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**A BILL FOR AN ACT**

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that Hawaii residents  
2           deserve universal access and equity to quality healthcare at an  
3           affordable cost. The Hawaii Prepaid Healthcare Act of 1974, the  
4           State Health Insurance Program Act of 1989, and the current  
5           successful med-QUEST program administered by the department of  
6           human services, are true examples of Hawaii's remarkable  
7           tradition of health system reform innovation; however today,  
8           Hawaii falls short of access to healthcare insurance with  
9           approximately eighty thousand uninsured and many more  
10          underinsured residents.

11          Furthermore, the legislature finds with increasing  
12          healthcare insurance costs; excessive regulatory, administrative  
13          and delivery system complexities; growing unaffordability for  
14          families, businesses, and government; unacceptable variation in  
15          outcomes despite numerous examples of high-quality care; and  
16          growing stresses on recruiting and retaining sufficient  
17          healthcare professionals, a renewed commitment towards

H . B . NO . 2440

1 guaranteeing universal coverage, streamlined administrative  
2 costs, and health system modernization are necessary.

3 Section 323D-11, Hawaii Revised Statutes, established the  
4 state health planning and development agency to administer the  
5 statewide health planning and cost containment activities.

6 While the state health planning and development agency has an  
7 effective certificate of need program, it is not sufficient to  
8 contain healthcare costs. Furthermore, section 323D-18.5,  
9 Hawaii Revised Statutes, requires health plans funded by the  
10 Hawaii employer-union health benefits trust fund and the state  
11 medicaid agency to provide administrative data, including health  
12 and dental insurance data, to the state health planning and  
13 development agency. These data, along with the acquisition of  
14 medicare data sets specific to Hawaii, are necessary to  
15 facilitate greater transparency and understanding of healthcare  
16 costs, healthcare system quality, population health conditions,  
17 and healthcare disparities.

18 SECTION 2. Therefore, the purpose of this Act is to  
19 establish a task force known as the hui ho'omana, which means  
20 "group to transform and empower," placed within and convened by  
21 the state health planning and development agency to make

H .B. NO. 2440

1 recommendations to achieve universal access and equity to  
2 quality healthcare at an affordable cost for state residents.

3 The hui ho'omana shall consist of up to twenty-five voting  
4 members and ten nonvoting members. The voting members shall  
5 include:

- 6 (1) The administrator of the state health planning and  
7 development agency or a designee;
- 8 (2) The director of health or a designee;
- 9 (3) The director of human services or a designee;
- 10 (4) The insurance commissioner or a designee;
- 11 (5) The chief executive officer of the Hawaii health  
12 systems corporation or a designee;
- 13 (6) The administrator of the Hawaii employer-union health  
14 benefits trust fund or a designee;
- 15 (7) The dean of the university of Hawaii John A. Burns  
16 school of medicine or a designee;
- 17 (8) The representative of the city and county of Honolulu  
18 designated by the mayor of the city and county of  
19 Honolulu;
- 20 (9) The representative of the county of Kauai designated  
21 by the mayor of the county of Kauai;

H.B. NO. 2440

1           (10) The representative of the county of Maui designated by  
2                   the mayor of the county of Maui; and

3           (11) The representative of the county of Hawaii designated  
4                   by the mayor of the county of Hawaii.

5           The administrator of the state health planning and  
6 development agency shall invite the following persons to  
7 participate on the hui ho'omana as voting members:

8           (1) The president of the National Association of Social  
9                   Workers, Hawaii Chapter, or a designee;

10          (2) The president and chief executive officer of the  
11               Hawaii Medical Service Association or a designee;

12          (3) The president of Kaiser Permanente for Southern  
13               California and Hawaii or a designee;

14          (4) The president and chief executive officer of the  
15               Healthcare Association of Hawaii or a designee;

16          (5) The chief executive officer of the Hawaii Primary Care  
17               Association or a designee;

18          (6) The executive director of the Hawaii Medical  
19               Association or a designee;

20          (7) The president of the Hawaii Nurses Association or a  
21               designee;

H.B. NO. 2440

- 1           (8) The president and chief executive officer of The
- 2                   Queens Health System or a designee;
- 3           (9) The president and chief executive officer of Hawaii
- 4                   Pacific Health or a designee;
- 5           (10) The president of the Accountable Healthcare Alliance
- 6                   of Rural Oahu or a designee;
- 7           (11) The chief executive officer of Papa Ola Lōkahi or a
- 8                   designee;
- 9           (12) The chief executive officer of AlohaCare or a
- 10                  designee;
- 11           (13) The State Director of the American Association of
- 12                   Retired Persons or a designee; and
- 13           (14) The president of the Hawaii Pharmacists Association or
- 14                   a designee.

