



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2020**

ON THE FOLLOWING MEASURE:

H.B. NO. 2105, RELATING TO COLLECTIVE MEDIATION BY PHYSICIANS.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Tuesday, February 4, 2020 **TIME:** 10:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Clare E. Connors, Attorney General, or
Daniel K. Jacob, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The purpose of this bill is to authorize physicians to engage in collective mediation with health benefit plans.

This bill may be subject to federal preemption by the Employee Retirement Income Security Act (ERISA). ERISA is a comprehensive federal legislative scheme that “supersede[s] any and all State laws insofar as they may now or hereafter relate to any employee benefit plan.” 29 U.S.C.A. § 1144(a).¹ A state law relates to an ERISA plan and is preempted if it has a prohibited connection with or reference to an ERISA plan. *Egelhoff v. Egelhoff*, 532 U.S. 141, 148 (2001).

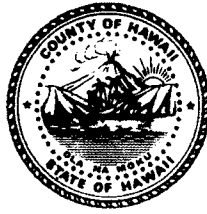
A state law has a prohibited “reference to” ERISA or ERISA plans where it acts immediately and exclusively upon ERISA plans. *Gobelle v. Liberty Mutual Insurance Company*, 136 S. Ct. 936, 943 (2016). Under the “reference to” inquiry, Courts have found that state laws that specifically exempt ERISA plans from otherwise generally applicable provisions are preempted. *California Div. of Labor Standards Enf’t v. Dillingham Const., N.A., Inc.*, 519 U.S. 316, 324 (1997).

¹ 29 U.S.C.A. § 1144(a), in full, provides as follows:

Except as provided in subsection (b) of this section, the provisions of this subchapter and subchapter III of this chapter shall supersede any and all State laws insofar as they may now or hereafter relate to any employee benefit plan described in section 1003(a) of this title and not exempt under section 1003(b) of this title. This section shall take effect on January 1, 1975.

An “express reference” exempting an ERISA plan can be found on page 3, line 1 and line 2 in the use of the words “but does not include a self-insured health benefit plan.” A “self-insured health benefit plan” is an ERISA plan. To avoid the possibility of preemption due to an “express reference” to an ERISA plan, we respectfully suggest removing this wording, which should not substantively change the proposed bill.

Harry Kim
Mayor



Roy Takemoto
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i Office of the Mayor

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January 31, 2020

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health
Hawaii State Legislature

Dear Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

RE: HB 2105, Relating to Collective Mediation by Physicians


Hawai'i's healthcare system is in crisis. We do not have enough providers, and many of the providers we have are at or near retirement age. There is little prospect that we will somehow generate enough new providers to replace those we are losing, and the situation gets worse with every passing year.

The Legislature has actively tried to address the problem with innovative approaches, but it is clear that more must be done. If we do not improve the economics of practicing medicine, we will not have enough medical practitioners to meet the needs of our citizenry. We are at a breaking point.

There are many reforms to be tried, but one of the most promising is to allow collective action by physicians when dealing with health benefit plans. Such an innovation will not be without cost—if the plans have to pay out more, they will charge higher premiums. But the alternative—the status quo—is unacceptable. It is time to authorize "collective mediation."

I hope you will approve HB 2105.

Respectfully Submitted,


Harry Kim
MAYOR

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health
Tuesday, February 4, 2020
10:30 a.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 2105, RELATING TO COLLECTIVE MEDIATION BY PHYSICIANS**

Chair Mizuno and Members of the Committee:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board will review this bill at its next publicly noticed meeting on February 13, 2020.

The purpose of this bill is to authorize physicians to engage in collective mediation with health benefit plans.

Thank you for the opportunity to testify on this bill.

THE CIVIL BEAT
LAW CENTER FOR THE PUBLIC INTEREST

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House Committee on Health
Honorable John M. Mizuno, Chair
Honorable Bertrand Kobayashi, Vice Chair

**RE: Testimony Commenting on H.B. 2105,
Relating to Collective Mediation by Physicians**
Hearing: February 4, 2020 at 10:30 a.m.

Dear Chair and Members of the Committee:

My name is Brian Black. I am the Executive Director of the Civil Beat Law Center for the Public Interest, a nonprofit organization whose primary mission concerns solutions that promote government transparency. Thank you for the opportunity to submit comments on H.B. 2105.

