



# HAWAI‘I CIVIL RIGHTS COMMISSION

830 PUNCHBOWL STREET, ROOM 411 HONOLULU, HI 96813 · PHONE: 586-8636 FAX: 586-8655 TDD: 568-8692

February 9 2021  
Rm. 225, 3:00 p.m.

To: The Honorable Joy A. San Buenaventura, Chair  
The Honorable Les Ihara, Jr., Vice Chair  
Members of the Senate Committee on Human Services

The Honorable Jarrett Keohokalole, Chair  
The Honorable Rosalyn H. Baker, Vice Chair  
Members of the Senate Committee on Health

From: Liann Ebesugawa, Chair  
and Commissioners of the Hawai‘i Civil Rights Commission

## Re: S.B. No. 1285

The Hawai‘i Civil Rights Commission (HCRC) has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment, housing, public accommodations, and access to state and state funded services. The HCRC carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5.

S.B. No. 1285 requires any hospital or other medical facility that serves a community including more than 500 Compact of Free Association (COFA) benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

**The HCRC supports the intent of S.B. No. 1285.** The HCRC notes that Pacific islander communities in Hawai‘i have been affected by COVID-19 at higher numbers than any other community of color in the State. The bill will aid health care workers better reach and serve the

COFA community. Section 2, (2) of S.B. 1285 also requires hiring of interpreters. Language access is already mandated, so interpreting services must be offered even if a facility serves less than 500 COFA benefit recipients.

Decreasing infection rates for disproportionately affected communities will advance the broader public health interest in stopping the spread of the pandemic

**The HCRC supports the intent of S.B. No. 1285.**



**WRITTEN TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
THIRTY-FIRST LEGISLATURE, 2021**

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**ON THE FOLLOWING MEASURE:**

S.B. NO. 1285, RELATING TO MEDICAL FACILITIES.

**BEFORE THE:**

SENATE COMMITTEES ON HUMAN SERVICES AND ON HEALTH

**DATE:** Tuesday, February 9, 2021 **TIME:** 3:00 p.m.

**LOCATION:** State Capitol, Room 225, Via Videoconference

**TESTIFIER(S):** **WRITTEN TESTIMONY ONLY.**  
(For more information, contact Angela Tokuda,  
Deputy Attorney General, at 587-3050)

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Chairs San Buenaventura and Keohokalole and Members of the Committees:

The Department of the Attorney General (Department) provides the following comments on this bill.

The purpose of the bill is to require any hospital or other medical facility that serves a community including more than five hundred persons eligible for benefits pursuant to the Compact of Free Association (COFA), to: (1) establish and implement a program of diversity and inclusion training for all staff; and (2) hire interpreters and community healthcare workers as necessary to effectively communicate with and provide culturally sensitive services to the community.

These requirements are without an enforcement mechanism and are not drafted to be codified in Hawaii Revised Statutes, so it is unclear which department would have enforcement powers. The Department recommends that a department or agency be identified as the enforcing entity and the provisions of this bill codified accordingly, along with an enforcement mechanism.

Further, it is unclear how hospitals or other medical facilities would be able to determine whether the communities they serve include more than five hundred persons eligible for benefits pursuant to COFA. If there is a governmental agency that has this information, that agency should be identified as the point of reference and should be required to give notice to the affected hospitals and medical facilities. The Department

notes, however, that the current wording of the bill uses the term “eligible for benefits,” at page 2, line 18, and not “recipients of benefits,” as alluded to at page 2, line 3. It may be unrealistic to require any agency to know eligibility numbers as opposed to recipient numbers. The Department, therefore, recommends that the bill be amended to clarify how the hospitals or medical facilities would make the determination or how the determination would be made for them. Without such information and notice to hospitals and medical facilities, compliance and enforcement might not be possible.

Thank you for the opportunity to provide testimony.



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Joy San Buenaventura, Chair  
The Honorable Les Ihara, Jr., Vice Chair  
Members, Senate Committee on Human Services

The Honorable Jarrett Keohokalole, Chair  
The Honorable Rosalyn Baker, Vice Chair  
Members, Senate Committee on Health

From: Colette Masunaga, Director, Government Relations & External Affairs, The Queen's Health Systems

Date: February 9, 2021

Re: Comments on SB1285, Relating to Medical Facilities.

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The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity offer comments and support for the intent of SB1285, which would require hospitals and other medical facilities that serves a community with more than 500 COFA benefit recipients, to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers. Queen's appreciates and support the intent of this measure, however, we have concerns that the bill in its current form and if enacted would not meet the intended purpose.

A majority of Queen's COFA patients are seen at the Queen Emma Clinic (QEC) for basic outpatient and primary care services. Our QEC embodies the mission of The Queen's Health System, which is to provide quality health care services to all, regardless of ability to pay. QEC provided services to over 700 COFA patients in FY2020.

We would note that under Title VI of the Federal Civil Rights Act of 1964, hospitals are required provide language access services. Queen's Patient Relations Department provides interpreters for patients in many foreign languages as well as in American sign language. We also utilize the MARTTI (My Accessible Real-Time Trusted Interpreter) system, which is a HIPPA compliant and allows for two-way video and audio wireless connection to a skilled, certified medical interpreter. The proposed measure would require hospitals to only hire interpreters and does not

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

take into account the alternative means for delivering translation. We are concerned about the availability of qualified speakers to cover hospital operations 24/7 for multiple languages beyond those for COFA patients.

Queen's supports the utilization of community health workers to build trusted relationships and rapport with patients. However, the limiting language of the bill does not take into account the diversity of caregivers currently engaged in care coordination, navigation, and facilitation of access services and improve the quality and cultural competence of service delivery.

