



SB759 SD2 HD1
RELATING TO HEALTH
House Committee on Finance

March 30, 2023

3:00 PM

Room 308

The Office of Hawaiian Affairs (OHA) offers its **STRONG SUPPORT** for SB759 SD2 HD1, which would require the Office of Primary Care and Rural Health to establish and administer a pilot program to collaboratively address the health and wellness needs of Hawai'i county's most underserved residents, a great many of whom are Native Hawaiians.

OHA wishes to echo the thrust of this measure in its support for the disparities that our rural communities face, which include adequate healthcare and access to effective medical systems. These issues can be exacerbated when experiencing income disparities and economic instability.

Nā Pou Kihī (“The Corner Posts”) is a Hawaiian framework for achieving social and health equity¹ at a time of ever-worsening health inequities and disparities faced by the Native Hawaiian people.² Native Hawaiians are afflicted with chronic disease at a rate three times higher and a decade earlier than the general population of Hawai'i.³ Native Hawaiians have the shortest life expectancy in their own homeland.⁴ The four interconnected corner posts of Nā Pou Kihī are Ke Ao 'Ōiwi (Indigenous Cultural Space), Ka Mālama 'Āina (Environmental Stewardship), Ka Wai Ola (Social Justice), and Ka 'Ai Pono (healthy consumption) – together, they support an interwoven protective canopy over a collection of ideals that give hope to a people in great need; ideals like culturally appropriate health care.

In addition to these serious health issues, Native Hawaiians must also endure disparate economic impacts. The majority of Native Hawaiian families, in Hawai'i, are unable to make ends meet,⁵ with 63% of Native Hawaiians reporting that they are finding it difficult to get by.⁶ Native Hawaiians have the lowest household income.⁷ Native Hawaiians

¹ Dept. of Native Hawaiian Health, John A. Burns School of Medicine, *Assessment and Priorities for the Health and Well-Being in Native Hawaiians and Pacific Islanders*, 2020, p.16.

² Id. at 9.

³ Id.

⁴ Id.

⁵ Aloha United Way / United for ALICE, *ALICE in Hawai'i: 2022 Facts and Figures*, Nov. 2022, p.6.

⁶ Id. at 9.

⁷ Dept. of Business, Economic Development and Tourism, *Demographic, Social, Economic, and Housing Characteristics for Selected Race Groups in Hawaii*, Mar. 2018, p.3.



SB759 SD2 HD1
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have the highest poverty rates for individuals and families.⁸ Native Hawaiians make less money,⁹ with lower average earnings for both men and women.¹⁰ Native Hawaiians have the highest rate of using public assistance and homeless services.¹¹ Native Hawaiians are overrepresented among the homeless in Hawai‘i.¹² OHA is deeply concerned with Native Hawaiians being driven out of Hawai‘i by economic instability stemming from socio-political-economic upheaval, which has largely disconnected Native Hawaiians from their ‘āina for more than a century. Today, more Native Hawaiians live outside of the Hawaiian Islands, far beyond the boundaries of their own homeland.¹³

While Native Hawaiians, generally, must endure socio-economic disparities, Native Hawaiians residing in rural communities, especially those in remote areas outside of O‘ahu, have even greater challenges. On the island of Hawai‘i, the Ka‘ū district, for example, qualifies under The White House’s Justice40 Initiative by meeting the criteria identified by the Climate and Economic Justice Screening Tool, which has identified the district as disadvantaged under the two categories of Workforce Development and Health Burdens.¹⁴ These health burdens, that range from the 87th to the 98th percentile is just one example of disparate impact faced by our rural Hawai‘i communities.¹⁵

As is the principal public agency in the State responsible for the performance, development, and coordination of programs and activities relating to Native Hawaiians,¹⁶ OHA appreciates the opportunity to voice its support on this measure and respectfully asks the Legislature to **PASS SB759 SD2 HD1**. Mahalo nui loa.

⁸ Id. at 13.