This bill, among other things, tasks the Attorney General with performing a review and approval of proposed private physician collective mediation contracts with private health benefit plans for anticompetitive practices and compliance with other applicable laws and rules. It then exempts any record of such review and approval from the public records law.

The public records law does not require disclosure of proprietary, trade secret, and confidential business information. *See, e.g.*, OIP Op. No. 90-02. It is unclear why a broader exception from the law is required in this context.

It is troubling that the public would be barred from ever learning that the Attorney General had devoted significant taxpayer monies and resources to such private contract reviews. Moreover, the public should know whether the Attorney General has opined that particular practices by private entities are or are not anticompetitive.

Again, the public records law already provides exceptions for records of concern in this context. If the Legislature is worried about the uncertainty of existing law, identifying specific documents as confidential is a viable solution. But blanket confidentiality for anything related to the Attorney General's review is excessively secretive.

Thank you again for the opportunity to provide comments on H.B. 2105.

HB-2105

Submitted on: 2/2/2020 10:33:36 AM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Hawaii Physician Shortage Crisis Task Force	Support	Yes

Comments:

Hawaii has a chronic shortage of physicians, which is most severe and worsening on Neighbor Islands. The various solutions considered to date include increasing efforts at recruitment and training more doctors. Training more physicians is a process that can take a decade or more. These plans will probably fail to increase the number of providers practicing in Hawaii, unless the existing environment where private medical practices are often only marginally fiscally viable is addressed.

Trying to bring new doctors to practice in Hawaii, where they will have to work much harder, for much less income than other states, is akin to training new Merchant Marine officers for the Titanic. The monopsony, or buyer's monopoly, for healthcare services in our states has distorted market forces and resulted in a situation where Hawaii is uncompetitive in recruiting or retaining new providers. This is a recurring theme for workers in Hawaii.

HB2105 enables collective mediation and is a path forward to enable a stronger contractual relationship between physicians and insurers. Improving the fiscal viability of practice practice is very important to healthcare access for our population, as a greater percentage of our doctors are in private practice compare other states.

This bill does not allow strikes or boycotts, but importantly will stem the tide of physicians leaving Hawaii. There is a huge cohort of doctors in our state already pass retirement

age. New providers must be attracted in before our older providers retire.



Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

Before:
House Committee on Health
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
February 4, 2020
10:30 am
Conference Room 329

Re: HB 2105 Relating to Collective Mediation By Physicians

Chair, Vice Chair, and committee members thank you for this opportunity to provide testimony on HB 2105 regarding collective mediation by physicians.

Kaiser Permanente Hawaii requests an amendment.

Kaiser appreciates the intent of this bill to allow competing physicians to engage in collective mediation with health benefit plans to benefit competition. As a fully integrated health plan, Kaiser Permanente's health plan does not negotiate or contract with competing physicians, but rather, all of Kaiser's medical services are provided exclusively by Kaiser's medical group.

Since it does not appear that this bill is intended to affect contracts negotiated between physician to physician or physician groups, we request the following amendment on Page 13, lines 1-4 (underscored language is added):

SECTION 2. The provisions of this chapter shall not apply to contracts negotiated between a professional medical corporation and a physician or physician group.

SECTION 3. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

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SECTION 4. This Act shall take effect upon its approval.

Thank you for the opportunity to comment.



HAWAII MEDICAL ASSOCIATION

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HOUSE COMMITTEE ON HEALTH

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Date: February 4, 2020

Time: 10:30 a.m.

Place: Conference Room 329

From: Hawaii Medical Association

Michael Champion, MD, President

Christopher Flanders, DO, Executive Director

Re: HB 2105 Relating to Collective Mediation by Physicians

Position: STRONG SUPPORT

In the current national market it is important that clear lines of communication are open between insurers and providers. Under federal antitrust law, independent physicians cannot negotiate collectively with health insurers. This imbalance in relative size leaves most physicians with a weak bargaining position relative to commercial payers. Excessive use of market power harms the state in both quality and access of health care.