Queen's concurs with the testimony provided by the Healthcare Association of Hawai'i and thanks the committee for the opportunity to offer comment on this measure.



**Testimony to the Senate Joint Committee on Human Services, and Health  
Tuesday, February 9, 2021; 3:00 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

**RE: SENATE BILL NO. 1285, RELATING TO MEDICAL FACILITIES.**

Chair San Buenaventura, Chair Keohokalole, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of Senate Bill No. 1285, RELATING TO MEDICAL FACILITIES.

The bill, as received by your Committee, would require any hospital or other medical facility that serves a community including more than 500 Compacts of Free Association (COFA) recipients to:

- (1) Establish diversity and inclusion training for all staff; and
- (2) Hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

A large majority of COFA migrants receive primary care from FQHCs. Many of these patients tend to have co-occurring chronic and communicable diseases as well as linguistic and cultural barriers to care. To meet their needs, our member FQHCs have adjusted their practices to mitigate the cultural and linguistic barriers that restrict COFA migrants from basic health care. These efforts include the use of translators and cultural experts that work with our health care providers to ensure that COFA migrants are informed, prepared, and ready to assist with their own health care management. Our focus on

**Testimony on Senate Bill No. 1285**  
**Tuesday, February 9, 2021; 3:00 p.m.**  
**Page 2**

cultural integration is one of the reasons why FQHCs are so effective in improving the health outcomes of our patients.

While we support the intent of this measure, not only do we already do this, but it serves as the foundation of how we operate. We believe it is a main reason for our success and urge all of our fellow health care providers and facilities to do the same.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).





**February 9, 2021 at 3:00 pm**  
**Via Videoconference**

**Senate Committee on Human Services**

To: Chair Joy A. San Buenaventura  
Vice Chair Les Ihara, Jr.

**Senate Committee on Health**

To: Chair Jarrett Keohokalole  
Vice Chair Rosalyn H. Baker

From: Paige Heckathorn Choy  
Director of Government Affairs  
Healthcare Association of Hawaii

**Re: Submitting Comments**  
**SB 1285, Relating to Medical Facilities**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities, and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide **comments** on this bill, which requires any hospital or other medical facility that serves a community including more than 500 persons who are residents from the Compact of Free Association nations to establish a program of diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers (CHWs) to effectively communicate with and provide culturally sensitive services to the community.

We appreciate the intent of this measure, which is to ensure that all residents have access to culturally competent care. We are concerned, however, that requiring all hospitals and medical facilities to hire interpreters and CHWs to improve communication would not create budgetary savings for organizations; instead, it would create new funding requirements for personnel that might not improve care or understanding of care measurably. We would also note that, as written, the draft does not specifically require translational services and training for COFA patients—the requirements in the bill instead apply to all patients who go to a hospital or

medical facility that is located in a community with more than 500 COFA residents. Thus, the bill would apply broadly to the entire patient population of a provider.

We would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Translation services for spoken and written materials can be provided in-person, by phone, or via other technological means. This bill simply states that interpreters must be hired, which would indicate that the only translation services that could be provided would need to be in-person. This would be very costly for hospitals, as they would need to have a person in the facility or on-call 24 hours a day for multiple languages related not just to residents of COFA nations but, seemingly, any patient who arrives at the facility. Similarly, CHWs would need to be on staff and would seemingly need to speak various languages proficiently. This would require significant new staffing requirements, especially at rural hospitals.

We would also note that this requirement exists for all medical facilities, which would seem to indicate that all clinics, community health centers, nursing facilities, care homes and other types of healthcare providers would need to hire and retain similar levels of staffing, which would likely be difficult in terms of sourcing the appropriate workforce and funding.

Lastly, we would seek clarification on what the training for diversity and inclusion should entail. We agree that staff should be able to provide culturally competent patient care but would seek more clarity to understand the need and if existing training programs should be improved.

Thank you for the opportunity to comment on this bill.

**SB-1285**

Submitted on: 2/8/2021 1:01:46 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
amy agbayani	Testifying for Hawai'i Friends of Civil Rights	Support	No

Comments:

Aloha.

Please accept my appreciation and support for sb1285. COFA is an international agreement between these countries and the US. Among other items, the US is given significant military and international authority and COFA residents are allowed into the US without Visa. At this time, over 16,000 COFA citizens and their children live in Hawai'i. The COFA community face serious problems obtaining jobs, housing and access to many needed services. Clearly COFA families are disproportionately overrepresented among COVID19 cases and deaths, the pandemic spreads unless all communities are provided access to COVID 19 health related services. This bill address the issue of language access, a primary barrier to COFA and other non-native English speakers. It should be noted that language access is a civil right. COFA citizens need assistance with language access, culturally appropriate services as well as technology access.

Please support SB1285.

Amy Agbayani, co-chair Hawai'i Friends of Civil Rights



**Papa Ola Lokahi**  
Nana I Ka Pono Na Ma

**Papa Ola Lokahi**

894 Queen Street  
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

**Papa Ola Lokahi**

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

**Board of Directors**  
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**SENATE COMMITTEE ON HUMAN SERVICES**

Sen. Joy A. San Buenaventura, Chair

Sen. Les Ihara, Jr., Vice-Chair

**SENATE COMMITTEE ON HEALTH**

Sen. Jarrett Keohokalole, Chair

Sen. Rosalyn H. Baker, Vice-Chair

**IN SUPPORT**

**SB 1285 - RELATING TO MEDICAL FACILITIES**

**Tuesday, February 9, 2021, 3:00 PM, Videoconference**

Papa Ola Lōkahi, the Native Hawaiian Health Board established in 1988 through the federal Native Hawaiian Health Care Act (Title 42 USC 122), **SUPPORTS** SB 1285 that requires hospitals, health centers and other such medical facilities establish diversity and inclusion and training for all staff, and to hire interpreters when needed.