⁹ OHA Report, *Affordable Housing for Hawai‘i and Native Hawaiians: Exploring Ideas and Innovation*, Aug. 2020, p.10.

¹⁰ Dept. of Native Hawaiian Health, John A. Burns School of Medicine, *Assessment and Priorities for the Health and Well-Being in Native Hawaiians and Pacific Islanders*, 2020, p.12.

¹¹ Id.

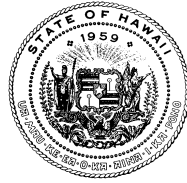
¹² Partners In Care, *2022 Point In Time Count*, p.7.

¹³ “Estimates from the American Community Survey showed that in 2011, there were about 296,400 Native Hawaiians in Hawai‘i and about 221,600 on the continental U.S. Just a decade later, those numbers flipped. In 2021, there were about 309,800 Native Hawaiians in Hawai‘i and about 370,000 in other states,” Hawaii Public Radio, *More Native Hawaiians Flock to mainland cities and leave Hawai‘i*, Jan. 23, 2023, *citing high costs*, citing the US Census Bureau’s American Community Survey 2021.

¹⁴ ‘Apoākea (Infinite Reach) Native Hawaiian Innovation Institute, a 501(c)(3) Native Hawaiian-serving non-profit, citing to Climate and Economic Justice Screening Tool, White House Council on Environmental Quality, available at <https://screeningtool.geoplatform.gov/en/#3/33.47/-97.5>.

¹⁵ Id.

¹⁶ HRS §10-3.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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**Testimony in SUPPORT of S.B. 759 S.D. 2 H.D. 1
RELATING TO HEALTH**

REPRESENTATIVE KYLE T. YAMASHITA, CHAIR
REPRESENTATIVE LISA KITAGAWA, VICE CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: 03/30/23

Room Number: CR 308

1 **Fiscal Implications:** The proposed measure appropriates funds out of the general revenues of the
2 State for fiscal year 2023-2024 and fiscal year 2024-2025 to create a permanent full-time equivalent
3 (1.0 FTE) Program Specialist IV and requires the Department of Health (DOH), Office of Primary
4 Care and Rural Health (OPCRH), to oversee and support community efforts to collaboratively
5 address the health and wellness needs of the State's most underserved rural residents and facilitate
6 discussions between key community health and social service organizations to develop plans to
7 address community needs highlighted by the Access to Care (ATC) needs assessment. The
8 Department defers to the Governor's Executive Biennium Budget Request for appropriation
9 priorities.

10 **Department Testimony:** The DOH supports this measure and OPCRH will maintain its supportive
11 role to rural counties across the state as they develop their own plans to address their most profound
12 needs from the ATC needs assessment. The DOH appreciates the funds and establishment of a
13 permanent full-time position to oversee the development of community plans and to coordinate
14 efforts across departments and nonprofit community partners. The current OPCRH staff and
15 programs are funded through specific federal project grants. These federal grants generally do not
16 allow the OPCRH staff to work on projects that are outside the terms and conditions of the grant.

17 Thank you for the opportunity to testify.

18 **Offered Amendments:** None



March 29, 2023

Testimony in Support of SB 759

Hon. Kyle Yamashita
Chairman, Committee on Finance
House of Representatives
State of Hawaii

Dear Chairman Yamashita
and members of the Committee:

As chairman of the board of directors of the Hawaii Island Community Health Center, a merger of Bay Clinic and West Hawaii Community Health Center, I am writing in SUPPORT of SB 759. This bill is important to help build a system of care on the Island of Hawaii. With a service area that crosses the entire Island of Hawaii, Hawaii Island Community Health Center can confirm the need for the effective collaboration amongst health care providers to meet the health care needs of island residents, as is stated in the bill's preamble.

Your support of this important bill is an important step in building a system of care and, importantly, will create a model for delivering health care services efficiently and effectively to island families. Thank you very much.