Examination of the Hawaii insurance market published by the American Medical Association in “Competition in Health Insurance: A Comprehensive Study of U.S. Markets” (2019), reveals a highly concentrated total insurance market, with a single insurer controlling 67% of the total market. The second largest insurer controls 21%, confined to a single (HMO) sector of insurance. This makes Hawaii the third least competitive state health insurance market in the nation, behind only Alabama and Louisiana.

Typical insurance physician participation agreements are issued as “contracts of adhesion,” whereby the insurer drafts and issues a contract to physicians who only have the right of refusal. The physician cannot counter the offer or create a new agreement to which the insurer can agree. In Hawaii this has led, in large part, to the current severe shortage of physicians practicing in the state and the inability to recruit or retain physicians due to the non-competitive position of the state physician economy.

An exception to this negotiation exclusion is the “State Action Doctrine” based upon the Supreme Court case Parker v. Brown (1943), which applies to the state when it exercises state authority in creating a regulation with anti-competitive effects, and to private actors when they act at the direction of the state after it has done so. In the case of Hawaii, the single controlling insurer controls both physician service input (monopsony) and insurance purchase output (monopoly) markets. This has resulted in an overall market which finds insurance premiums to

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD Secretary – Thomas Kosasa, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO



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be competitive nationally, while payments to physicians are low and non-competitive on a national level. As a result, Hawaii has been non-competitive in recruiting and retaining physicians, both nationally and graduates of the John A. Burns School of Medicine in Honolulu. This has led to a significant and increasing shortage of physicians to provide health care services to the public, as documented by the biannual Physician Workforce Assessment Study conducted by the Area Health Education Center of Hawaii at the University of Hawaii. Access to care has now become an overriding interest of the state.

Under the Parker indemnity exemption an action in question must follow “a clearly articulated and affirmatively expressed state action.” Additionally, when the parties are all private parties the question in qualifying for the state action exemption must not only conform with the “clearly articulated and affirmatively expressed state action,” but must also be subject to active state supervision. The state must, in practice, exercise some degree of independent judgement or control over the activity in question. In submitting legislation to permit collective mediation between physicians and insurers, the Hawaii Medical Association is requesting the Office of the Attorney General to provide this oversight.

The bill, as currently drafted, is structured after similar statute passed by the State of Alaska in 2009 to allow physicians and insurers to collectively convene for discussion. Similarly, Alaska uses the Attorney General as state oversight. The responsibilities passed upon the Office of the Attorney General are as follows:

- Receive notice of intent to mediate from parties and notice of mediation conclusion or decline of offer to mediate.
- Receive from third party negotiators written filing of identification, procedures of compliance with statute, proposed subject matter of negotiation/discussion, and expectation of benefit/efficiencies to be achieved.
- Review parties involved for appropriate representation of group interest.
- Receive a copy of all written communications between parties relevant to mediation.
- Approve or disapprove the contract negotiated based on consistency with pre-existing statute and benefits to competitive balance and public access to health care.
- Annual review of fee level to be charged for Attorney General services.

Important to note, this legislation **does not form a physician union**. Participation is voluntary to both parties, physicians and insurers. Each side retains the ability to decline to meet. What the bill does provide is an open forum for discussion and agreement on issues relevant to either side, including quality assurance, utilization review, clinical practice guidelines, coverage criteria, and administrative issues such as resolution of disputes and physician credentialing and termination. It is the opinion of the Hawaii Medical Association that passage and implementation of this bill will allow for an improved and stronger contractual relationship between physicians and insurers, as well as stronger and more coherent programs aimed at improving access to care for the people of Hawaii.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD Secretary – Thomas Kosasa, MD

Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Christopher Flanders, DO

HB-2105

Submitted on: 2/3/2020 9:51:18 AM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Scruggs	Hawaii College of Emergency Physicians	Support	Yes

Comments:



February 2, 2020

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

Re: HB 2105 – Relating to Collective Mediation by Physicians

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify expressing our serious concerns for HB 2105, which authorizes physicians to engage in collective mediation with health benefit plans.

HMSA respectfully opposes this measure as it allows physicians who are not part of a group practice to share information about contractual terms and rates with insurance companies in order to collectively bargain. We believe this bill presumes to allow physicians to engage in price fixing which is against federal antitrust laws. The concern with price fixing and collusion among physicians is that it will lead to artificially increased reimbursements resulting in increased and unsustainable health care costs and premiums for our members.

