



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in SUPPORT of SB0235-SD1  
RELATING TO THE DEPARTMENT OF HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE NICOLE E. LOWEN, CHAIR  
HOUSE COMMITTEE ON ENERGY & ENVIRONMENTAL PROTECTION  
Hearing Date: March 21, 2019                      Room Number: 329

1 **Fiscal Implications:** Appropriates funds for operating expenses for the Department of Health  
2 (Department):

3            Section 1: \$171,534 (2019-2020) & \$375,764 (2020-2021) of general funds

4            Section 2: \$869,444 (2019-2020) & \$1,588,349 (2020-2021) of sanitation and  
5            environmental health special funds

6            Sufficient appropriations are required to assure optimal public health, and in particular  
7            for addressing community mental health issues, and environmental management.

8 **Department Testimony:** The Department strongly supports Sections 1 and 2 of this measure.

9            Section 1:

10            The Director of Health is required to protect public and environmental health through the  
11            implementation of Hawaii Revised Statutes (HRS) Chapter 342E, Nonpoint Source Pollution  
12            Management and Control, and Chapter 180C-4, Erosion and Sediment Control. Passage of this  
13            measure will fund the development of a nonpoint source (NPS) pollution control branch and the  
14            adoption and implementation of administrative rules to address NPS pollution that impacts State  
15            waters. General funds will support three positions in 2019-2020 and a total of six positions in  
16            2020-2021 to begin enforcement of the regulations. Specifically, in 2019-2020 the Department

1 proposes creating positions and providing funding for a Program Specialist VI, an Environmental  
2 Health Specialist VI, and a Planner V. In 2020-2021 the Department requests positions and  
3 funding for a Program Manager, an Environmental Health Specialist V, and an Engineer V.

4         The State increasingly faces significant pollution issues from runoff and other activities,  
5 which lead to beach closures and brown water advisories. Improving water quality through  
6 enforcement is needed to protect the health of State waters, citizens, and tourists. Staff in the  
7 NPS pollution control branch will review water pollution prevention plans, acquire and analyze  
8 water samples, conduct watershed assessments, and perform complaint investigations and  
9 enforcement of nonpoint source water pollution regulations as outlined in administrative rules  
10 developed for the NPS pollution control branch.

11 Section 2:

12         To enable the Sanitation Branch to maintain the current inspection frequency and  
13 workload per Sanitarian, 14 new Sanitarian positions are needed to keep up with National  
14 Standards. The result will be that the Sanitation Branch will have 5 Section Supervisors, each  
15 with 7 staff and a total of 35 inspectors. The present sections are too large, with each supervisor  
16 having a span of control of 10-11 employees, and there are insufficient staff to conduct the  
17 number of inspections necessary.

18         Hawaii is a tourist destination and those visiting, as well as residents, expect that food  
19 being served in restaurants and other food service establishments is safe and wholesome.  
20 Unfortunately, staffing has not kept up with the increasing number of food service  
21 establishments. The promulgation and implementation of Hawaii Administrative Rules (HAR),  
22 Chapter 11-50 and placarding in July 2014 has dramatically reduced the risk of food-related  
23 illness. With the positions requested, we will be moving towards staffing levels that will reduce  
24 the occurrence of food illness risk by nearly 50%.

25         The Sanitation Branch currently has a field inspection staff of 25 Sanitarian III and IV  
26 positions (24 filled+1 vacant - reserved for reallocation to V) and 1 Sanitarian V supervisor

1 position to cover Oahu. The requested positions will bring the total to 5 supervisors and 35  
 2 inspectors. Existing fees from inspections will be adequate to cover the cost of all of these new  
 3 positions. **No general funds are required to fund these positions.** It should be noted that  
 4 restaurants and other food service establishments are paying these fees expecting that they will  
 5 be used to support the food service and sanitation program. Currently, the funds are sitting in a  
 6 special fund and are not being used.

7 Listed below is the current inventory of Department permitted food establishments (FE)  
 8 on Oahu and the corresponding number in each of the three risk categories assigned. The risk  
 9 categories enable the program to concentrate its resources on the facilities that present the  
 10 greatest public health risks due to the complexity of their food operations.

