderly continues to be supported, short sited decisions will have greater long term consequences. If you have any questions or need further clarification please feel free to contact me.

Thank you for considering my testimony.

Sincerely,

Neal Yanagihara

Hearing Date: Wednesday February 20, 2019
2:00 PM, Conference Room 308

To: Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty J. K. Cullen, Vice Chair

From: Kimberly Oshiro, kimberlyoshiro@yahoo.com

Re: HB1539, HD1 Relating to Hawaii Health Systems Corporation; Oahu Region
TESTIMONY IN OPPOSITION

I respectfully oppose this bill relating to integrating the Oahu Regional Health Care System into the Hawaii Health Systems Corporation (HHSC) Board.

The HHSC Board currently provides oversight and support to the five regions (Oahu, East Hawaii, West Hawaii, Maui, and Kauai) that make up HHSC. Each region has their own community needs, which each regional board knows well. Although the HHSC Board is located at Leahi on the island of Oahu, I am unclear how Maluhia and Leahi residents and the community would benefit without the Oahu Region Board when the HHSC Board will continue oversight and support to the other regions. How would Oahu get fair representation when the other regions have their boards?

I understand health care costs by Maluhia and Leahi are increasing. If Oahu Region Board ends, what would the long-term outcome/ effects be for Oahu? Are there other options? What can we do that will be the best for the community?

I think it is important for the members of the House of Representatives and the Senate speak to the Maluhia and Leahi consumers and taxpayers before proposing/making drastic decisions. This beyond a bill committee hearing as a bill committee hearing does not provide adequate time and discussion.

In considering possible long term outcomes and community needs, it's important to keep Maluhia and Leahi as a "safety net" for our elderly and disabled population as a private entity will not be able to manage keeping the current population served at Maluhia and Leahi. Medicaid does not cover 24/7 care at home. There are few care options, but even those are currently getting tougher to find. The baby boomer population is entering the need of the services (skilled care, long term care, adult day health centers, geriatric clinics, Meals on Wheels, tuberculosis unit, etc.) that Maluhia and Leahi provide. Without these services, likely many are not going to get adequate care. This in turn will increase risk for hospitalizations and rehospitalizations, need of Adult Protect Services (APS), and possibly family court services/ Office of the Public Guardian (OPG). This would cost the state money as Medicaid would have to pay for an increase of expensive hospital services, the state would have to hire more APS and family court/ OPG workers and/or pay their overtime.

Thank you for the opportunity to testify.

Date:2/19/19

My name is Gary Oshita, Healthcare Hero 2017, employed at Maluhia as a Recreational Therapist. This is written testimony expressing my concern **being strongly against** Hawaii Health Systems Corporation in transferring the Oahu Region Health Care System relating to the Board of Directors of HHSC. These bills- **HB1539 and HB1168** would greatly affect the Oahu Region Board's ability to continue providing vital guidance, direction, and leadership for our most vulnerable, fragile geriatric population here on Oahu and the Neighbor Islands. The present Oahu Region Board has our backs as advocates for Maluhia and Leahi, from skilled nursing, long term care for our elderly, adult day health center, which continue to be our safety net for residents and participants requiring much assistance with care- Dementia, Parkinson's Disease, Rehabilitation for strokes, assistance with ambulation, hip/leg fractures, behavioral concerns, incontinence, special diets, Hospice, and more. In addition, our neighbor islands has their own individual Boards making decisions, and yet Oahu being under HHSC's jurisdiction! Therefore, please **VOTE NO** on these bills to keep the Oahu Region Board fully functional and operational.
Mahalo and Aloha.

Sincerely,

Gary Oshita, RTIV

HB-1539-HD-1

Submitted on: 2/19/2019 12:21:35 PM

Testimony for FIN on 2/20/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jerilyn Yamashiro	Individual	Oppose	No

Comments:

Dear Finance Committee,

Thank you for this opportunity to submit testimony. I am not in favor of Maluhia and Leahi, the Oahu Region of HHSC, losing its regional Board. Long term care (LTC) is unlike hospital or community care and it needs a voice in HHSC. The LTC industry is highly regulated and the Board must be able to provide adequate guidance and leadership which is what is present in the Oahu Region Board. I'm very concerned about the reason behind this bill and the speed at which it is progressing. I am hoping the lives of the residents who dwell in the Oahu Regions facilities are being considered.