The Federal Trade Commission (FTC) has weighed in on active state legislation in the past and found that similar attempts to circumvent federal antitrust law would not improve patient care, but instead would likely raise health care costs and decrease access to care.

We respectfully ask that this measure be deferred. Thank you for the opportunity to testify on this measure. Your consideration of our concerns is greatly appreciated.

Sincerely,

Pono Chong
Vice President, Government Relations



Hawaii Association of Health Plans

February 2, 2020

LATE

House Committee on Health
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

House Bill 2105 – Relating to Collective Mediation by Physicians

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify in strong opposition to HB 2105.

This measure allows physicians to collaborate and share information about contractual rates in order to collectively bargain with health insurance companies. We believe that this presumes to allow price fixing which is in violation of federal antitrust laws. The Federal Trade Commission (FTC) has opined on similar legislative proposals that seek to create antitrust exemptions for collective negotiations by health care providers and has found that such exemptions are likely to harm consumers by increasing health care costs and decreasing access to care.

We respectfully request that this bill be deferred.

Thank you for allowing us to respectfully express our opposition to HB 2105.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

HB-2105

Submitted on: 2/2/2020 7:51:05 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristyn Nishimoto	Individual	Support	No

Comments:

Testimony Presented Before the
House Committees for Health and Lower & Higher Education
Hearing Date: Tuesday, February 4, 2020

HB2105 – Collective Mediation by Physicians

Chairs Woodson and Mizuno, Vice Chairs Hashem and Kobayashi, and Members of the committees:

I am writing in **strong support** of HB 2105, which allows for collective mediation by physicians. In a survey of Hawaii physicians, 75% said they were unhappy with payment transformation. Many physicians feel powerless when trying to get resources for their patients. Both of these factors can lead to burn out.

However collective mediation would create an atmosphere of discussion between physicians and insurers for improved, stronger contractual relationship and stronger coherent practice models.

This would allow for improved care because of open discussion of:

- Clinical practice guidelines

- Coverage criteria

- Liability issues

- Administrative issues, such as payment schedules and methods

- Procedures for resolution of disputes

- Patient referral procedures

- Payment fees and methodology

- Quality assurance programs

- Utilization review procedures

- Criteria for physician selection and termination

I believe this will decrease the rates of burnout in physicians in Hawaii, and that is essential if we are to solve our 820 physician shortage!

Thank you for allowing me to testify.

Kelley Withy, MD, PhD

HB-2105

Submitted on: 1/31/2020 9:22:50 AM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen B Kemble	Individual	Support	Yes

Comments:

This bill is probably the most significant measure that could be taken by the Legislature to correct the underlying conditions that have led to our severe and worsening physician shortage.

HMSA's dominance of the commercial health insurance market for non-Kaiser independent doctors has given them unilateral power to control fees and payment systems, and to offer contracts to independent physicians on a "take it or leave it" basis. Negotiations with the Hawaii Medical Association have in some instances persuaded HMSA to modify some of the most onerous terms in their physician contracts, such as eliminating "termination without cause" clauses, but antitrust laws and HMSA's unilateral bargaining power have prevented any negotiations on fees or payment systems. The result is that primary care physicians in particular are being rapidly driven out of independent practice.

HMSA's payment transformation initiative, fully imposed in 2017 after several years of preparatory policies such as pay-for-performance, have resulted in a marked increase in practice overhead for primary care physicians, while HMSA has kept payment nearly flat over the past decade. The result is that it is now extremely difficult for primary care doctors new to practice to cover practice overhead and make payments on medical education debts that average around \$200,000, and still leave enough take home income to cope with the high cost of housing and of living in Hawaii, especially on the neighbor islands. The result is rapid loss of primary care physicians and inability to train or recruit enough new doctors to replace those that are leaving.

This bill allows limited mediation, including on the subject of how doctors are paid and how much, under the supervision of the Attorney General, and with appropriate safeguards against anticompetitive abuse of the mediation process. It would enable reasonable re-balancing of the imbalance of power between our dominant health plan, HMSA, and physicians, so as to keep the practice of medicine, and especially primary care, viable enough to retain existing and attract new doctors to practice in Hawaii. A similar measure has already been passed in Alaska for very similar reasons, and this bill is modeled on the Alaska measure.