Key findings across all health subject matter within the 1985 *E Ola Mau Hawaiian Health Needs Assessment* – which led to the passage of federal policy on Hawaiian health and the establishment of Papa Ola Lokahi – pointed out that Native Hawaiians delayed treatment of serious chronic illness, did not engage in disease prevention and health promotion activities, and the dearth of Hawaiians across the health professions.

Similarly, many COFA recipients and other Pacific Islanders do not seek early medical interventions due to experienced discrimination and stigmatization. This can be reduced with a health care network that is aware of concerns of the patients they care for and the communities they serve. It is not only important to assure health care is *accessible* and *affordable*; it must also be *appropriate* and *acceptable*.

It has become increasingly clear to us, as the backbone organization for the Native Hawaiian & Pacific Islander Hawai'i COVID-19 Response, Recovery & Resiliency Team (NHPI 3R), that interpreters will help bridge the gap with those for whom English is not their first language, and community health workers will build trust and ease in navigating the health care system.

Thank you for the opportunity to provide testimony in support of SB 1285.

Feb 8, 2021

Re: SB 1285

Chairs and Members of the Senate Committees on Human Service and Health,

Iakwe and Aloha, my name is David Anitok, community organizer for the COFA Alliance National Network or CANN. I'm from the Marshall Islands and have been serving as co-founder and organizer for CANN since 2013, working to advance social and economic justice for the communities from the Federated States of Micronesia, Republic of Palau and the Republic of the Marshall Islands who have a unique treaty with the United States call the Compact of Free Association or COFA. In Oregon and Washington combined, we've successfully passed and implemented 8 COFA legislation to address the unique human and health needs of these communities. I am a serving member on the COFA Leadership Council for the Asia Pacific American Health Forum who've been working with Senator Hirono on the latest federal policy to restore COFA Medicaid and other congressional leaders on the REAL ID Act to include COFA languages. It's an honor to be with you today to testify in support of this must needed measure in Hawaii to further compliment the healthcare workforce that's doing their best to address the unique needs of our communities, including the COFA communities. I want to take this opportunity to say thank you and Kimmol tata in our Marshallese native language to the many healthcare workers who are working their best during this pandemic to keep our families safe. And this is why we need this important legislation and we need this now more than ever. On that note, I must thank Senator Dru and his amazing staff team for not only hearing us but taking action for this bill to be heard today.

As noted in Dr. Neal Palafox's testimony and from other sources like the Department of Health, more Pacific Islanders are impacted by COVID-19 compared to any other ethnic groups in Hawaii, as well as throughout the United States. As an interpreter and translator for the courts, healthcare providers, and other social services, I understand how critical it is to have quality language and cultural skills, especially for the unique native languages from the COFA communities. I get far too many inquiries and requests on a daily basis for help with language and cultural services not only from service providers, but community members from the Marshall Islands. There are several native languages and dialects from the Federated States of Micronesia, which are Pohnpei, Chuuk, Kosrae and Yap, Republic of the Marshall Islands, and Republic of Palau. These COFA nations are also unique in their cultures, way of life, and how to communicate effectively with each of these communities is quite unique. Mixed with the modern day society and diverse cultures, it is important to understand that relationships cannot be established only at these medical facilities during the doctor's visit. To serve the community as an interpreter or health care workers, there must be the level of true connection and engagement that happens outside these medical facilities in order to address many of these generational health disparities and inequities.

I fully support the measure and would like to add the above testimony to strengthen language of the measure to create that level of engagement and connection between the health provider and community members from these unique COFA communities who are multilingual and understand the depth of these unique cultures.

David Anitok  
Policy and Outreach Coordinator  
COFA Alliance National Network  
dantok@cann.us

**Testimony COMMENTING on S.B. No. 1285  
RELATING TO MEDICAL FACILITIES**

SENATOR JARRETT KEOHOKALOLE, CHAIR  
SENATE COMMITTEE ON HEALTH

SENATOR JOY A.SAN BUENAVENTURA  
SENATE COMMITTEE ON HUMAN SERVICES

Hearing Date: 2/9/2021

Room Number: 225

Chair Keohokalole, Chair San Buenaventura, and Members of the Joint Committee:

The Hawai'i Coalition for Immigrant Rights SUPPORTS S.B. 1285.

It is no secret that the Pandemic exposed systemic inequalities in our healthcare services.<sup>1</sup> Numerous articles were published over the last year highlighting how our COFA communities have been disproportionately impacted by COVID-19 and did not receive the care or public health information needed to stop the spread of the virus in their communities.<sup>2</sup> With the recent changes expanding Medicaid coverage to COFA residents of the United States, more than 25,000 individuals in our state could be accessing healthcare on a more regular basis.<sup>3</sup> This is great news but needs to be met with equal action by the state.

SB1285 would go a long way in addressing some of the healthcare hurdles that COFA communities face as Limited-English Proficient (LEP) persons. It is common sense that medical care and public health information is best utilized when it is given in the native language of the patient by a member of their own community. That is why numerous states, such as Massachusetts, have passed more expansive medical interpretation laws that mandate in-person interpretation for patients.<sup>4</sup> These interpreters become trusted partners not only to the community they serve but also to the medical providers that they work with. They don't just translate the words spoken by a nurse or doctor. They recognize and address the barriers that the family they are speaking to might be facing.

For example, a COFA community family with a sick family member seeking care in an Emergency Room might bring several members of their family to the hospital in a show of support. In the current COVID-19 crisis, even if they are allowed to enter the hospital, this means that all of those family members could be exposed to the virus and could require testing.