Sincerely,

Jerilyn Yamashiro

Hearing Date: Wednesday, February 20, 2019

To: ~~Senate~~ Committee on Finance

From: ^{juw} Joan Watanabe, ^{CS} Christine Shimada, ^X Kurt Tsubota, ^W Debbie Ann Valenzuela,
^{PK} Penny Minehira, ^{AB} Steven Hanuna, ^{ED} Joyce Dacanay, ^{BC} Bradley Galima,
^{PK} Lianne Kaneshiro, ^{JM} Jay Matsumoto

Re: HB 1539 Relating to the Hawaii Health Systems Corporation

As community members of Oahu, we are gravely concerned about HB1539 and the Corporation's intent to dissolve the Oahu Region board, thereby eliminating Oahu's "watchdog" over our "safety net" facilities and our ever-increasing population of vulnerable residents. Being deemed as safety net facilities naturally leads to a large number of patients with limited financial means, on Medicaid status or with complex medical and/or behavioral conditions being admitted into the Leahi and Maluhia resident population. (Many are patients not accepted at other long-term care facilities.) Being called "safety net" sounds noble, however, it is a non-profitable situation. But where else will these people be placed if other facilities will not take them in?

Although the Corporation is physically located on the Leahi campus, their members/employees are not engaged with the Leahi resident population. On the other hand, some members of the Oahu Region board have interacted with Leahi residents and staff, and understand the importance of sustaining the "safety net" title. The Oahu Region board submitted a report to the Thirtieth State Legislature 2019, dated December 2018, regarding an assessment on the availability of long-term care beds in the Oahu region and its impact on wait times for acute hospital beds. They conducted a lengthy study and proposed a pilot program that includes a private-public partnership (with acute hospitals?) to continually meet community needs with new clinical programs and services that can help sustain the long-term care facilities. The Corporation has expanded their work area at the Leahi campus over the years, while Leahi and Maluhia had to downsize their resident and staff population by closing down units. It would be great if Leahi could generate more income by having private doctors' offices, labs and other services available on their campus for the outside community, and which may also be integrated to further promote the care for Leahi residents. Perhaps a portion of the Corporation space could be converted to accommodate this private-public partnership?

The Oahu Region board continues to look out for Oahu's "safety net" facilities, and tries to sensibly think "outside of the box". Oahu's "vulnerable" population continues to grow because people are aging and living longer. Long-term care is costly, to the point where patients deplete their savings and eventually file for Medicaid assistance. Reimbursements fall short, well below the cost of the care that's provided. This is the new reality for our kupuna! It can happen to your family, your loved ones, the future "you" and the future "us".

The Oahu Region board needs to remain involved to oversee Leahi and Maluhia, and be the moral conscience for the Corporation.

Thank you for this opportunity to present our testimony.

LATE

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019
COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

Rep. Stacelynn K.M. Eli	Rep. Nadine K. Nakamura
Rep. Cedric Asuega Gates	Rep. Scott Y. Nishimoto
Rep. Troy N. Hashimoto	Rep. Chris Todd
Rep. Daniel Holt	Rep. Tina Wildberger
Rep. Lisa Kitagawa	Rep. Kyle T. Yamashita
Rep. Bertrand Kobayashi	Rep. Bob McDermott

Wednesday

February 20, 2019

Conference Room 308, 2:00 PM

Hawaii State Capitol

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

My name is Sean Simmons, and I am writing to express my opposition to House Bill 1539, relating to the Integration of the Oahu regional Health Care System board into the Hawaii Health Systems Corporation board.