We urge the legislature to approve this measure in order to preserve access to health care in Hawaii.

HB-2105

Submitted on: 1/31/2020 5:38:48 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan P. Armstrong	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair Kobayashi, and Honored Representatives serving on the Health Committee,

I proudly testify in support of House Bill 2105.

Please consider that in just my area alone, celebrated Mā•noa Valley, many residents are concerned about the expenses of our health care system for them and their families, and of the difficulty of improving patient well-being. Part of that difficulty is the strong advantage that health care plans have in setting the terms of health benefit plans. Our scarce Physicians who enter medicine to help Hawai'i's people can help. Yet even they face a disadvantage in dealing with the insurers, so the need for a mediative remedy becomes evident.

What this bill does is provide certain reasonable allowances for collective mediation by physicians or their designated third-parties for better terms in the benefit plan. As the Purpose section of the measure indicates, this can be expected to expand competition through the proposed statutory language. If there is a complaint by the insurers or others about this measure, I hope that the committee to remember the visionary history of Hawai'i. Counterbalancing decades of assault on our individual rights by corporations, your predecessors passed the Hawai'i Prepaid Health Care (PHC) Act (PHCA), an act that took no small courage. Let us now find a way that we can all work and move forward together--insurer, doctor and we private citizens. This much smaller measure seems reasonable, pro-doctor, pro-patient, and not unfair to the insurer, as it is thoughtful, deliberative, and methodical in laying out the conditions and exceptions to which collective mediation would apply.

In short, please pass HB2105.

Mahalo nui loa,
Dylan P. Armstrong
Individual Capacity

HB-2105

Submitted on: 2/1/2020 8:22:40 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Vince Yamashiroya, MD	Individual	Support	No

Comments:

HB-2105

Submitted on: 2/1/2020 1:29:55 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Dinner	Individual	Support	No

Comments:

I would like to see an amendment to create a Reef Safe Commission to regulate what chemicals can be used in the vicinity of our reefs. There may already be an entity to control this issue, but they should have some regulatory power to make our reefs safer.

HB-2105

Submitted on: 1/31/2020 7:59:02 AM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Galen Chock	Individual	Support	No

Comments:

HB-2105

Submitted on: 2/1/2020 3:11:15 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Smith	Individual	Support	No

Comments:

I support allowing voluntary mediation between physicians and insurers. Such communication would improve the working relationship between physicians and insurers, and ultimately benefit patient care. This would allow for discussing important treatment standards of care, while sharing metrics on increased efficiency and value. Sharing information on practice guidelines, quality assurance, utilization review and liability issues would be helpful in formulating a more effective and realistic payment model. This would be voluntary, and attorney general involvement will prevent abuse. This bill does not allow for boycotts or strikes, and this model is not a "union" model. Please support HB2105.

HB-2105

Submitted on: 2/3/2020 10:52:44 AM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ELIZABETH ANN IGNACIO	Individual	Support	Yes

Comments:

LATE

HB-2105

Submitted on: 2/3/2020 2:42:04 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rhoads E Stevens, MD	Individual	Support	No

Comments:

I am a practicing physician writing in favor of HB 2015. This voluntary system of mediation would help physicians and insurers resolve disputes. It provides protections for both parties. Better cooperation between physicians and insurers would enhance patient care and contribute to overall better quality of life in Hawaii.

HB-2105

Submitted on: 2/3/2020 8:55:00 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Timothy McDevitt	Individual	Support	No

Comments:

Dear esteemed lawmakers,

I support HB 2105 as I feel it will promote better patient care given that it could potentially ease the referral process that is often cumbersome for the complex patients that we care for and the need care on a more urgent basis. Additionally this will facilitate fee discussions with the insurers making it easier to recruit new physicians to Hawaii in an era of severe doctor shortages

Respectfully submitted,

Timothy F. McDevitt, MD

LATE

HB-2105

Submitted on: 2/3/2020 11:06:13 PM

Testimony for HLT on 2/4/2020 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Mitchell	Individual	Support	No

Comments: