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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
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March 27, 2022

TO: The Honorable Ryan I. Yamane, Chair
Committee on Health, Human Services, and Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HCR149/HR149** – REQUESTING THE ADOPTION OF A STATE POLICY ASSURING THAT SAVINGS REALIZED BY THE STATE THROUGH THE EXTENSION OF FEDERAL MEDICAL ASSISTANCE PERCENTAGE PAYMENTS OF ONE HUNDRED PERCENT FOR NATIVE HAWAIIAN HEALTH CARE SYSTEMS IS USED TO ADDRESS HEALTH DISPARITIES EXPERIENCED BY HAWAIIAN COMMUNITIES.

HEARING: Tuesday, March 29, 2022, 10:00 am
Via Videoconference, State Capitol Conference Room 016

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and offers comments.

PURPOSE: SCR240/SR141 urges all executive departments to review their policies and prioritize the goal of the adoption of a state policy assuring that savings realized by the State through the Federal Medical Assistance Percentage (FMAP) adjustment for Native Hawaiians is used to address health disparities experienced by Hawaiian communities.

DHS appreciates the intent of this resolution and agrees that the FMAP adjustment to support Native Hawaiian health is intended to be used to address health disparities experienced by Hawaiian communities. DHS can confirm that it is our goal to ensure that any savings realized by the State associated with increased Federal support for Native Hawaiian health are used to further address health disparities experienced by Hawaiian communities.

Thank you for the opportunity to provide comments on this resolution.



**Testimony to the Committee on Health, Human Services, & Homelessness
Tuesday, March 29, 2022; 10:00am
State Capitol, Conference Room 329 & Videoconference**

RE: HCR 149 / HR 149 Requesting the adoption of a state policy assuring that savings realized by the State through the extension of federal medical assistance percentage payments of one hundred percent for Native Hawaiian Health Care Systems is used to address health disparities experienced by Hawaiian communities.

Chair Yamane, Vice Chair Tam, and members of the Committee on Health, Human Services, & Homelessness:

My name is Mary Frances Oneha and I am the Chief Executive Office of Waimanalo Health Center (WHC). I am testifying in support of HCR 149 / HR 149 to support 100% of savings realized through the FMAP be used to address health disparities experienced by Hawaiian communities.

Waimanalo Health Center is a member of AHARO Hawai'i, and is recognized by Papa Ola Lokahi as a Native Hawaiian Health Center. WHC serves 52% Native Hawaiians, primarily in the Waimanalo community. The spectrum of primary and preventive services have been provided to this community by WHC for 30 years. This community would greatly benefit from savings to address disparities related to dental health and early onset of chronic diseases.

On behalf of the staff and patients of WHC, I urge your support of HCR 149 / HR 149.



**WAIANAЕ COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

March 28, 2022

Testimony to the:

COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Tuesday, March 29, 2022; 10:00 am; Conference Rm. 329

RE: Testimony in Support of HCR 149/HR 149 - REQUESTING THE ADOPTION OF A STATE POLICY ASSURING THAT SAVINGS REALIZED BY THE STATE THROUGH THE EXTENSION OF FEDERAL MEDICAL ASSISTANCE PERCENTAGE PAYMENTS OF ONE HUNDRED PERCENT FOR NATIVE HAWAIIAN HEALTH CARE SYSTEMS IS USED TO ADDRESS HEALTH DISPARITIES EXPERIENCED BY HAWAIIAN COMMUNITIES.

Submitted by: Richard Bettini, President & CEO

The Waiānae Coast Comprehensive Health Center is one of the largest providers of primary medical care to Native Hawaiians. Congress has extended an extraordinary benefit to the State of Hawaii in eliminating State match requirements under Medicaid for patients seen by Native Hawaiian Health Centers. The designation of a Native Hawaiian Health Center can be made by Papa Ola Lokahi.

This opportunity dates back to April 2021 and will extend for another year. We urge that this opportunity be ceased by the State of Hawaii as soon as possible and that the following guidelines be used to implement this program:

1. The process for reallocating margins realized out of this benefit be transparent and allow for Native Hawaiian Health Centers to propose options for the use of redirected funds.
2. Not less than 50% of any realized savings from this provision be redirected to unmet health needs of Native Hawaiians including those previously identified in needs assessment studies. These include the early onset of chronic disease, access to emergency medical care, adult dental care access and addressing related social determinant factors in healthcare.
3. Funds allocated to address the issues identified above be administered through community governing boards including Native Hawaiian Health Centers, Native Hawaiian Health Systems, and Federally Qualified Health Centers.

While we recognize that continued FMAP support beyond the pilot two-year program is not certain, we believe the establishment of this formula for Native Americans and Alaskan Natives suggests that there will be some equity for the Native Hawaiian community. As protection against future shortfalls, this funding could be allocated through a grant format between Health Plans and specified non-profits.

We very much appreciate your support on this matter. Aloha.