

SB-759

Submitted on: 2/10/2023 2:26:17 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
C. Kimo Alameda, PhD	Testifying for Hawaii Island Fentanyl Task Force	Support	Written Testimony Only

Comments:

Aloha All,

Mahalo Sen. Kanuha!! Yes.. Bay Clinic (now HICHC), BISAC, and Hope Services were the original drafters of this legislation, then came COVID and it missed the date to be introduced, then a year later it got morphed into a westside version only, and now it came back better and more inclusive. Nice job!!

The background for us drafting this back then was because too many times **individual health entities are hitting up the legislators for funding**, like grant in aids, etc. without collaborating with each other to ensure that we're not duplicating services or competing to our detriment. So, I proposed a while back that each health entity share their plans for expansion so that we're being transparent in our intentions for growth and that we make it easy for our Big Island delegates in their advocacy for our island's health needs.

For example, we have 4 health entities that employ community health workers – **Ka'u Rural Health Community Association**, the newly merged **Hawaii Island Comm Health Center**, **Hui Malama Ola Na Oihi**, and **HMC's Rural Health Clinic**. It would be great to discuss how we are utilizing our community health workers?, if we are neglecting a particular community?, or if we need to double-down in a certain area?. Etc. Then there's urgent, primary, specialty, palliative, and long-term care -- where are the gaps?, what are we flying off island for?, which island communities are not being equally served?, etc.

I thought this was a good idea four years ago and I think if it's even more important now. We need a host of services like a detox center, residential treatment, adult day-care centers in places like Puna and Kona, medical respite, street medicine, medical specialists, medical transportation, etc and no one agency can provide all of this so let's come together in the spirit of "one shared vision" to prioritize, then decide which health entity(s) should go for what, when, etc.

It's also good that **Hawai'i Primary Care Association** and **Hawaii State Rural Health Association** are part of this draft because I think they should align their intentions so they're not duplicating efforts as well. And yes, other counties will be watching. Imua Hawaii Island!

Kimo 👍👍

SB-759

Submitted on: 2/12/2023 7:58:35 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Douglass S. Adams	Testifying for Research and Development, County of Hawaii	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee on Health and Human Services:

Thank you for the opportunity to testify in SUPPORT of SB 759, which requires the Department of Health to establish and administer a pilot program to collaboratively address the health and wellness needs of Hawai'i County's most underserved residents and develop a 2030 One Shared Health Vision Plan. This effort will require an integrated effort, led by the Department of Health, of several state departments, to include the Department of Education, the Department of Human Services, and the Hawaii Health Services Corporation, the County of Hawaii, community health and social service organizations, and philanthropic foundations. Fortunately, the development of a 2030 One Shared Vision Plan will build on work already underway on Hawaii Island.

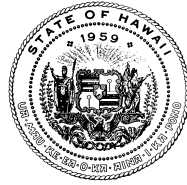
We strongly encourage the Committee to move forward with a POSITIVE recommendation for passage of SB 759 by the Senate.

very respectfully

Douglass S Adams

Director, Dept of Research & Development

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**Testimony COMMENTING on S.B. 759
RELATING TO HEALTH**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATOR HENRY J.C. AQUINO, VICE CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: 02/13/23

Room Number: CR 225

1 **Fiscal Implications:** The proposed measure appropriates funds out of the general revenues of
2 the State for fiscal year 2023-2024 and fiscal year 2024-2025 for a pilot program to be
3 established and administered by the Department of Health (DOH), Office of Primary Care and
4 Rural Health (OPCRH), to collaboratively address the health and wellness needs of Hawai'i
5 County's most underserved residents. The Department defers to the Governor's Executive
6 Biennium Budget Request for appropriation priorities.

7 **Department Testimony:** The DOH respectfully offers comments on S.B. 759. The Department
8 appreciates the intent of this measure, and currently has projects in place with its community
9 partners, including the Hawai'i State Rural Health Association, to help communities statewide
10 develop plans to address the issues identified in the Access to Care (ATC) needs assessment.
11 Social determinants of health are complex and cross-cutting issues requiring the participation and
12 coordination of several state departments and nonprofit community partners.

13 The rural counties across the state are currently developing their plans to address their
14 most profound needs from the ATC needs assessment. We believe that those groups should be
15 allowed to continue with the development of their plans with the OPCRH maintaining a
16 supportive role rather than a leadership role. This allows the communities to have ownership and
17 a vested interest in the success of their plans.

1 The DOH does not have the staff or resources to implement the request as outlined in this
2 measure. The OPCRH staff and programs are funded through specific federal project grants.
3 These federal grants generally do not allow the OPCRH staff to work on projects that are outside
4 the terms and conditions of the grant. The creation of a permanent 1.0 FTE Program Specialist
5 IV in OPCRH would allow the DOH to identify and create the necessary linkages between state
6 departments and community partners to address the social determinants of health and health
7 equity issues affecting underserved rural communities throughout Hawai‘i.

8 Thank you for the opportunity to testify.

9 **Offered Amendments:** Change Section 3, Page 4 to read: “There is appropriated out of the
10 general revenues of the State of Hawaii the sum of \$ or so much thereof as may be
11 necessary for fiscal year 2023-2024 the same sum or so much thereof as may be necessary for
12 fiscal year 2024-2025 for the [~~pilot program established pursuant to section 2 of this Act~~] Family
13 Health Services Divison of the Department of Health to hire one permanent full-time equivalent
14 (1.0 FTE) Program Specialist IV to oversee the development of community plans and to
15 coordinate efforts across departments and nonprofit community partners in order to address the
16 social determinants of health and health equity issues affecting underserved rural areas statewide.
17 Funds will support travel and activities necessary for the development of the community plans.

18 The sums appropriated shall be expended by the [~~office of primary care and rural health~~]
19 Department of Health for the purposes of this Act.”



Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

Senate Committee on Health and Human Services

Monday, February 13, 2023
1:00 PM

TESTIMONY IN STRONG SUPPORT OF SB759 RELATING TO HEALTH

Aloha Chair Buenaventura, Vice Chair Aquino, Members of the Senate Committee on Health and Human Services,

The Hawai‘i State Youth Commission was first created through Act 106 in 2018, “to advise the governor and legislature on the effects of legislative policies, needs, assessments, priorities, programs, and budgets concerning the youth of the State.” The Hawai‘i State Youth Commission’s Public Health legislative committee is in **strong support** of **SB759**.

As mentioned in the bill, one of the most critical issues in Hawaii’s current public health situation is inaccessibility and its effects on disadvantaged communities. It is an issue that has been overlooked for too long. While healthcare services are ubiquitous in the urban centers of O‘ahu, many rural and low-income communities are unable to access them. Such differences in the accessibility and quality of care can significantly impact the health outcomes of patients.¹ In

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8538109/>

some cases, it is the difference between life and death. This is a critical gap in Hawaii's public health system that should be addressed with utmost priority. We should work to ensure that a patient from a neighboring island receives the same quality care as another in O'ahu, regardless of their location, socioeconomic background, race and ethnicity, cultural background, educational level, or other factors. To do this, we must aim to expand outreach efforts and healthcare resources to the communities that need them the most. Establishing a pilot program in Hawaii county, along with a comprehensive 2030 shared health vision plan, is a crucial step toward making Hawaii's public health system more accessible and equitable.

Therefore, the Hawai'i State Youth Commission strongly urges the committee to **PASS SB759**.

Mahalo for the opportunity to testify,

The Hawai'i State Youth Commission
hawaiistateyc@gmail.com

Verbal Testimony

Aloha Chair Matayoshi, Vice Chair Garrett, Members of the Committee,

My name is Jun Shin, and I am speaking today on behalf of the Hawaii State Youth Commission. The commission is in **strong support** of **HB551**.

As representatives of the youth of Hawai‘i, the commission is committed to promoting inclusivity, opportunity, and progress in Hawai‘i. This includes the *health* of Hawai‘i’s youth. That is why the commission strongly supports this measure, because its efforts to end the sale and mislabelling of flavored tobacco products is crucial to improving the health and lives of not only Hawai‘i’s youth, but also the communities that they live in, which are negatively affected by tobacco and vape.

Currently, one in five middle schoolers and one in three high schoolers use e-cigarettes. 81% started with a flavored product. Additionally, 97% of youth who currently vape use flavored products. This is because there are over 15,000 flavors of vape that are constantly being marketed to target, entice, and hook our youth population. These flavors are the reasons why 21,000 of Hawai‘i’s youth who are alive today will ultimately die from a tobacco related illness, if rates don’t change. So, we must acknowledge that flavored tobacco products are a severe threat to the health of our youth and that ending sales of flavored products is a critical and necessary step towards a better future.

Therefore, the Hawai‘i State Youth Commission strongly urges the committee to **PASS HB551**, so that we can prevent the dangers of tobacco from affecting present and future generations of our keiki. Mahalo for the opportunity to testify.