

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, &
HOMELESSNESS
ON
SENATE BILL NO. 2883, S.D. 2

March 18, 2022
9:30 a.m.
Room 329 and Videoconference

RELATING TO MEDICAL FACILITIES

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2883, S.D. 2, requires the Hawai'i Health Systems Corporation (HHSC) to convene a task force focused on the hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at health care facilities; provides for the membership of the task force; and appropriates an unspecified amount of general funds to HHSC for FY 23 to support the work of the task force. The task force shall dissolve as of June 30, 2024.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

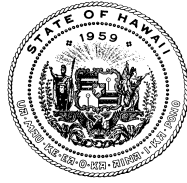
Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF LANGUAGE ACCESS
1177 Alakea Street, Room B-100
Honolulu, HI 96801-3378
doh.ola@doh.hawaii.gov

APHIRAK BAMRUNGRUAN
EXECUTIVE DIRECTOR

**Testimony COMMENTING on SB 2883 SD2
RELATING TO MEDICAL FACILITIES.**

REPRESENTATIVE RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Hearing Date: 3/18/2022

Room Number: Via Vedioconference

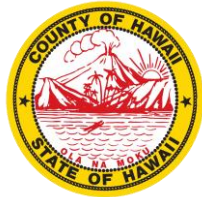
1 **Agency Position:** The Office of Language Access (OLA) appreciates the intent of the SB 2883
2 SD2, as it requests that the Hawaii Health Systems Corporation (HHSC) convene a task force to
3 facilitate improved, mission-driven hiring and training of culturally accepted interpreters and to
4 create culturally accepted educational materials on preventative care and early intervention to
5 assist non-English speaking populations seeking care at health care facilities.

6 **Agency Testimony:** OLA notes that the aspirational and exploratory goal of this measure are in
7 line with the mission of OLA, which is to address the language access needs of LEP persons.
8 OLA is task to provide technical assistance and coordinate resources to reduce the burden of
9 meeting language access obligations. OLA is charged with providing oversight, central
10 coordination, and technical assistance to all state and state-funded agencies (covered entities)
11 in their implementation of language access compliance.

12 In addition, OLA would like to note that covered entities have the flexibility to determine the
13 type of language assistance services that they provide, whether that be bilingual staff, staff
14 interpreters, contractors, telephone or video conferencing, or community volunteers, but must
15 ensure the quality and accuracy of such services. Thus, OLA would defer to each entity to
16 determine which language assistance services would be most appropriate for their operations.

- 1 OLA is committed to collaborating with the HHSC and other covered entities to ensure that
- 2 language access trainings are available and align with their operations and objectives.
- 3 Thank you for the opportunity to submit testimony on this measure.

Maile Medeiros David
Council Chair
Council District 6
(Portion N. S. Kona/Ka'ū /Volcano)



Phone: (808) 323-4277
Fax: (808) 329-4786
Email: maile.david@hawaiicounty.gov

HAWAI'I COUNTY COUNCIL

County of Hawai'i
West Hawai'i Civic Center, Bldg. A
74-5044 Ane Keohokalole Hwy.
Kailua-Kona, Hawai'i 96740

March 16, 2022

Honorable Ryan I. Yamane, Chair
Honorable Adrian K. Tam, Vice Chair
Committee on Health, Human Services & Homelessness
House Conference Room 329
Via Videoconference

Re: S.B. No. 2883 SD2 – Relating to Medical Facilities

Honorable Chair Yamane and Vice Chair Tam:

On behalf of myself and as Councilmember representing the rural districts of South Kona, Ka'ū and Volcano Village (Council District 6), I express my strong support of SB 2883 SD2 relating to medical facilities.

As you may know, many of the Ka'ū residents face cultural, financial, and geographical barriers that prevent them from accessing health services in rural areas in my Council Districts of South Kona, Ka'ū, and portions of Volcano Village. Having a Hawai'i Health Services Corporation convene a task force to facilitate improved, mission-driven hiring and training of culturally-accepted educational materials on prevention and care to assist the non-English speaking population in these diverse and undeserved communities is much needed.

Mahalo a nui loa for your favorable consideration.