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<sup>1</sup><https://www.civilbeat.org/2020/08/health-officials-knew-covid-19-would-hit-pacific-islanders-hard-the-state-still-fell-short/>

<sup>2</sup> <https://www.civilbeat.org/2020/09/covid-magnifies-health-disparities-for-micronesians/>

<sup>3</sup><https://www.civilbeat.org/2020/12/how-decades-of-advocacy-helped-restore-medicare-access-to-micronesians-grants/>

<sup>4</sup> <https://www.mass.gov/interpreter-services-at-health-care-facilities>

Without diversity and inclusion training for all staff and hiring appropriate in-person community interpreters and health workers to see what is happening in the room and address it, inadequate medical advice can be given that does very little to stop the spread of the virus or further the families' public health knowledge.

The current system, even with current laws, is not working. Doctors and other providers often feel like they are left with few options. They can call a number which may or may not connect them with language services through the phone, a helpful tool but one insufficient to the task of soliciting sensitive medical information, reading the apprehension or confusion on a patient's face, and addressing dynamics that may only be apparent in-person. Even systems like MARTTI, which can be helpful with more common languages like Spanish, are not optimized for the language needs of COFA communities. We have also heard stories of providers relying on the family member with the greatest English-language skills, which may often be a minor, and relying on them to do the job of a professional. None of these options have proven robust enough to provide COFA residents of Hawai'i with the care that they are entitled to. In addition, without taking this step forward we will continually frustrate our already strained medical providers and cripple them by denying them the resources they need to meet the task they have been given.

The Pandemic has shone a light on the ways in which language access and cultural competency, which can only be achieved not only through training but also hiring in-person community interpreters and community healthcare workers to bridge the gaps, is a critical component of any public health response. Let's not let this lesson go to waste but, instead, take what we have learned and make positive steps forward so all ALL of our people can live healthy and productive lives.

Thank you for your consideration,

Catherine Chen, Co-chair, Hawai'i Coalition for Immigrant Rights  
Liza Ryan Gill, Co-chair, Hawai'i Coalition for Immigrant Rights



# Native Hawaiian & Pacific Islander



## HAWAI'I COVID-19

Response Recovery Resilience

## TEAM

**LATE**

### SENATE COMMITTEE ON HUMAN SERVICES

Sen. Joy A. San Buenaventura, Chair

Sen. Les Ihara, Jr., Vice-Chair

### SENATE COMMITTEE ON HEALTH

Sen. Jarrett Keohokalole, Chair

Sen. Rosalyn H. Baker, Vice-Chair

### IN SUPPORT WITH COMMENTS

### SB 1285 – RELATING TO MEDICAL FACILITIES

**Tuesday, February 9, 2021, 3:00 PM, Videoconference**

The Native Hawaiian and Pacific Islander Hawai'i COVID-19 Response, Recovery, and Resilience Team (NHPI 3R) is a collective of more than 40 agencies, organizations, programs and departments across the Hawaiian island established in April 2020 to improve data collection and reporting of accurate data, identify and lend support to initiatives in Hawai'i working to address COVID-19 among Native Hawaiians and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities.

We are in strong support of health facilities hiring paid staff to serve COFA communities as we believe that communities are best served by those who understand their cultural customs and speak their language. In 2020, the State Department of Health created a Pacific Islander contact tracing team that placed these qualities on the same level as educational credentials, which was successful to the point at which the CDC is reviewing this practice as a pilot project.

However, this burden placed upon health facilities has several barriers, which have been of concern prior to bill introduction, including insufficient certification program opportunities. Currently, no Micronesian language (e.g. Chuukese, Marshallese) interpretation certification program is active in Hawai'i. This creates difficulty for those seeking to do paid interpretation services per current standards of practice.

We support the intent and message of this bill, but do not seek to place the entire burden of the direct and indirect challenges that this requirement would impose upon hospitals and health facilities. We encourage the legislature to understand the full story of what would be needed in order to mobilize the requirements of the bill, and work with our hospitals, health facilities, and relevant COFA-serving community organizations to strategize on how to best move forward with an equitable division of labor across the continuum of care.

Thank you for the opportunity to provide testimony in support of the intent of SB 1285.

**LATE**

February 8, 2021

SB1285 Relating to Medical Facilities

COMMITTEE ON HUMAN SERVICES

Senator Joy A San Buenaventura, Chair Senator Les Ihara, Jr., Vice Chair

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair, Senator Rosalyn H. Baker, Vice Chair

Aloha Chair Buenaventura, Chair Jarrett Keohoklole, and Members of the Committee.

Aloha! My name is Barbara Tom and I am in full support of SB1285. I am a retired Public Health Nurse and currently oversee services for the migrant community at the Waipahu Safe Haven Immigrant/Migrant Center. During this pandemic period, I have been actively working with our Safe Haven staff to help the residents of Waipahu access services and many of them are from the COFA community. I frequently hear of incidences related to the lack of interpreter services. Recently one of our own Marshallese volunteer was hospitalized in the hospital, and expected to return home the next week, however, she expired suddenly. The family was not notified until a few days later. They were devastated as was the community. The lack of interpretation for the family was evident as they were not initially aware of her diagnosis, nor what happened to her. A DOE interpreter who worked closely with our volunteer tried to help the family obtain information from the hospital but no one from the hospital called her back. The family was not allowed to go to the hospital to see her body but eventually told to go to the Morgue. This lack of interpretation, follow-up and compassion translates to a lack of trust by the community for medical personnel and hospitals. Many of the migrant community will not call the 211 number or the hospitals to register for their vaccine or ask for testing as they do not speak English and there is no one at the other end who can help them through the process. This is a frustrating and recurring issue which really needs to be addressed. I strongly support the passage of this Bill.