Category	Risk	Inspection Frequency Required	Number of FE	Total # of inspections required to meet National Standard
1	High	3 times/year	1720	5160
2	Med	2 times/year	2510	5020
3	Low	annual	1730	1730
Total required annually			5960	11,910

12 Compliance with the United States Food and Drug Administration Voluntary National Retail  
 13 Food Regulatory Program Standards (Hawaii has been enrolled in the Standards program since  
 14 2008), requires that a staffing level of one FTE, devoted solely to food safety, for every 280-320  
 15 inspections performed. Inspections for the purpose of this calculation include routine  
 16 inspections, follow-up inspections, compliant inspections, food illness/outbreak investigations,  
 17 risk assessment and process reviews (opening of new FE's), and other direct FE contact time  
 18 such as providing on-site training. The process requires that our inventory of FE's be grouped  
 19 into at least three risk categories based on food safety risk (accomplished with the adoption of  
 20 HAR Chapter 11-50 in 2014).

21 The 11,910 inspections require a range of 37.2 to 42.5 FTE's to meet this standard. In  
 22 addition to regulating food service establishments, it is important to note that Sanitarians have  
 23 other non-food duties, such as inspecting and licensing swimming pools, tattoo shops, and

1 mortuaries. Regulatory responsibilities required under HRS Chapter 328 related to food, drugs,  
2 cosmetics, bottled water, medical devices and other consumer products have been neglected over  
3 the past few years as staff from the Department's Food and Drug Branch were re-assigned  
4 responsibilities to inspect restaurants and other food service establishments. The Department is  
5 now in the process of re-establishing the Food and Drug Branch to resume the inspection of food  
6 and drug manufacturing facilities, sample agricultural commodities for pesticides, monitor the  
7 sale of prescription drugs, cosmetics, etc.

8         The 14 positions should and can be filled within the first year of the biennium as any  
9 delays in hiring will prevent the program from keeping the critical violation rate in FE's at a  
10 minimum at the proper inspection frequency. This program is the cornerstone of maintaining  
11 compliance with food safety regulations, thus reducing the risk of our residents and visitors to  
12 Hawaii from contracting debilitating and sometimes fatal food illnesses. The recent Hepatitis A  
13 outbreak at Genki Sushi sickened over 300 people and caused nearly 80 hospitalizations and one  
14 death. Food Safety is a deadly serious business.

15         Please keep in mind that the funding for all 14 positions will be through special funds  
16 supported by the regulated food industries food permit fees. No general funds are required. The  
17 Sanitation Branch's vision in garnering adequate resources is to enable the Department to re-  
18 commit staff and other existing resources to the Department's Food and Drug Branch. The  
19 Sanitation and Environmental Health Special Fund, S-340-H, has sufficient cash balance and  
20 revenue to accommodate the requested appropriation increase. FY18 revenue was \$3.2 million  
21 and is estimated to be at that level or higher in future years, since the number of food  
22 establishments continues to grow. FY18 expenditures were \$1.8 million.

23

24 Governor's Executive Budget Request:

25 The Department of Health supports the Governor's Executive Budget Request, as follows:

26

Fiscal Year 2020				
Act 53/18 Appropriation	Reductions	Additions	Total FY20	MOF
\$ 490,367,659.00	\$ (7,207,300.00)	\$24,251,995.00	\$ 507,412,354.00	A
\$ 203,699,060.00		\$ 1,484,483.00	\$ 205,183,543.00	B
\$ 87,478,064.00		\$41,949,009.00	\$ 129,427,073.00	N
\$ 53,891,894.00	\$ (4,045,915.00)	\$19,012,081.00	\$ 68,858,060.00	P
\$ 4,417,031.00		\$ 608,395.00	\$ 5,025,426.00	U
\$ 211,594,712.00		\$ 370,533.00	\$ 211,965,245.00	W
\$ 1,051,448,420.00	\$ (11,253,215.00)	\$87,676,496.00	\$ 1,127,871,701.00	Total
Fiscal Year 2021				
Act 53/18 Appropriation	Reductions	Additions	Total FY21	MOF
\$ 490,367,659.00	\$ (7,207,300.00)	\$31,070,088.00	\$ 514,230,447.00	A
\$ 203,699,060.00		\$ 2,765,344.00	\$ 206,464,404.00	B
\$ 87,478,064.00	\$ (5,552,632.00)		\$ 81,925,432.00	N
\$ 53,891,894.00	\$ (4,993,161.00)		\$ 48,898,733.00	P
\$ 4,417,031.00		\$ 612,173.00	\$ 5,029,204.00	U
\$ 211,594,712.00		\$ 370,533.00	\$ 211,965,245.00	W
\$ 1,051,448,420.00	\$ (17,753,093.00)	\$34,818,138.00	\$ 1,068,513,465.00	Total

