



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Health
and
Senate Committee on Human Services
Tuesday, February 9, 2021
3:05 p.m.
Via Videoconference**

**On the following measure:
S.B. 283, RELATING TO HEALTH**

Chair Keohokalole, Chair Buenaventura, and Members of the Committees:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purposes of this bill are to: (1) require Medicaid and private insurance coverage of ambulance services; (2) authorize Medicaid programs, and require private insurers, to pay for community paramedicine services provided by emergency medical technicians or paramedics; and (3) appropriate moneys for costs resulting from Medicaid coverage of ambulance service and community paramedicine services provided by emergency medical technicians or paramedics.

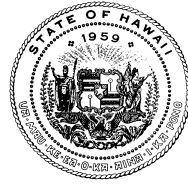
This bill may create a new mandate. As such, the Committee may wish to clarify that this bill applies to health policies issued or renewed in this state only after either: (1) the Department receives confirmation from the federal Department of Health and

Human Services (HHS) that the expansion of coverage specified in this bill does not constitute an additional benefit that requires defrayal¹ by the State; or (2) more than 365 days have passed since the Department submitted its determination and request for confirmation to the HHS that the coverage specified in this bill is not an additional benefit and that the HHS has failed to respond to the request.

Additionally, Hawaii Revised Statutes (HRS) section 23-51 provides, in part, that “[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage[.]” Further, HRS section 23-52 sets forth the requirements of the auditor’s report, which must assess the “the extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders[.]” Accordingly, the Department recommends adding language to the bill that would require the auditor’s report to assess the additional cost of a proposed mandate that may be subject to defrayal.

Thank you for the opportunity to testify on this bill.

¹ The addition of new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State’s qualified health plan under the PPACA.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on S.B. 283
RELATING TO HEALTH

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON HEALTH

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

Hearing Date: 2/9/2021

Room Number: 225/VideoConf

- 1 **Fiscal Implications:** The DOH defers to the Department of Human Services and the
- 2 Department of Commerce and Consumer Affairs regarding the implementation and fiscal
- 3 impacts of this bill.

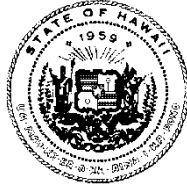
- 4 **Department Testimony:** The DOH provides comments on this measure. This bill allows for
- 5 coverage of community paramedicine services statewide.

- 6 Community paramedicine allows traditional paramedics to practice beyond the well described
- 7 emergency response and transport model to care for persons with a variety of chronic diseases
- 8 such as diabetes, hypertension, asthma. An important advantage of community paramedicine is
- 9 the vision to treat patients at home without transport to hospital or clinic. This type of service
- 10 has also been shown to benefit patients in underserved areas.

- 11 DOH has adopted interim rules for community paramedicine, and a pilot program is operational
- 12 in the County of Hawaii. Lessons learned from the pilot will be used to implement programs in
- 13 other counties. Reimbursement for community paramedicine services is an important step tofor
- 14 program sustainability.

- 15 Thank you for the opportunity to testify on this measure.

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 8, 2021

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Human Services

FROM: Cathy Betts, Director

SUBJECT: **SB 283 – RELATING TO HEALTH.**

Hearing: Tuesday, February 9, 2021, 3:05 p.m.
Via Videoconference, State Capitol

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

PURPOSE: The purpose of this bill is to mandate coverage of ambulance services and community paramedicine services rendered by emergency medical technicians or paramedics.

The bill mandates that the Medicaid program provide coverage for ambulance services starting January 1, 2022. This proposal is unnecessary since emergency services, which include medically necessary ambulance services, are already required covered services in Hawaii's Medicaid program. They are also already allowable per section 346-48, Hawaii Revised Statutes.

The bill further allows the provision of community paramedicine services. While DHS Med-QUEST Division (MQD) is very supportive of community paramedicine services, the program needs to be established by the Department of Health before MQD can apply to the

February 8, 2021

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Centers of Medicare and Medicaid Services (CMS) for its approval to cover community paramedicine services.

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

SB-283

Submitted on: 2/8/2021 2:28:35 PM

Testimony for HTH on 2/9/2021 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Speedy Bailey	Testifying for AMR	Support	No

Comments:

The Community Paramedicine Program allows paramedics to practice beyond the traditional emergency response and transport model to care for chronic diseases. Treating chronic disease patients at home without transport is efficient and effective. The DOH has adopted interim rules for Community Paramedicine and reimbursement for these services is essential for the program's sustainability. Thank You.



February 9, 2021

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

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

Re: SB 283 – Relating to Health

Dear Chair Keohokalole, Chair San Buenaventura, Vice Chair Baker, Vice Chair Ihara, and
Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 283, which requires Medicaid and insurance coverage of ambulance services. It authorizes Medicaid programs, and requires private insurers, to pay for community paramedicine services provided by emergency medical technicians or paramedics. It appropriates moneys for costs resulting from Medicaid coverage of ambulance service and community paramedicine services provided by emergency medical technicians or paramedics. It is effective 7/1/2022.

HMSA supports community paramedicine and the intent of this bill, to better meet the needs of our underserved populations and address high cost utilizers by introducing a community paramedicine program into our State's healthcare system. HMSA understands that community paramedicine is a relatively new model of care. However, we also firmly believe that a community paramedicine program can certainly help address a few important issues, such as improving access to primary and preventive care, ensuring that services are triaged appropriately, and alleviating the overburdened hospital emergency departments. HMSA stands committed to helping improve the well-being of our community, we look forward to further discussions on this important issue.

Thank you for allowing us to testify in support of SB 283. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
Senate Committee on Health
The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair

Senate Committee on Human Services
The Honorable Joy A. Buenaventura, Chair
The Honorable Les Ihara, Jr., Vice Chair

February 9, 2021
3:05 pm
Via Videoconference

SB 283 Relating to Health

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB 283 requiring insurance coverage of community paramedicine services.

Kaiser Permanente Hawaii supports the intent of this bill.

It is well recognized that a substantial number of transfers to a hospital provided by an EMS ambulatory service are for health conditions that are not considered to be an emergency. These non-emergency medical transfers result not only in wasted healthcare resources but also potentially keeping this life-saving service from individuals who may truly be experiencing a life-threatening emergency.

Kaiser supports utilizing specially trained emergency medical service personnel to increase access to primary and preventive care and decrease unnecessary use of emergency departments, which would in turn decrease health care costs. However, Kaiser is concerned that this bill does not specify any criteria for the paramedicine medical services provided by the ambulance. For instance, does the paramedicine insurance coverage include transport to alternate destinations other than ER (i.e., primary care office, urgent care clinic)? Also, does the emergency medical technician initiate and facilitate statewide emergency services onsite with a qualified health care partner, either at the scene of the 911 emergency response or via telehealth?

While Kaiser Permanente supports the intent of this bill, we think it should incorporate additional guardrails. We look forward to working with the stakeholders to add clarity on the paramedicine services covered under this bill.

Thank you for your consideration.

SB-283

Submitted on: 2/4/2021 10:17:17 AM

Testimony for HTH on 2/9/2021 3:05:00 PM

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

Comments:

David Mendonsa
Paradise Medical Services, LLC
640 Komo Ohia
Wailuku, HI 96793

February 4, 202

Dear Chair and Representatives,

I appreciate the opportunity to express my support for SB 283 **Requires medicaid and insurance coverage of ambulance services. Authorizes medicaid programs, and requires private insurers, to pay for community paramedicine services provided by emergency medical technicians or paramedics. Appropriates moneys for costs resulting from medicaid coverage of ambulance service and community paramedicine services provided by emergency medical technicians or paramedics. Effective 7/1/2022.**

I appreciate the intent. This is a great initiative to ensure access to care for our communities. We will see a great impact to healthcare and the entire system when implemented. Managing healthcare and finding a responsible and fiscal solution is vital.

Respectfully,

David Mendonsa, PA-C, MCHS, MPA

SB-283

Submitted on: 2/4/2021 1:29:10 PM

Testimony for HTH on 2/9/2021 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Soule	Individual	Support	No

Comments:

Mahalo for the submission of this very important bill. I am IN SUPPORT of this bill that will help to pay EMS providers for Paramedicine work that will be helpful for our Medicaid patients that need continued medical care. As an EMT working for the 911 ambulance system in Maui County, I find this a necessary step in providing EMS to our community. Mahalo!