Thank you for allowing me to provide testimony,

Barbara Tom

98-1854 Mikinolia Pl.

Aiea, HI., 96701

**LATE**

**SB-1285**

Submitted on: 2/9/2021 12:58:41 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Robinson	Testifying for Hawaii Pacific Health	Comments	No

Comments:

Support intent & providing comment.

**SB-1285**

Submitted on: 2/5/2021 3:38:55 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nash Witten	Individual	Support	No

Comments:

Aloha Senators San Buenaventura, Keohokalole, Ihara, and Baker,

Thank you for the opportunity to provide written support of SB1285 pertaining to the establishment and implementation of a program of diversity and inclusion training as well as the hiring of interpreters and community health workers for the delivery of culturally sensitive services to the Compact of Free Association patients in Hawai'i. As a Family Medicine physician at a Federally Qualified Health Center in Honolulu providing primary care services primarily to patients from COFA nations, especially during the COVID pandemic, the need for the services promoted by this bill are definitely needed throughout our health care system. I am privileged to have both interpreters and community health workers at my clinic and have heard too many patient stories related to a lack of even being told they had COVID during a hospitalization, let alone that they nearly died from it. This bill would encourage our entire health system in Hawai'i to better provide culturally sensitive services to this population, which is critical to the fair and just delivery of health care to this population.

Sincerely and in strong support of this bill,

Nash Witten, MD

*Beth Hoban*  
*45104 Mahalani Circle \* Kaneohe, Hawaii 96744*

**February 9, 2021 at 3:00 pm**  
**Via Videoconference**

**Senate Committee on Human Services**

To: Chair Joy A. San Buenaventura  
Vice Chair Les Ihara, Jr.

**Senate Committee on Health**

To: Chair Jarrett Keohokalole  
Vice Chair Rosalyn H. Baker

From: Beth Hoban, RN, MAOM

**Re: Submitting Comments**

**SB 1285, Relating to Medical Facilities**

As a registered nurse of 50 years, 24 years in a hospital setting and 26 years in home health as business owner, I would like to submit comments related to SB 1285, Relating to Medical Facilities. Thank you for the opportunity to provide **comments** on this bill, which requires any hospital or other medical facility that serves a community, including more than 500 persons who are residents from the Compact of Free Association Nations, to establish a program of diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers (CHW) to effectively communicate with and provide culturally sensitive services to the community.

I appreciate the intent of this measure, which is to ensure that all residents have access to culturally competent care. I am concerned, however, that requiring all hospitals and medical facilities to hire interpreters and CHWs to improve communication would not save these organizations; instead, it would create new funding requirements for personnel that might not improve care or understanding of care measurably. I would also note that, as written, the draft does not specifically require translational services and training for COFA patients—the requirements in the bill instead apply to all patients who go to a hospital or medical facility that is located in a facility with more than 500 COFA residents. Thus, the bill would apply broadly to the entire patient population of a provider.

I would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Translation services for spoken and written materials can be provided in-person, by phone, or via other technological means. This bill simply states that interpreters must be hired, which would indicate that the only translation services that could be provided would need to be in-person. This would be very costly for hospitals, as they would need to have a person in the facility or on-call 24 hours a day for multiple languages related not just to residents of COFA nations but, seemingly, any patient who arrives at the facility.

*Beth Hoban*  
*45104 Mahalani Circle \* Kaneohe, Hawaii 96744*

Similarly, CHWs would need to be on staff and would seemingly need to speak various languages proficiently. This would require significant new staffing requirements, especially at rural hospitals.

I would also note that this requirement exists for all medical facilities, which would seem to indicate that all clinics, community health centers, nursing facilities, care homes, and home health agencies and other types of healthcare providers, would need to hire and retain similar levels of staffing, which would likely be difficult in terms of sourcing the appropriate workforce and funding. Majority of home health providers are small businesses with limited resources, which would cause a financial burden on their business.

Lastly, I would seek clarification on what the training for diversity and inclusion should entail. I agree that staff should be able to provide culturally competent patient care but would seek more clarify to understand the need and if existing training programs should be improved.

Thank you for the opportunity to comment on this bill.

Aloha Senators Buenaventura, Ihara, Keohokalole, and Baker,

Thank you for the opportunity to provide testimony. I am in STRONG SUPPORT of SB1285.

We are in need of more training to bridge the cultural divide in our patients who are from COFA. As a health care worker in training, I witness the barriers our patient's experience. Interpreter services are not widely accessible at every clinic, and even if they are, some of the online interpreter services may take even 20 minutes to finally access an interpreter especially for Chuukese, Marshallese, or other COFA languages. In my experience working with online interpreters, other languages (Japanese, Cantonese, Mandarin, Spanish) have wait times that are only seconds long. While we wait for the interpreter, the patient is stuck in the room without a clear understanding of what is going on. Beyond language, connecting with values is vital in understanding our patient population and reducing barriers to healthcare. I am in strong support of the diversity and inclusion training is needed for hospitals and other medical facilities that serve our COFA communities. With SB1285, we can improve the care we deliver to our patients and community from COFA.

Lucia Amore

**SB-1285**

Submitted on: 2/8/2021 9:56:31 AM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cynthia J. Goto	Individual	Support	No

Comments:

Strongly Support.