1

2 Please see Attachment A which is a copy of Tables 3 and 15 of the briefing materials as a  
3 summary of the Department of Health’s requested budget appropriations broken down by  
4 Program ID.

5 The department appreciates the inclusion of Governor’s Message #6 which includes:

- 6 • For Emergency Medical Services (HTH 730/MQ): Adding \$11,872,596 in general funds  
7 in FY 20 and \$15,040,191 in general funds in FY 21 to meet collective bargaining  
8 requirements and recurring personnel cost for service providers contracted to provide pre-

1 hospital emergency medical services. Increased funding will maintain current level of  
2 pre-hospital emergency medical services.

- 3 • For Emergency Medical Services (HTH730/MQ): Adding \$2,381,815 in general funds in  
4 FY 20 and \$3,642,807 in general funds in FY 21 for other current expenses cost increases  
5 for service providers contracted to provide pre-hospital emergency medical services.  
6 Funding is to meet cost increases resulting from increases in call volume and cost of  
7 goods, supplies, and services and maintain current level of pre-hospital emergency  
8 medical services.

9 The department request the Legislature’s attention for the following priorities.

#### 10 **New Appropriations Requests**

##### 11 Health Resources Administration

12 Emergency Medical Services – Collective Bargaining Request mentioned above.

- 13 • The EMSIPSB FY 2020 and FY 2021 budget request included \$11,872,596 (FY 20) and  
14 \$15,040,191 (FY 21) for a mandatory union collective bargaining increase.

15 Emergency Medical Services – Recurring Other Expenses for services providers contracted to  
16 provide pre-hospital emergency medical service mentioned above.

- 17 • The EMSIPSB FY 2020 and FY 2021 budget request included \$2,381,815 (FY 20) and  
18 \$3,642,807 (FY 21) for other current expenses cost increases.
- 19 • The request includes, but is not limited to, costs for subcontracts, drugs/medication,  
20 insurance, rental of space, meals, uniforms, fuel, repair and maintenance, staff training,  
21 telecommunications service and equipment, utilities, indirect/administrative overhead,  
22 equipment, and motor vehicles.

23 Medical Cannabis

- 1       • As required by Act 159, SLH (2018), the Department is currently engaged in a re-  
2       organization process to integrate the Medical Cannabis Registry and the Medical  
3       Cannabis Dispensary Programs into the new Office of Medical Cannabis Control and  
4       Regulation to be managed directly under HTH595 Deputy Director of Health Resources  
5       Administration.

6   Family Health Services – Replace Funding for Family Planning Program (Title X)

- 7       • Proposed changes at the federal level restricts Hawaii’s comprehensive approach by  
8       limiting family planning services offered to women. This request will institutionalize the  
9       Hawaii Family Planning Program and solidify comprehensive family planning options for  
10      Hawaii’s men and women regardless of changes in the political environment.

11   Environmental Health Administration

- 12      • Environmental Management Division - Positions and funding for enforcement of non-  
13      point source water pollution regulations
- 14          ○ The six positions will begin implementing Hawaii Revised Statutes (HRS) §342E,  
15          Nonpoint Source Pollution Management and Control. HRS §342E was passed in  
16          1993 and DOH has not implemented the law to date.
  - 17          ○ DOH has not implemented HRS §180C-4, Erosion and Sediment Control, which  
18          was passed in 1974.
  - 19          ○ Under article XI, §1 of the Hawaii state constitution, DOH has a constitutional  
20          mandate under the public trust doctrine to regulate nonpoint source pollution.
  - 21          ○ The federal Coastal Zone Act Reauthorization Amendments (CZARA) §6217  
22          require DOH and the Department of Business, Economic Development &  
23          Tourism (DBEDT) to develop and implement a Coastal Nonpoint Pollution  
24          Control Program.
- 25      • Sanitation Branch - Positions and funding for sanitarians and funds for improved food  
26      safety