SB-283

Submitted on: 2/7/2021 12:07:17 PM

Testimony for HTH on 2/9/2021 3:05:00 PM

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

Comments:

Legislators:

For decades, the structure and incentives around billing for Emergency Medical Services (EMS) have been reductive and regressive. EMS agencies have only been compensated by public and most private insurers if patients are transported. If an ambulance does not transport someone to the ER, that service is not compensated. Paramedic special response units (SRU), like the one that I serve at, have received no reimbursement from insurers for our operations.

Examples: I have assessed, provided extensive treatment, and stabilized critically ill patients at scenes both routine and unique (e.g., offshore on board a Coast Guard vessel) prior to transferring their care to a ground or air transport asset. Likewise, I have assessed and provided treatment for patients with minor injuries or illness who ultimately prefer to follow-up with their own doctor or a nearby clinic; much more appropriate outcomes for those conditions than ambulance transport and/or contributing to ER overcrowding.

In neither of those circumstances, however, is our paramedic SRU reimbursed for those services. Yet, if a 9-1-1 advanced life support (ALS) ambulance transports to the ER a patient with symptoms of minor illness or a minor injury, this unit is reimbursed for what is actually a sub-optimal or even inappropriate use of resources.

Likewise, no reimbursement is currently or sustainably available for EMS' efforts to engage in primary *prevention* of injuries or illnesses. Again, this relegates the majority of our state's EMS system to a more reactive and less progressive paradigm. This bill would assure and expand Medicare and Medicaid coverage for a greater and more intelligent breadth of services, and I support it.

Further, legislators should persistently demand updates on the State of Hawaii EMS implementation of the 'ET3' program, a five-year payment plan for EMS non-transport and alternative transport services (<https://innovation.cms.gov/innovation-models/et3>). Hawaii was one of the only jurisdictions that was awarded *statewide* enrollment into this federal program, yet as of this writing there are no tangible signs of implementation. In the midst of an ongoing public health emergency and simultaneous budget deficit, rumors abound of drastic cuts in services, yet substantial reimbursement and revenue is

being left on the table as long as ET3 is not implemented. I hope the legislature and other stakeholders can work together to make our state's EMS system reflect and support the critical thinking that our EMTs and Paramedics are trained to employ, rather than limiting or cutting the services we can provide.

Thank you for your consideration.

Sincerely,

David Kingdon, MPH, Paramedic

SB-283

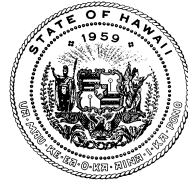
Submitted on: 2/8/2021 6:45:08 AM

Testimony for HTH on 2/9/2021 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Curt S. Morimoto	Individual	Support	No

Comments:

Thank you for hearing SB283. This bill allows for a community paramedic program that will bring NEW revenue to the State that doesn't exist currently. Thank you.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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LATE

**Testimony COMMENTING on S.B. 283
RELATING TO HEALTH**

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON HEALTH

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

Hearing Date: 2/9/2021

Room Number: 225/VideoConf

- 1 **Fiscal Implications:** The DOH defers to the Department of Human Services and the
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- 15 Thank you for the opportunity to testify on this measure.

Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair



Committee on Human Services
Senator Joy A. San Buenaventura, Chair
Senator Les Ihara Jr., Vice Chair

Michael Lam
Fire Medical Specialist III
Hawaii Fire Department
25 Aupuni St. Suite 2501
Hilo, HI 96720

February 8, 2021

I appreciate the opportunity to express my support of SB283, authorizing Medicaid programs and private insurers to pay for community paramedicine services provided by emergency medical technicians or paramedics.

Community Paramedicine (CP) is a model of community-based health care in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and enhance access to primary care and support services for medically underserved populations. Since the inception of Hawaii Fire Department's CP program in 2016, we have utilized real time analytics to focus on high 911 utilizers who are known to be underserved and suffering from complex medical or social difficulties. This increasing island population includes, but not limited to, individuals with difficult social or medical situations, chronic homelessness, behavioral health issues, and substance abuse disorders.

Hawaii Fire Department's Community Paramedicine Program is a link to assistance for our underserved population. We are the 'boots on the ground' personnel conducting home visits to assess one's physical, social, and home situation. We conduct a safety assessment by checking smoke alarms and identifying fall hazards at the residence. We provide education to the individual and their family on developing an emergency response plan. We are the link of assistance by referring these individuals to public and private social services agencies, primary care physicians, their medical insurance's field service representative, and other organizations who invest in the wellbeing of our population.