Yours truly,

A handwritten signature in black ink, appearing to read "Michael J. Matsukawa", written in a cursive style.

Michael J. Matsukawa
Board Chairman,
Hawaii Island Community
Health Center

Dear Finance Committee Members,

I support SB759 to oversee and support community efforts to collaboratively address the health and wellness of the State's most undeserved rural residents. Access to healthcare for our underserved communities is in great peril.

The State of Hawaii has a severe shortage of healthcare providers, including doctors, nurses, APRNs and PAs. Hawaii's small private medical practices provide the majority of care to our Neighbor Island and rural population, where many of the Native Hawaiians in our communities live. Native Hawaiians have significant health disparities and many are related to limited access to healthcare.

The UH John A. Burns School of Medicine (JABSOM) has released the second edition of the "Assessment & Priorities for the Health and Well-Being in Native Hawaiians and Pacific Islanders." Funded by the Queen's Health Systems, the report focuses on the health status of Native Hawaiians in the state. Data in the report shows that Native Hawaiians suffer from coronary heart disease, stroke, heart failure, cancer and diabetes at a rate three times greater than in other ethnic populations and become afflicted with these diseases a decade earlier.

Only about 66% of Native Hawaiian have private medical insurance compared to 75% of non-Hispanic whites. If private medical practices continue to rapidly decrease in Hawaii, the impact will disproportionately affect Native Hawaiians. The death rate for many diseases is already significantly higher for heart attack, stroke, trauma, suicide, cancer and adolescent deaths on the Neighbor Islands compared to Oahu.

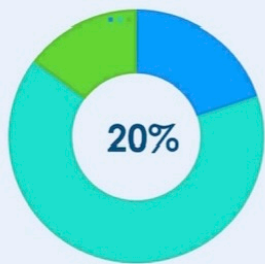
Hawaii is the only U.S. state taxing healthcare providers for providing services for Medicare, Medicaid and Tricare patients. The

healthcare providers have to absorb this tax, which discourages caring for the elderly, economically disadvantaged and military veterans. As a result Hawaii has the fewest providers available to care for Medicare patients in America. The same is likely also true for Medicaid patients.

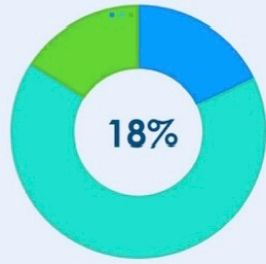
This legislative session SB1035 has passed third reading in the Senate and SB397 the second reading, both unanimously. If the House Finance Committee declines to hear and pass these bills, then many rural and Neighbor Island medical practices across our state will close. It will likely be the death warrant for most small businesses in private practice. Passing these bills would help keep the private practice providers caring for our rural areas and Hawaiian

Nearly one in five residents are considering moving to another island or leaving the state altogether due to health care woes.

Maui and Kaua'i residents the biggest defection threats, along with younger residents statewide.



Percent considering permanently leaving the state for health care reasons. Note that another 14% are not sure.



Percent considering permanently leaving their home island for health care reasons. Note that another 16% are not sure.

Out-migration threats by island

	Leave State	Leave Island
Maui	33%	19%
Kaua'i	28%	29%
Hawaii	19%	18%
O'ahu	18%	16%
Moloka'i	12%	15%
Lāna'i	9%	19%

communities open.

Hawaii News

Roth on health care crisis: 'A matter of life or death'

By [JOHN BURNETT Hawaii Tribune-Herald](#) | Thursday, March 9, 2023, 12:05 a.m.

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Mayor Mitch Roth called the state of health care on Hawaii Island "an emergency situation."

"Hawaii County is really lacking in health care resources," Roth said Wednesday in an livestreamed interview. "I think we've got about a 50% shortage on health care workers. We have hospitals that really need repair and really need to come up to the state of the art."