- 1           ○ To enable the Sanitation Branch to maintain the current inspection frequency and  
2           workload to keep up with National Standards.
- 3           ○ Hawaii is a tourist destination and those visiting, as well as residents, expect that  
4           food being served in restaurants and other food service establishments is safe and  
5           wholesome.
- 6           ○ The promulgation and implementation of Hawaii Administrative Rules, Chapter  
7           11-50 and placarding in July 2014 has dramatically reduced the risk of food-  
8           related illness.
- 9           ○ With the positions requested, we will be moving towards staffing levels that will  
10          reduce the occurrence of food illness risk by nearly 50%.

11   General Administration

12   Office of Health Status Monitoring (OSHM) - Re-engineer the Vital Statistics System

- 13          • The Office of Health Status Monitoring (OHSM) is responsible for registering all vital  
14          events occurring in the State of Hawaii, which includes the registering and licensing of  
15          over 50,000 vital events and approximately 80,000 requests resulting in over 300,000  
16          certified copies annually.
- 17          • The Vital Statistics System (VSS) was developed over 20 years ago and is not  
18          supportable with today's technology and security features. The replacement of the VSS  
19          is to address security aspects of the system, improve customer service and efficiency to  
20          register and issue certified copies of Birth, Marriage and Death.

21   Office of Policy, Planning, and Program Development (OPPPD) - Add Funds for Telehealth  
22   Pilot Project

- 23          • Telehealth is one of three strategic priorities documented in DOH's strategic plan.
- 24          • This request is the third and last for the current DOH strategic planning cycle. The first  
25          pilot is in southwest Hawaii, was requested through the Governor's budget. The second  
26          is split between Wahiawa and (most likely) east Hawaii, and was a stand-alone bill



1 offered by the WAM Chair. The third as appealed on this form, is to be statewide in part  
2 to fill pilot gaps in Maui and Kauai. DOH believes it is important to seed pilots in all  
3 counties in the interest of fairness and to learn from the unique circumstances of each  
4 county.

5 Behavioral Health Administration

6 Hawaii State Hospital Forensic Building – Positions and Funding

- 7 • A new forensic building is being constructed at Hawaii State Hospital and slated to open  
8 spring 2021.
- 9 • The opening of two additional units is projected to occur during Fiscal Year 2023. To  
10 ensure quality patient care, additional direct care staff are needed to run these additional  
11 units.

12 Developmental Disabilities Division – Increase State match for Medicaid Intellectual and  
13 Developmental Disabilities (I/DD) Home and Community Based Services Waiver

- 14 • DDD requests an increase of \$7,702,000 in state funding (which will be used to match  
15 \$8,902,000 in federal funds) in fiscal year 2020 and an increase of \$5,814,000 in state  
16 funding (which will be used to match \$6,582,000 in federal funds) in fiscal year 2021.
- 17 • This funding will allow DDD to complete implementation of provider rate changes and  
18 other improvements to the I/DD Waiver program. Changes to provider payment rates and  
19 other waiver policies ensures that the State will be in continued compliance with federal  
20 requirements (with the federal government paying for more than half of the cost) and that  
21 State residents with I/DD have access to quality services.

22 Capital Improvement Projects

23 Hawaii State Hospital – Maintenance and Furniture, Fixtures & Equipment (FFE) for new  
24 forensic facility

- 1       • In FY20, \$1,920,000 is needed to replace chillers in Bldg. Q. Assessment by consultant  
2       to determine the air handlers that must be replaced immediately throughout the rest of the  
3       campus.
- 4       • In FY20, \$6,525,000 is needed to purchase of furniture, fixtures and equipment for the  
5       new facility. FF&E must be provided prior to the opening of the new facility.
- 6       • In FY21, \$8,997,000 is needed for Hawaii State Hospital Anti-Ligature and Other  
7       Improvements.

8   **Offered Amendments:** N/A