Previous testimony has been provided at earlier hearings about the importance of both of the facilities of Leahi and Maluhia, their role as a safety net in the community, the number of different services they provide, as well as the many different clients they serve, all of which I agree with.

I oppose this bill for two reasons, the first being that it doesn't seem practical to dissolve The Oahu Region Health Care Board, which is entirely voluntary and does not require money from the state to function. Its purpose is to provide oversight and guide the facilities in providing the best care possible to resident's these facilities serve. It would be unequitable for the Oahu region to be stripped this valuable resource. How would dissolving the Oahu board and replacing it with the Hawaii Health Systems board improve the care provided at these facilities or save the state of Hawaii money? If it doesn't save money or improve care, what would the benefit be?

Another of my concerns is that it does not seem that the residents or the families of the residents at these facilities have had an opportunity to provide input to this proposal. Although they can provide testimony, it would have been more transparent to allow them to be part of the process prior to the submission of this legislation. Please put yourselves in the shoes of one of the 200 plus residents at these facilities, and their hundreds of family members. In each of the past several years there has been legislation in some form questioning the viability of the place they live, the place they call home. Can you imagine how unsettling that would be?

In conclusion, I ask that you vote "NO" on this proposal to allow all of the stake holders an opportunity to provide input to develop a more comprehensive approach to address what is at the root of the proposal. If the goal of this proposal is the privatization of these two facilities, please table this bill so this matter can be given the due diligence that it deserves. Surely, the residents and Kupuna that call these facilities home, and their families, deserve a voice in whatever is decided. I think if any of us were in the same situation, we would hope for the same consideration. As well, the Oahu Board is a valuable partner in fulfilling the mission of providing the highest quality of life in long term care and it would be prudent that it retains its role in guiding both Leahi and Maluhia into the future.

Thank you for the opportunity and venue to provide this testimony.

Sincerely,

Sean Simmons



From: Becky Gibson <bclgibson@yahoo.com>
Sent: Wednesday, February 20, 2019 8:51 AM
To: FINtestimony
Subject: Testimony Against HB 1539

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

February 20, 2019

Testimony Against HB 1539, Relating to Removal of Oahu Region Board & Transfer to HHSC Board

My name is Becky Gibson. I would like to express my concerns and testimony against House Bill 1539, relating to removal of Oahu Region Board & transfer to HHSC Board. This bill will affect greatly to our continuing growing frail and vulnerable elderly population who need twenty-four hour professional care on Oahu. With the HHSC Board, their interest is based on their own agenda (financial aspects and benefits of the HHSC body) instead of the well-being of the frail and vulnerable elderly population.

Leahi and Maluhia hospitals have been serving the frail and vulnerable elderly population who require care in their activities of daily living for over 50 years. Leahi and Maluhia provide skilled nursing and long term care and are well known among the community. Their adult day health program enables families with frail and vulnerable elderly (who require assistance with part of activities of daily living, such and toileting, meal preparation, showering, ambulation, and feeding) to continue to work and know that their loved ones are being taken care of.

I have been working at Leahi & Maluhia since 1999. The majority of the residents who live in Leahi and Maluhia are Medicaid participants and usually are first or second generation immigrants. As the gap widens between the rich and the poor, Maluhia and Leahi have been a place for those in need. If a corporate board would oversee the Oahu region in the future and did not have any vested interest, how could we serve this population who need care?

Is the removal of the Oahu Region Board and transfer to the HHSC Board the only solution? Why do other regions (Kauai, Maui, East Hawaii & West Hawaii) have their own boards and yet Oahu falls under HHSC jurisdiction?

I am very troubled regarding the passage of this bill and the constant changes in the health care system in our country. I am hoping that the care of the elderly at Leahi and Maluhia continue to be supported. No one knows how our health care industry is going to be in the future and one day we will be part of this frail and vulnerable elderly population. Do we want a place like Leahi and Maluhia to care for our activities of daily living when we are no longer able to?

Thank you for your attention to this matter.

Sincerely,
Becky Gibson
1320 Alexander St., #1205
Honolulu, HI 96826