**Senate Committee on Human Services**

Senator Joy A. San Buenaventura, Chair

Senator Les Ihara Jr., Vice Chair

**Senate Committee on Health**

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

RE: Support for Senate Bill 1285

Tuesday, February 9, 2021, 3:00PM in conference room 225

Hâfa Adai Chair San Buenaventura, Chair Keohokalole, and Committee members:

Thank you for the opportunity to provide testimony in support of Senate Bill 1285, which considers the requirement for any hospital or other medical facility that serves a community including more than 500 COFA benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

My name is Amalia Lifoifoi Pangelinan and I am a Chamorro/Carolinan from the island of Saipan, Commonwealth of the Northern Marianas Islands. I am currently a BSW student at the University of Hawai‘i at Manoa. For the past five (5) years that I have been residing on O‘ahu, I have witnessed the hardships many COFA migrants face in Hawai‘i. Being a bilingual Micronesian, I am fortunate enough to understand the English language proficiently. My brothers and sisters, on the other hand, have experienced difficulties in acquiring proper health care due to the language and cultural barriers that have remained evident throughout the island’s medical facilities and services. With the recent restoration of access to Medicaid for many COFA citizens, I believe by passing Senate Bill 1285, it would be the first and most important step towards cross-culture bridge building. It would allow the unification of the people of Hawai‘i and COFA migrants, further expanding the access to urgent and necessary assistance for many COFA citizens.

Amalia L. Pangelinan  
2724 Kahoaloha Lane #1601  
Honolulu, HI 96826

**SB-1285**

Submitted on: 2/8/2021 2:04:24 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Catherine Chen	Individual	Support	No

Comments:

*I strongly SUPPORT S.B. 1285.*

My name is Catherine and I am an immigration attorney at the Medical-Legal Partnership Clinic, which is housed at Kokua Kalihi Valley (KKV), a community health center. I am testifying in my personal capacity and as a co-chair of the Hawaii Coalition for Immigrant Rights, which has submitted its own testimony separately. I support this bill because it is a necessary step in health equity for all in our state.

I have seen stories of clients whose health was jeopardized because they did not receive appropriate and competent interpretation. They did not fully understand needed procedures, or instructions for care, and sometimes even experienced demeaning words of judgment from their healthcare providers. As a result, injuries and illnesses worsened. The pandemic exacerbated existing difficulties and have shown us all the hurtful effects that come from de-prioritizing language access and immigrant rights. I have seen how the COFA community has borne a disproportionate burden of these healthcare inequities.

Conversely, I have also seen first-hand at KKV the positive difference in care made by on-staff, in-person interpreters and bilingual healthcare workers, hired from the community. These interpreters and healthcare workers are indispensable parts of the healthcare team, leading to trust, better health outcomes, and a healthcare system that simply runs better for everyone.

What currently exists is not working, and much more is needed to address health equity. I support this bill's requirements for diversity and inclusion training and the hiring of interpreters and community healthcare workers. I hear resounding messages from the community that this is necessary, and it is important that we as a state listen. This is necessary to keep our whole community, including COFA-status members, healthy and safe.

**SB-1285**

Submitted on: 2/8/2021 2:08:33 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dina Shek	Individual	Support	No

Comments:

I strongly **SUPPORT** S.B. 1285 as a critical step towards promoting much needed health equity in Hawai'i. As an attorney and advocate in Hawai'i, I have worked for over a decade alongside Micronesian communities to fight for access to healthcare and basic civil rights and dignities. Most recently, COFA status residents achieved the restoration of federal Medicaid benefits, especially important coverage during this devastating pandemic.

Still, disparities and discrimination in healthcare and other settings persist.

The current provisions in S.B. 1285 should be seen as a baseline. Even minimal compliance with these provisions are not enough to achieve health equity. Diversity and inclusion training might include, for example, COFA-specific and Micronesian-specific education and forums to develop relationships and build trust among providers and communities. Also, while language access is already required by federal and state law, this bill could expand the hiring of Community Health Workers and encourage a workforce that reflects the diversity of the communities they serve.

Advancing S.B. 1285 is an important step towards advancing health equity and addressing critical health disparities in Hawai'i.

Thank you for your consideration,

Dina Shek

SB1285 Testimony

Date: 2-8-21

From: Neal A. Palafox MD

My name is Neal A. Palafox MD MPH. I was born and raised in Hawaii , a resident of Hawaii and work for the John A. Burns School for Medicine, University of Hawaii. I actively work with four COVID-19 response teams in the State of Hawaii. The views in this testimony are my own, and do not necessarily represent the State institutions where I am employed or which I work.

I am in full support of the Bill and wish to make the following amendments, in italics, to the preamble of SB1285 at the discretion of the Chair

***Many of Hawaii's Health institutions, Clinics, the Department of Health, and State Agencies have had diversity and cultural competency training(s), and they have Pacific Island language translators available some of the time Language access has been mandated by federal law since 2000 and by state law since 2006. Its origins are in Title VI of the Federal Civil Rights Act of 1964. Hawaii has responded to the Limited English Proficiency requirements through Hawaii's Language Access law to ensure that "Limited English Proficiency (LEP) individuals have access to state-funded services in Hawaii. It is now codified under Hawaii Revised Statutes 321C. Further, the US Joint Commission Standards, which articulates standards for Health Equity in Hospitals, has been employed by most of Hawaii's Hospitals. Many of the Pandemic messages have now been translated into the PI languages by many organizations.***

***In spite of all the above actions and policies, the data of the Pandemic is revealing. These State and State Institution actions were not enough. These communities have suffered a heavy and unequal burden of COVID-19 in Hawaii. The PI population makes up 4 % of Hawaii's populations and carries 26% of all COVID-19 cases in Hawai'i. Significant discrimination remains, and current communications / translation strategies are not effective.***