Very truly yours,

Maile David

Maile David, Council Member
Council District 6, S. Kona, Ka'ū, and Volcano Village



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

March 18, 2022
9:30 a.m.
Hawaii State Capitol
Via Videoconference

**Testimony Supporting the Intent of
S.B. 2883, SD2
RELATING TO MEDICAL FACILITIES**

Creates a task force focused on the hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at health care facilities. Appropriates moneys. Effective 7/1/2050. (SD2)

Linda Rosen, M.D., M.P.H.
President and Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony **with concerns regarding S.B. 2883, SD2.**

This measure focuses on the hiring and training of interpreters, as well as the creation of culturally acceptable educational material on preventative care for all non-English speaking persons in the State who seek care at all health care facilities in Hawaii.

HHSC acknowledges that individuals with limited experience with complex healthcare systems and limited English proficiency (LEP) can have poor health outcomes as they may not heed preventive messages and avoid healthcare settings due to cultural differences and the barriers they encounter. The government has acknowledged the importance of these issues with Title VI of the Civil Rights Act which mandates that professional interpreter services be provided for patients with LEP, as well as Section 1557 of the Affordable Care Act, 45 C.F.R., Part 92 (2016), and Chapter 321C, Hawaii Revised Statutes. It should be noted that *professional interpreters* must be differentiated from ad hoc interpreters (i.e., family, friends, or untrained staff). Untrained interpreters are more likely to make errors, violate confidentiality, and increase the risk of poor outcomes. Hospitals in Hawaii provide medical interpretation by telephonic services or through MARTII services. MARTII stands for My Accessible Real-Time Trusted Interpreter that is a HIPAA-approved, video, and audio wireless connection to a skilled, certified medical interpreter. HHSC facilities employ the use of video monitors

for this face-to-face communication. These services are timely and effective, especially in an emergency health situation.

Off-site professional medical interpretation services are used by all hospitals across the state as the maintenance of employed on-site certified medical interpreters in all languages is not only cost prohibitive, it is unlikely that professional, trained medical interpreters in all languages could be secured for all healthcare facilities across Hawaii. Instead, the use of a professional, certified medical interpreter via phone interpretation services is a reasonable alternative and has been found to increase patient satisfaction, improve adherence and outcomes, and reduces adverse events.

Navigating healthcare is daunting even for proficient English speakers. We commend the Legislature for its interest in addressing the adverse health outcomes associated with these difficulties. However, we respectfully submit that the hiring and training of interpreters and the development of educational materials for all healthcare facilities across Hawaii focused on prevention and early intervention are outside the scope of HHSC's expertise. We also would note that the level of training needed for medical interpretation along with the number of languages involved, and the fact that interpreter services are not reimbursed by health insurance, are daunting barriers to establishing a sustainable on-site service for all.

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

SB-2883-SD-2

Submitted on: 3/17/2022 7:59:54 AM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lucinda Erine Brokken	Ocean Veiw Marshallese Community	Support	Remotely Via Zoom

Comments:

Honorable Chair, Esteemed Members on the Health, Human Services, and Himelessness Committee,

I am Lucinda Erine Brokken, daughter of my ancestors from Enewetak Marshall Islands, working with the Ocean View Marshallese Community. I am testifying today in strong support of SB2883 SD2 fro dedicate a working task force to find means to come together in addressing a historical and important matter of live and death situation when facing cultural and linguistic nuances within the healthcare system(s) of Hawaii. I urge your support and to vote yes on SB 2883 SD2 as amended.

Kommol tata, Mahalo nui, and Thank you very much. I am always available for you to answer any questions or concerns anyone will have about this urgent legislation for the community, especially in the neighboring islands.

All My Best,

Lucinda Erine Brokken

lbrokken06@gmail.com

SB-2883-SD-2

Submitted on: 3/17/2022 8:42:23 AM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
David Anitok	COFA Alliance National Network	Support	Remotely Via Zoom

Comments:

Iakwe, Aloha, and Greetings,

Chair and members of the Committee on Health, Human Services, and Homelessness. It is my honor and privilege to introduce to you uncle Jonithen Jackson. Uncle Jonithen is the first settler from Enewetak Atoll Marshall Islands to the Big Island of Hawaii. He's lived and worked here since early 1990 to the present day. He serves as the senior deacon for the Ka'u-Kona Marshallese Ministry, council member for the Enewetak Atoll local government, and most importantly the head of the family where all his children and grandchildren now resides in the Hawaiian Islands. He's a proud owner of property in Ocean View where he donated his land to build a community church and working in a non-profit organization. Uncle Jonithen will be presenting his testimony today to urge your support on SB2883, as amended. Iakwe and Aloha uncle Jonithen...