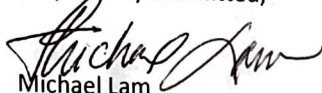
Hawaii Fire Department's Community Paramedicine Program improves access to health care for rural and remote communities, working alongside with other health care agencies without overlapping roles, fewer hand-offs between health care professionals, less gaps in health care services, and fewer unnecessary 911 calls and trips to the often overcrowded hospital emergency room. These benefits reduces the financial and emotional cost for our Hawaii county residents.

Despite the huge successes and the substantial financial savings to the individual, the medical insurance companies, and the state healthcare system, Hawaii Fire Department's Community Paramedicine Program is operated by only two personnel: EMS Captain Vern Hara servicing all of East Hawaii, and myself in West Hawaii. Additionally, Hawaii Fire Department's Community Paramedicine Program receives no reimbursement from partnering agencies and relies strictly on grants. Having a source of

revenue appropriating to community paramedic services provided by emergency medical technicians and paramedics would be instrumental in propagating our program. The approval and passing of SB283 would mean adding a more robust roster of quality trained personnel, providing additional medical equipment and resources, and offering effective training with our partnering social services agencies to the Hawaii Fire Department's Community Paramedicine Program.

Mahalo for allowing me the opportunity to comment and express my strong support of SB283.

Respectfully Submitted,



Michael Lam

Fire Medical Specialist III

Hawaii Fire Department

LATE

SB-283

Submitted on: 2/9/2021 10:11:02 AM

Testimony for HTH on 2/9/2021 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kami Bolster	Testifying for Hawaii county office of aging	Support	No

Comments:

Committee on Health

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Committee on Human Services

Senator Joy A. San Buenaventura, Chair

Senator Les Ihara Jr., Vice Chair

Kami Bolster

Case manager: Hawaii county office of aging

West Hawaii Civic Center

Kailua Kona, HI 96740

I appreciate the opportunity to express my support of SB283, authorizing Medicaid programs and private insurers to pay for community paramedicine services provided by emergency medical technicians or paramedics.

In my position with the County, I have witnessed the positive affect of the community paramedicine program in helping to identify our kupunas in need of support. Many times our kupunas will not ask for help when they really need it. The community paramedicine program helps to identify those in need and connect them with the

services to help them. It really does take a community of support and team work to make sure we are all taken care of. In addition, to providing the necessary support, this program helps to save precious EMT resources and time.

The community paramedicine program is a worthwhile preventative program that will save the State of Hawaii millions of dollars and I highly support the passing of SB283. The community paramedicine program should be permanently funded as more and more residents are aging and in need of community support.

Sincerely,

Kami Bolster

SB-283

Submitted on: 2/9/2021 11:24:15 AM

Testimony for HTH on 2/9/2021 3:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Alice L Bratton	Testifying for Hawaii County Office of Aging	Support	No

Comments:

Committee on Health

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Committee on Human Services

Senator Joy A. San Buenaventura, Chair

Senator Les Ihara Jr., Vice Chair

Alice L. Bratton

Aging and Disabilities Specialist I

Aging and Disabilities Resource Center

Hawaii County Office of Aging

West Hawaii Civic Center

February 9, 2021

I appreciate the opportunity to express my support of SB283, authorizing Medicaid programs and private insurers to pay for community paramedicine services provided by emergency medical technicians or paramedics.

Community Paramedicine (CP) is a model of community-based health care in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and enhance access to primary care and support services for medically underserved populations.

As a social worker with the Aging and Disabilities Resource Center, Hawaii County Office of Aging I have worked with CP for the past several years. CP is an asset beyond measure in increasing our community capacity to provide the necessary services to our population, especially to individuals with the greatest need and the fewest resources. Our CP professionals provide connection to services for individuals, as well as fostering collaboration among agencies to improve outcomes. CP does more than provide a link to the safety net, it strengthens the entire system.

It is truly remarkable how much Hawaii County's CP has been able to achieve with such limited resources. Any measure of increased support of our CP will have a tremendous ripple effect on the entire system of care.

Mahalo for allowing me the opportunity to comment and express my strong support of SB283.

Respectfully Submitted,

Alice L. Bratton, BSW, CIRS-I&R, A/D

Aging and Disabilities Specialist I

Aging and Disabilities Resource Center

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