***A State response that we already have diversity training, translators, interpreters, and trained community health workers in place is not responsive to the reality and not acceptable. The discriminatory experience in the PI communities and suffering of the PI communities with the pandemic suggests that these communities remain marginalized. Addressing the needs of the PI communities necessitates allowing the PI communities to handle their own communities through their own cultural, linguistic, intellectual, and human assets. Indeed many PI response teams have carried the day including the Micronesian Ministers & Leaders Uut (Uut is hui or gathering), Marshallese Community Organization of Hawaii, Micronesian Health Advisory Coalition, the Marshall Islands COVID 19 Task Force, We are Oceania (WAO), and Nations of Micronesia (NOM) through their own grass roots efforts and resources. A different and better model, where the existing PI community organizations are full participants, where they are the change agents and not only recipients of health care is needed; and where there is zero tolerance for discrimination in State agencies and Hawaii's health institutions.***

## Full Testimony:

The COVID-19 Pandemic has highlighted the assets and vulnerabilities of all of Hawaii's geographic and ethnic communities with respect to their adaptability and resilience to an evolving and highly infectious virus. Documented through the HI Department of Health epidemiology branch and Hawai'i Hospital health information systems, the Pacific Island Communities, defined as peoples with indigenous ancestry from the Freely Associated States (FAS) (Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau), from the US Territory of American Samoa, from Samoa and from Tonga) have had the highest COVID-19 infection, hospitalizations, and death rates compared to other ethnic groups in Hawaii. These communities have suffered a heavy and unequal burden of COVID-19 in Hawaii. According to the HI DOH, the PI population makes up 4% of Hawaii's populations and carries 26% of all COVID-19 cases in Hawai'i and is over twice as likely to be hospitalized or die from COVID-19 compared to other ethnic groups in Hawaii.

The susceptibility and higher risk to COVID-19 infections of the Pacific Island communities is likely secondary to structural and socio-cultural factors including: poor access to health care, crowded living conditions, lack of job security, multi-generation homes, having high rates of diabetes and other Non-Communicable diseases, low health literacy regarding COVID-19, racial discrimination, and numerous linguistic and cultural barriers to obtain and act on health information. Most of these factors pre-existed before the pandemic. The pandemic acutely highlighted these conditions and inequities, underscoring why allowing such structural, social, communication and cultural challenges to remain unaddressed has serious health and economic consequences for the PI population and for Hawaii.

Many of the longstanding issues will take time to address – such as inadequate housing, multigenerational homes, English language literacy, job security, and high rates of low educational attainment. However, some critical barriers can be addressed and removed now through legislative action to prevent further tragedy within these communities and in Hawai'i. The acute interventions include:

- a. ensuring that all profiling and discriminatory behavior towards PIs is met with zero tolerance by all HI State institutions, and all of Hawaii's health, education and social welfare institutions / agencies
- b. developing effective community engagement and communications with the PI communities
  - a. the PI communities should be at the table and in control of their respective community response.
    - i. The communities are resourced with adequate staff and sustained financial support to manage their COVID-19 pandemic response
  - b. that all pandemic related State and hospital agencies include PI leaders on the pandemic response teams
  - c. that the principal community engagement strategy includes compensated PI translators who are linguistically and culturally competent to effectively engage their respective communities. These translators / community workers should be available to work in the community and not to be merely available by phone or email. They need to be part of the community effort, and not peripheral to it.

It is recognized that many of Hawaii's Health institutions, Clinics, the Department of Health, and State Agencies have had diversity and cultural competency training(s), and that they have Pacific Island language translators available some of the time. Language access has been mandated by federal law since 2000 and by state law since 2006. Its origins are in Title VI of the Federal Civil Rights Act of 1964. Hawaii has responded to the Limited English Proficiency requirements through Hawaii's Language Access law to ensure that "Limited English Proficiency (LEP) individuals have access to state-funded services in Hawaii. It is now codified under Hawaii Revised Statutes 321C. Further, the US Joint Commission Standards, which articulates standards for Health Equity in Hospitals, has been employed by most of Hawaii's Hospitals. Many of the Pandemic messages have now been translated into the PI languages by many organizations. (positive Approach to sad situation)

In spite of all the above actions and policies, the data of the Pandemic is revealing. These State and State Institution actions were not enough and late in coming. Significant discrimination remains, and current communications / translation strategies are not effective. A State response of "we already have language access readiness and diversity training in place" is not responsive to the reality and not acceptable. The discriminatory experience in the PI communities and suffering of the PI communities suggests they were and continue to be left behind, and their needs continue to not be met or are ignored. References and documentation for overt discrimination in Hawaii towards PIs are referenced at the end of this testimony, which includes articles from 2011, 2016, 2017, 2018, 2019 and 2021. Referring to racial injustice in Hawaii, Hawaii Chief Justice Mark Recktenwald stated in January 2021, "barriers to justice have been built into systems, both knowingly and unknowingly."

Addressing the needs of the PI communities necessitates allowing the PI communities to handle their own communities through their own cultural, linguistic, intellectual, and human assets. Indeed many PI response teams have carried the day including the Micronesian Ministers & Leaders Uut (Uut is hui or gathering), Marshallese Community Organization of Hawaii, Micronesian Health Advisory Coalition, the Marshall Islands COVID 19 Task Force, We are Oceania (WAO), and Nations of Micronesia (NOM) through their own grass roots efforts and resources. Hawaii has tried since 2006--- and the current model we have has been tested in COVID-19 and falls far short.

Addressing the COVID-19 pandemic now and in the future is not only a health care, health institution and State Department of Health response. Essential is the concept that the solution is a societal, community and a government responsibility, and that it is possible and can be done now.