TO: House Committee on HEALTH, Human Services, and Homelessness (HHH)

Chair: Ryan I. Yamane

Vice Chair: Adrian K. Tam

RE: SB 2883 SD2, Hearing 3-18-2022

Date: March 17, 2022

From: Neal A. Palafox MD MPH

Dear Chair Yamane, Vice Chair Tam, and HHH Committee

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 for the 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 with entities with whom I work.

SB 2883 SD2 is intended to:

convene a task force to facilitate improved, mission driven hiring and training of culturally-accepted interpreters and to create culturally accepted educational materials on preventive care and early intervention on preventative care and early intervention to assist populations with English as second language seeking care at Hawaii Health Systems Corporation facilities and other Health facilities serving these populations.

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 Community 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. The PI population makes up 4% of Hawaii's populations and carried 26% of all COVID-19 cases in Hawai'i 4 months ago. A high percentage of these populations are not Native English speakers. The PI population in Hawaii suffered over twice the hospitalization rate and death rate compared to other ethnic populations.

A year ago, the State of Hawaii aggressively stepped up hiring, investing and training contact tracers from these communities, included community leaders from these populations to work with organizing COVID-19 management strategies in their communities, and increased language access services. Remarkably, the HI DOH Statistics currently reveal that the Pacific Islander group representation in COVID infections fell dramatically from 26% of all COVID-19 infections to now 7%. This is a 73% improvement! No other ethnic group in Hawaii improved more than 10% in their infection rate and

several English speaking groups actually increased their infection rates. This is a clear and real-time example of the power of effective community participation, culturally appropriate interventions, and linguistically appropriate communications--- and the role of the backing of the State in such initiatives.

Bill 2833 looks to continue to develop, and sustain the capacity for culturally appropriate, linguistically accurate and Pacific Island community involvement in their health and health care. We begin with the HHSC, the safety net facilities for Hawaii, and look to expand to other hospitals and facilities in the states, to make this model an evidence based "Best Practice" for the entire State of Hawaii.

The Task Force is essential, as it does not address only a single dimension of intervention, ie its not only about language access or health care access alone. Its about placing the right people in seats to inform, understand, and address complex social-cultural-political norms in Hawaii that have adversely affected the health of vulnerable and populations. The proposed committee will work to improve the current health care delivery norms to enhance its ability to work as a culturally competent, culturally literate system to improve health and health care for Pacific Islanders and other vulnerable populations.

The work of the Task Force is about creating a space to understand, innovate, and plan a system to address Pacific Islanders ability to be able to participate in their health solutions and to access and navigate the health care system effectively. The work of the Task Force has the potential to reach beyond hospital facilities, and can begin addressing the factors associated with mitigating disease risk in Pacific Island communities which would include factors such as structural and socio-cultural factors and improving health literacy.

It is recognized that many of Hawaii's Health institutions, Clinics, and 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.

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 access issues remain, and current communications / translation strategies are not effective. The discriminatory experience in the PI communities in the health care system and dis-proportionate 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.

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 COVID response teams have carried the day. The Task force is molded to plan how to have the PI community carry the day in a sustained fashion towards better Health Care for their community and Hawaii.

This bill is not a negative critique of what has been done to provide language access or to enhance cultural competency in the health care system in Hawaii. SB 2833 intends to fill the gap of what has not been done to increase effective PI community engagement.

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-2883-SD-2

Submitted on: 3/16/2022 11:21:28 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Siera Alaibilla-Lagundino	Individual	Support	Written Testimony Only

Comments:

Senator Donovan M. Dela Cruz

Chair Senator Gilbert S.C. Keith-Agaran

Vice Chair Members of the Committee on Ways and Means

Friday, March 18th at 9:30 AM via videoconference

Support for S.B 2883 S.D 2, Relating to medical facilities

I write this testimony in support of S.B 2883 S.D 2, the purpose and intent of this measure is to convene and appropriate money for a task force to assist non-English speaking populations to receive care at health care facilities, by improving the hiring and training of interpreters and creating educational materials on preventative care and early intervention.

This bill would be a gateway for essential and effective communication amongst patients, individuals, and medical staff in regards to navigating the healthcare realm and stepping towards health equity. This bill would aim to address cultural and language barriers and improve access to health services for non-English speaking populations. Lastly, this bill would leave a positive impact because it would provide a higher quality of care, as it allows more room for health care providers to focus on the patient's direct needs by bridging the communication gap.

This bill would greatly benefit our communities here in Hawaii. I am in full support of S.B 2883 S.D 2. Thank you for the opportunity to provide testimony on this measure.

Siera A-L