Featured on Hawaii Tribune-Herald



Daunting recovery underway in tornado-devastated Mississippi



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KILAUEA MEDICAL CLINIC MAY CLOSE

CEO: 'Every month is a cliffhanger'

Guthrie Scrimgeour
THE GARDEN ISLAND

KILAUEA — The Kaua'i Community Health Alliance receives between 17,000 and 20,000 patient visits each year, providing a range of treatment to largely working-class people from the Ha'ena to Kapa'a.

They soon may be unable to keep their doors open, their CEO

says.

"Every month is a cliffhanger," said Jim Winkler, who serves as CEO and president of KCHA while also practicing at the Hale Lea Medicine clinic.

"The clinic is currently running at a deficit. While we have not missed payroll in 28 years, we are not able to operate for much longer due to a confluence of circumstances."

The clinic has been in operation since 1994 and has functioned as a



Winkler

nonprofit since 2008. KCHA houses both the Hale Lea Medicine and Urgent Care and the North Shore Wellness Center. Since they treat a large number of underinsured patients, they struggle to make ends meet and rely on community support for a portion of their budget.

If the center were to close, it could result in significant disruption for its patients, who would have to scramble to access care in the limited North Shore market. There is only one primary-care clinic on the North Shore — the North Shore Medical Center —

which has limited hours and a smaller staff than KCHA. The next closest clinic is Ho'ola Lahui in Kapa'a.

"A lot of those people (on the North Shore) don't want to go to Kapa'a. Location is an issue regardless of who is providing the services," said Dr. Kapono Chong-Hanssen, chief medical director at Ho'ola Lahui.

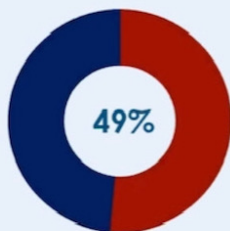
"We could take some of them, and if all of our community partners got together we could

SEE CLINIC, A4

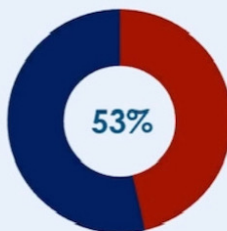
Further compounding the crisis, Hawai'i may be losing more Providers.

Roughly one-quarter say they are less than five years away from retirement.

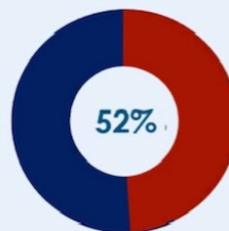
Over the past year, health care providers have considered:



Moving to the mainland



Retiring or leaving medicine



Reducing hours



Most medical practice nationally report breaking even on providing Medicare services and losing money caring for Medicaid patients. Hawaii's GET taxation on private practices is ruinous, because gross revenues are taxed even if providers break even or lose money treating patients. Rather than progressively tax doctors, PAs, APRNs and nurses for their higher income, the GET taxation of gross revenues is a practice killer preventing many practices from even realizing a business profit. For this reason Hawaii has the lowest number of providers able to accept Medicare patients in America.

Amid ongoing physician shortage, Hawaii ranked worst state for doctors



File photo (Pexels via MGN)

By HNN Staff

Published: Mar. 20, 2023 at 3:44 PM HST



HONOLULU (HawaiiNewsNow) - Amid the islands' ongoing physician shortage, a new analysis ranked Hawaii as the absolute worst state for doctors.

Analysts from the [financial planning website WalletHub](#) looked at all 50 states and Washington, D.C. and evaluated several factors across two key dimensions: "opportunity and competition" and "medical environment."

When it came to opportunity and competition, Hawaii ranked dead last.

Hawaii was also last for average annual wage for physicians (adjusted for cost of living).

The state ranked best for doctors: Montana.

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Lowest Physician Medicare-Acceptance Rate

47. New York
48. California
49. Oregon
50. District of Columbia
51. Hawaii

In the near future, there will likely be few private practices remaining. If no action is taken to prevent this outcome. If Hawaii loses the remaining providers in private practice, this could well trend GET revenues toward zero in the next 3-5 years. That means Hawaii loses not only GET revenues from taxing healthcare, but also income, property, corporate and secondary GET taxation on all other purchases from the lost healthcare providers. The Healthcare Association of Hawai'i has stated that taxing Hawaii's hospitals with the GET would result in many reducing services or closing their doors. If the GET taxation of hospitals would badly damage the viability of our state's hospital systems, then how can the devastating GET taxation of small businesses providing medical care be pono.

If Hawaii has a fiscally viable environment then recruiting hundreds of doctors and thousands of needed healthcare workers would boost our economy and increase overall tax revenues. The AARP, Kupuna Caucus, Hawaii Island Chamber of Commerce, Hawaii County Mayor's Office, Hawaii County Medical Society, HMA, JABSOM, HAPN and Hawaii Tax Foundation support these bills.

The most concerning aspect of Hawaii's chronic severe shortage of healthcare providers is the impact on population. Hardly a week goes by without another new story

Health Care

'It's Horrendous': The Deaths Of 2 Doctors Deepen The Void In Rural Health Care Access

Nearly half of Molokai's population lost their primary care physician in a state that has long struggled to attract and retain medical professionals.



By Brittany Lyte / January 20, 2023

🕒 Reading time: 9 minutes.



Doctors have long been in short supply on Molokai, where residents must board a plane to access specialized care and routine treatment is propped up by a revolving door of fly-in physicians.



But for decades primary care on this island of fewer than 7,000 residents was buoyed by a pair of physicians who embedded themselves in the community, providing comprehensive, day-to-day health care to nearly half the population.

Then came an unexpected hurdle: They died.

In a span of three months late last year, Dr. William Longfellow Thomas, 63, and Dr. Noa Emmett Aluli, 78, died, leaving thousands of Molokai patients without a primary care

documenting the toll on our communities. Every month over the last year I see one or more patients at our mammography clinic in Hilo, who have large palpable advanced breast cancers with metastatic adenopathy. Almost all of these women state that they noted their breast cancers many months ago, but were unable to find a primary care provider to refer them for care. One woman said she called 16 different primary care practices, all of whom were not accepting new patients. She finally went to urgent care and the ER in order to have her cancer worked up. Unfortunately, with late stage breast cancer, the survival rate is greatly diminished. Aloha, Scott Grosskreutz, M.D.



LAURA RUMINSKI/West Hawaii Today file photo

Kona Community Hospital.

Cancer care in crisis

Lack of staff forces
Kona hospital's
cancer center to turn
away new patients

By **LAURA RUMINSKI**
West Hawaii Today

Kona Community Hospital has temporarily stopped accepting new patients in its medical oncology and chemotherapy infusion clinics, forcing those needing care to travel to Waimea, Hilo or Honolulu for treatment.

KCH Marketing and Strategic Planning Director Judy Donovan said the decision to not accept new patients as of Oct. 6 was made because of "a serious staffing crisis" within the clinics, however, current patients are still being treated.

The Kona Cancer Center's chemotherapy infusion clinic is currently managing 494 patients and the medical oncology clinic has 705 patients at present. Donovan said the patient census since last year has fluctuat-

one registered nurse (RN) and one medical assistant in the medical oncology clinic.

The infusion clinic employs two RNs, one traveling RN and two per diem RNs when available.

Donovan said optimal staffing for the infusion clinic is four to five RNs, four patient access reps, two charge nurses, three medical assistants and two patient navigators. She was unable to provide details regarding the oncology clinic, however, noted both clinics are in need of more RNs and medical assistants.

"We have implemented a plan to staff up. Currently, we have three infusion RN travelers contracted to begin; one on October 11, one at the beginning of November and the third at the beginning of December," said Donovan via email. "This week we hired an oncology clinic manager whose start date is November 1. We had excellent candidates for this position, and are very optimistic about the experience our new manager will bring to the oncology and infusion clinics."

Donovan said like many health care facilities, Kona Community

safe, quality treatment and the full attention of the staff who are committed to their care."

In the interim, patients are being referred to Queen's North Hawaii Community Hospital in Waimea and Hilo Medical Center for treatment.

Hilo Medical Center is accepting new patients and has experienced a slight increase in patient referrals since Kona Community Hospital has stopped accepting new patients.

"We have adequate staffing at this time, as we are growing in anticipation of moving into our new cancer center space," said Elena Cabatu, HMC director of marketing and public affairs. "We have seen a slight increase in patient referrals, which we welcome here to serve the entire island."

Kaiser Permanente spokesperson Laura Lott said the provider's Kona medical office provides members with oncology and infusion services.

"The changes at Kona Hospital should not affect our infusion patients," she said.

Health Care

‘It’s Horrendous’: The Deaths Of 2 Doctors Deepen The Void In Rural Health Care Access

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By Brittany Lyte / January 20, 2023

🕒 Reading time: 9 minutes.



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Then came an unexpected hurdle: They died.

In a span of three months late last year, Dr. William Longfellow Thomas, 63, and Dr. Noa Emmett Aluli, 78, died, leaving thousands of Molokai patients without a primary care physician.

HAWAII'S MENTAL HEALTH CRISIS

Why This Hawaiian Island Has To Outsource Psychiatric Care

For the first time since 1990, the state agency that provides care to adults diagnosed with a serious mental illness has no staff on Lanai. The problem is a microcosm of a statewide mental health care crisis.

By Brittany Lyte / October 19, 2022



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A deficit of mental health

Pandemic isn't solely to blame, experts say; politics also a factor

By GRANT PHILLIPS
Hawaii Tribune-Herald

A recent survey from CNN and the Kaiser Family Foundation found 90% of people in the U.S. think the country is experiencing a mental health crisis.

The U.S. Centers for Disease Control and Prevention backed up the report, adding those seeking help increased from 1 in 5 to 2 in 5 people during the COVID-19 pandemic.

But some health care providers in Hawaii think the reason for the increase isn't just the pandemic, citing a variety of symptoms such as stress, political conflict, work staffing shortages, insurance issues and because there's less of a stigma for those who

FAUST

MACDONALD

cism, sexism, denial of rights certain groups of people, war in Europe, inflation, corporate greed, global climate change, immigration, low wages, and many other issues," he said. "Our mental health issues are a symptom of a broken system."

Over the last two years, Faust has noticed an increase in narcissistic personality disorder, NPD, and antisocial personality disorder, ASPD, among his patients.

"In layman's terms, people with NPD are sociopaths, and one with ASPD are psychopaths," he said. "The coexistence of the two disorders is potentially deadly, such as serial killers and mass murders, but also the kind of people who would abuse or even kill their romantic partner."

He added that victims of PD- and ASPD-related abuse often suffer from post-traumatic stress disorder, or complex PTSD, which also increases the number of people seeking mental health services.

Financial challenges from job loss and the rising cost of living also contributed to people seeking help with their mental health.

A 2022 survey from

panicking, and a lot of people's mental illnesses were triggered," said Kumi Macdonald, executive director of the National Alliance on Mental Illness Hawaii, or NAMI. "People were calling us saying, 'I can't get a therapist, there's a three- or six-month long wait list, and I'm in crisis. What do I do?'"

To meet demand, NAMI offered support, education and awareness groups for those in recovery and their families. But as pandemic restrictions loosened up, people started abandoning their groups.

"We get a lot of calls and a lot of people asking for help. But then something was weird. They needed the help, but they stopped attending our classes," said Macdonald. "Anecdotally, this has been across the state. People are dropping out of programs, and we've had to cancel or postpone classes."

Macdonald believes people are leaving treatment in favor of returning to their personal lives, without completing the necessary steps to improve their mental health.

"People are in crisis, but they want to be out," she

most needed medical specialty, followed by psychiatry at 73%.