15           The non-voting ex-officio members shall include:

- 16           (1) The chief of staff from the office of the governor or
- 17                   a designee;
- 18           (2) The chair of the senate committee on health and human
- 19                   services or a designee;
- 20           (3) The chair of the house committee on health and
- 21                   homelessness or a designee;

H.B. NO. 2440

- 1           (4) Two senate-confirmed members selected and invited by  
2           the administrator of the state health planning and  
3           development agency from the statewide health  
4           coordinating council;
- 5           (5) The director of corrections and rehabilitation or a  
6           designee;
- 7           (6) One member from the department of health with  
8           expertise in rural health selected by the director of  
9           health;
- 10          (7) The director of the executive office on aging or a  
11          designee;
- 12          (8) The attorney general or a designee;
- 13          (9) The superintendent of education or a designee; and  
14          (10) The director of commerce and consumer affairs or a  
15          designee.

16           The first meeting of the hui ho'omana shall occur no later  
17   than thirty days after the enactment of this Act, and at the  
18   first meeting members shall elect a chair and vice chair and any  
19   other necessary officers from among the members.

20           A majority of the hui ho'omana voting members present at any  
21   given meeting shall constitute a quorum to conduct business.

H.B. NO. 2440

1           The hui ho'omana shall meet no less than quarterly and may  
2 meet more often than quarterly. The state health planning and  
3 development agency shall provide administrative and clerical  
4 support required by the hui ho'omana.

5           The hui ho'omana shall:

6           (1) Identify and prioritize necessary actions for a  
7 comprehensive plan to provide universal access to  
8 equitable and affordable high-quality healthcare for  
9 state residents;

10          (2) Determine a responsible party, timelines, and deadline  
11 for each necessary action identified in the  
12 comprehensive plan;

13          (3) Identify resources required and funding options, which  
14 may include financing from private, state, and federal  
15 entities.

16          Members of the hui ho'omana shall serve without compensation  
17 but may be reimbursed for reasonable expenses necessary for the  
18 performance of their duties, including travel expenses.

19          The hui ho'omana shall submit a preliminary report of its  
20 findings, recommendations, and proposed legislation no later  
21 than twenty days prior to the convening of the regular session

H.B. NO. 2440

1 of 2025 and a final report before the conclusion of the regular  
2 session of 2025; and shall be dissolved on July 1, 2025.

3 SECTION 3. If any part of this Act is found to be in  
4 conflict with federal requirements that are a prescribed  
5 condition for the allocation of federal funds to the State, the  
6 conflicting part of this Act is inoperative solely to the extent  
7 of the conflict.

8 SECTION 4. This Act shall take effect upon its approval.

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INTRODUCED BY: \_\_\_\_\_



11

BY REQUEST

JAN 22 2024



# H.B. NO. 2440

**Report Title:**

Healthcare Task Force; Hui Ho'omana; State Health Planning and Development Agency

**Description:**

Establishes the Hui Ho'omana task force within the State Health Planning and Development Agency to develop a comprehensive plan to provide universal access to equitable and affordable high-quality healthcare for state residents, including defining action plan items, setting timeline and deadline for each action item, and identifying resources required and funding options.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

H.B. NO. 2440

JUSTIFICATION SHEET

DEPARTMENT: Health

TITLE: A BILL FOR AN ACT RELATING TO HEALTH.

PURPOSE: To establish the Hui Hui Ho'omana task force within the State Health Planning and Development Agency (SHPDA) to develop a comprehensive plan to provide universal access to equitable and affordable high-quality healthcare for state residents, including defining action plan items, setting a timeline and deadline for each action item, and identifying resources required and funding options.

MEANS: Establish a task force.

JUSTIFICATION: The State of Hawaii lacks a comprehensive plan for assuring health care access, affordability, and quality. The last State Health Functional Plan was published in 1989, which was the product of a multi-sectoral planning committee that set short-, medium-, and long-term health care goals. Due to the significant technological, medical, financial, political, and cultural developments in the intervening thirty years, a new health care strategic plan is warranted. SHPDA is the logical agency to convene the task force as it is mandated to conduct statewide health planning and cost containment activities.

Impact on the public: Potential for a higher quality, more financially sustainable, and more accessible health care system.

Impact on the department and other agencies: Potential for reduced administrative and financial burdens related to health care.

GENERAL FUND: None.

OTHER FUNDS: None.

*H. B. NO. 2440*

PPBS PROGRAM  
DESIGNATION:

HTH-906.

OTHER AFFECTED  
AGENCIES:

Department of Budget and Finance; Department of Human Services; Department of Commerce and Consumer Affairs; Department of Corrections and Rehabilitation; Department of the Attorney General; Department of Education; Hawaii Health Systems Corporation; University of Hawaii; City and County of Honolulu; County of Kauai; County of Maui; and County of Hawaii.

EFFECTIVE DATE:

Upon approval.