#### Interventions:

1. Recognizing the existence of racial and ethnic discrimination in Hawaii and developing a zero-tolerance policy for racial / ethnic discrimination in Hawaii.
  - a. Discrimination: hampers Trust, challenges appropriate / timely health care delivery, promotes dysfunctional partnerships between community organizations and the State.
2. COVID-19 response should be informed, influenced and controlled by communities at risk
  - a. Funding for PI NGOs and calling for community-based interpreters, fluent in linguistic and have cultural expertise and position

- b. Funding for PI community health workers that come from these communities and who do the necessary in-person work (not just phone/email , paper translation services)
3. Community response should be sustainable, financially supported
    - a. Need source of funding , training , and inter- agency / inter-institution work group
    - b. This is possible through Federal COVID-19 resources and the New COFA Medicaid eligibility

References:

1. **No Aloha for Micronesians in Hawaii**, Chad Blair / **June 10, 2011** : Civil Beat  
Migrants suffer from discrimination, lack of understanding of their culture and rights in America.
2. Megan Kiyomi Inada Hagiwara, Jill Miyamura, Seiji Yamada, Tetine Sentell, **“Younger and Sicker: Comparing Micronesians to Other Ethnicities in Hawaii”**, American Journal of Public Health 106, no. 3 (**March 1, 2016**): pp. 485-491.<https://doi.org/10.2105/AJPH.2015.302921>  
PMID: 26691107  
Results. Hospitalized Micronesians were significantly younger at admission than were comparison racial/ethnic groups across all patient refined–diagnosis related group categories. The severity of illness for Micronesians was significantly higher than was that of all comparison racial/ethnic groups for cardiac and infectious diseases, higher than was that of Whites and Japanese for cancer and endocrine hospitalizations, and higher than was that of Native Hawaiians for substance abuse hospitalizations.
3. **#BeingMicnesian in Hawaii Means Lots Of Online Hate**  
By Anita Hofschneider / **September 19, 2018**: Civil Beat
4. **Micronesians face language and cultural barriers when seeking medical care, and are far less likely to have insurance coverage.**  
By Anita Hofschneider / **December 17, 2018**; Civil Beat
5. **Chuukese community experiences of racial discrimination and other barriers to healthcare: Perspectives from community members and providers**  
Megan Kiyomi Inada, Dr.PH, Kathryn L. Braun, Dr. PH, Parkey Mwarike, Kevin Cassel, Dr.PH, Randy Compton, JD, Seiji Yamada, MD, MPH, and Tetine Sentell, Ph.D.  
Soc Med (Soc Med Publ Group). **2019 Jan-Apr**; 12(1): 3–13.  
PMCID: PMC6853624, NIHMSID: NIHMS1044808, PMID: 31723340
6. **Report: Battling Discrimination Against Micronesians Requires Policy Changes**  
  
By Anita Hofschneider / **October 15, 2019**; Civil Beat

The Hawaii Advisory Committee to the U.S. Civil Rights Commission says these migrants should receive access to Medicaid and other benefits they are now denied.

“The Committee heard testimony revealing the social and institutional racism and discrimination endured by the COFA migrants,” the committee wrote in its executive summary. “While much of it is outside the scope of federal protection, there is ample room for federal and state intervention to mitigate the barriers to equal opportunity this migrant group faces.”

## 7. Hawaii Judiciary Launches Virtual Series On Racial Inequity

By Anita Hofschneider / [January 15, 2021](#); Civil Beat

Hawaii’s criminal justice system isn’t immune to racial bias and the Judiciary is committed to addressing that racial inequity, Hawaii Chief Justice Mark Recktenwald said Friday.

Recktenwald said, noting that both nationally and in Hawaii, “barriers to justice have been built into systems, both knowingly and unknowingly.”



**SB-1285**

Submitted on: 2/8/2021 2:24:38 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia Mcmanaman	Individual	Support	No

Comments:

I fully support S.B. 1285 which will strengthen health care systems for Pacific Islanders and ensure equitable access to care.

**SB-1285**

Submitted on: 2/9/2021 12:27:26 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jeremiah Brown	Individual	Support	No

Comments:

I write to urge you to pass this bill. During the COVID pandemic, COFA communities were especially hard-hit, partially due to a lack of outreach and understanding of these communities and the subsequent reluctance to to seek medical assistance or treatment.

As the English Learners program coordinator at Waipahu High School, I work with COFA community members everyday and heard stories like this from students and their families.

This bill will not only help our COFA neighbors, but the entire community, as the pandemic has shown us that problems with access and equity in public health affect us all.

Thank you for your consideration.

**LATE**

**SB-1285**

Submitted on: 2/9/2021 1:22:17 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alicia Turlington, MD	Individual	Support	No

Comments:

As a physician that serves predominately COFA citizens, I can attest to the absolute necessity of in- person, trained interpretation for COFA patients. Using remote or telephonic interpretation is problematic to say the least. Having worked the past 9 years in a health center with in person interpreters, I could never return to practicing without this as I would feel this were a moral failing and malpractice. Furthermore, I can attest to the far better health outcomes that are achieved by partnering with community healthworkers who can bridge the cultural and language divide that despite my best efforts, separates me from my patients. Despite doing my best each day, I too could benefit from ongoing diversity training to improve my practice so that I provide the most compassionate and competent care that I can.

**LATE**

**SB-1285**

Submitted on: 2/9/2021 1:28:06 PM

Testimony for HMS on 2/9/2021 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jonithen Jackson	Individual	Support	No

Comments:

Aloha, My name is Jonithen Jackson

I live in Hawaii, Big Island since 1990-2021. I am from Enewetake, Marshall island. I am a Counselor man from Enewetake. From all of my heart, I am very thankful for the opportunity to listen and to work on ideas. I am mostly thanking God from the highest to the lowest to the view. Thanks Everybody.