"I think a lot of people are starting to realize the importance of mental health when it comes to physical health," said Katherine Goodman, medical assistant and clinical psychology intern on Oahu. "A lot of people with chronic pain, hypertension, high blood pressure — they're starting to see how their anxiety affects it."

Goodman noted even though her patient caseloads have remained stable, staffing shortages have created barriers.

"It's not that we're seeing more people seeking services," she said. "It's that there's less providers being hired."

One recent solution was implementing the 988 Suicide & Crisis Lifeline, a nationwide call center launched in July. But one report from the federal government's Substance Abuse and Mental Health Services Administration, or SAMHSA, showed that while the call center reported a 45% increase in contacts, the lifeline reported just an 84% answer rate due to staffing shortages.

While more patients reach

While more patients reaching out and discussing mental health helps eliminate the stigma, providers are worried demand will outpace supply.

"I think it's a positive that patients are more aware, but it's also concerning that the answer might be therapy," said Goodman. "How can they get it when there's a shortage of providers?"

SB-759-HD-1

Submitted on: 3/29/2023 12:30:39 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
W ALIK	Big Island One Stop Center for Micronesians	Support	Written Testimony Only

Comments:

I am a primary care physician on the BI caring for a demographic with limited access to quality health care. For instance, the Marshallese community in Ocean View Estate faces numerous socioeconomic challenges chief among which is health care due to its remoteness and scarcity of healthcare facilities in the area.

Therefore, innovative access to healthcare such as Telehealth, mobile units, school-based programs and funds for provider recruitment initiatives can make a huge difference.

A healthy and thriving BI has to include all communities - as no community has to be left behind - that's how we can all gradually chip away at health disparities.

Mahalo Nui , Komol Tata

March 29, 2023

House Committee on Finance

Testimony in Support: SB759 SD2 HD1- Relating to Health

To the Honorable Members of the Finance Committee,

On behalf of Community First Hawai'i, I would like to express our support of SB759 SD2 HD1 which allows the office of primary care and rural health to oversee and support community efforts to collaboratively address the health and wellness of the State's most underserved rural residents to develop plans that align with appropriate providers' goals and objectives.

We recognize the need to develop a 2030 One Shared Health Vision Plan, and to establish and administer a pilot program that collaboratively addresses the health and wellness needs of Hawai'i County's most underserved residents.

Mahalo nui,



Randy Kurohara
Executive Director
Community First Hawaii

SB-759-HD-1

Submitted on: 3/30/2023 1:17:22 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David Anitok	COFA Alliance National Network	Support	Written Testimony Only

Comments:

Chairperson and members of the Committee

My name is David Anitok and have lived now in Ocean View Hawai'i Big Island going on three years now. I'm a co-founder and policy coordinator for COFA Alliance National Network or CANN. CANN is a non-profit 501c4 organization that is purpose to advance social and economic justice for communities from the Republic of the Marshall Islands, Federated States of Micronesia and Republic of Palau who holds a unique treaty called the Compact of Free Association or COFA with the United States of America.

We have many COFA islanders who've migrated in and out of Hawai'i state as you all are probably aware. In the latest GAO report it shows about 94,000 COFA islanders have migrated in to the United States and impacted states such as Hawaii has now become home. We are here as your brothers and sisters to raise our families in a healthy and equitable environment. We know that we share similar traditions and cultures that kept our communities resilient against all form of adversaries because we are Ocean people.

We have many our families and individuals who worked in the coffee and macdemia farms, served in nursing homes, and maintain much of the tourism revenue the airport, hotels and resorts, car rental company, etc. We have our kids that go to same schools as your kids, and adults that seek medical care at the same hospital that everyone attended. However, we continue experiencing dismissive and unwelcoming behaviours for lack of understanding each other.

CANN support SB 759 as amended for it will provide a much needed space for the health institutions, providers, community organizations, and associations to best understand one another. Furthermore, we want to be able to come up with a good plan to address health disparities in the rural communities while respecting each other and working together. We urge you to pass SB759, as amended. Kommol tata, Mahalo.