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KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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KENNETH S. FINK, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

### Testimony in SUPPORT of SB 1441 SD 1

#### RELATING TO THE TRANSITION OF THE OAHU REGIONAL HEALTH CARE SYSTEM FROM THE HAWAII HEALTH SYSTEMS CORPORATION INTO THE DEPARTMENT OF HEALTH.

SENATOR KARL RHOADS, CHAIR  
SENATOR MIKE GABBARD, VICE CHAIR  
SENATE COMMITTEE ON JUDICIARY

SENATOR DONOVAN M. DELA CRUZ, CHAIR  
SENATOR SHARON Y. MORIWAKI, VICE CHAIR  
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: Feb. 27, 2025, 10:25 AM      Room Number: 225

1    **Department Position:** The Department of Health (Department) supports this measure.

2    **Department Testimony:** The Behavioral Health Administration (BHA) provides the following  
3    testimony on behalf of the Department.

4            This measure extends to December 31, 2029, the requirement to transfer the Oahu  
5    Regional Health Care System (Oahu Region) in its entirety from the Hawaii Health Systems  
6    Corporation (HHSC) to the Department.

7            The Department supports this measure, but requests the original language from SB  
8    1441 be reinserted, which would repeal the requirement for the transfer of Oahu Region from  
9    HHSC to the Department while retaining its own program ID.

10           On December 30, 2021, the Department submitted a report to the Legislature that  
11    included a consultant's assessment of the transition plans and associated costs of incorporating  
12    the Oahu Region into the Department. The report included a 5-year operating budget pro-  
13    forma and a 10-year Capital Improvement Plan. The report detailed the complexity of the  
14    transition, the associated cost, and the estimated timeline. The transition cost was estimated at

1 **\$10.3 million** with an annual post-transition cost of \$5 million. This cost will continue to rise  
2 and therefore be considerably higher at the transition date in this bill of December 2029.

3 The Department believes that the intended goals of the transfer can still be achieved  
4 without a costly transition. For example, the Department already rents space from the Oahu  
5 Region on the Leahi Hospital campus for three of its programs through Memorandums of  
6 Understanding. The Department is interested in additional space and will continue to work  
7 collaboratively with the Oahu Region for any useable space they identify within their facilities.  
8 Therefore, there is no benefit to the State to continue to extend the transition date rather than  
9 repeal it in its entirety.

10 **Offered Amendments:**

11 The Department respectfully requests the language in this bill be replaced with the  
12 original language of SB 1441.

13 Thank you for the opportunity to testify in support of this measure.



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

*"Quality Healthcare For All"*

**COMMITTEE ON WAYS AND MEANS**  
**AND**  
**COMMITTEE ON JUDICIARY**

February 27, 2025  
10:25 AM  
Hawaii State Capitol  
Room 211 & Via Videoconference

**Testimony in Strong Support of S.B. 1441, S.D. 1  
Relating to the Transition of the Oahu Regional Health Care System  
from the Hawaii Health Systems Corporation into the  
Department of Health**

Extends the transfer of the Oahu Regional Health Care System from the Hawai'i Health Systems Corporation to the Department of Health to 12/31/2029. Requires the Oahu Regional Health Care System to enter into an agreement with the Department of Health regarding Oahu Regional Health Care System providing care to low acuity patients in the Department's custody by 12/31/2050.

Edward N. Chu  
President & Chief Executive Officer  
Hawai'i Health Systems Corporation

On behalf of the Hawai'i Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony in support, with a request for an amendment to S.B.1441, SD1.

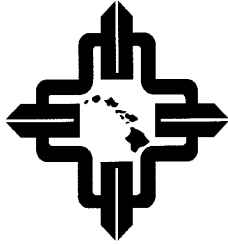
In 2021, when this Legislature passed Act 212, the HHSC O'ahu Region's facilities were viewed as potential sites to assist the Department of Health (DOH) with addressing the gap in the behavioral health care system between acute psychiatric care facilities and low acuity residential treatment with the idea to utilize Le'ahi Hospital and Maluhia as subacute level of care facilities. In the time since its passage, there is a broader, better understanding of the constraints and costs this idea posed. Those concerns remain. Additionally, O'ahu Region has worked with community partners towards fulfilling the general intent of Act 212, while still within the HHSC structure. HHSC remains supportive of the O'ahu Region's desire to stay with HHSC through the repeal of Act 212, Session Laws of Hawai'i. The time and resources that would be dedicated to continuing to implement this transition are otherwise better invested in building out the

programs that are underway through the established partnership between DOH and the O'ahu Region.

Both the Department of Health and O'ahu Region no longer feel the transition is necessary to accomplish the goal of working together to improve the healthcare delivery system. HHSC strongly supports S.B. 1441 due to the high costs to complete and maintain the transition without gaining additional services for the community and because all usable spaces in the HHSC O'ahu Region have been, or will soon be occupied for purposes consistent with the aims of Act 212. With respect to the requirement that the HHSC O'ahu Region enter into an agreement with DOH regarding the HHSC O'ahu Region taking care of low acuity patients at the Hawaii State Hospital in the DOH's custody by the end of 2025, a master draft agreement has been prepared and is currently being reviewed by DOH.

As such, HHSC strongly supports the original language of S.B. 1441 and respectfully requests the language be amended to ensure the repeal of Act 212.

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



## **OAHU REGION HAWAII HEALTH SYSTEMS CORPORATION**

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**Committee on Ways and Means**  
**Senator Donovan M. Dela Cruz, Chair**  
**Senator Sharon Y. Moriwaki, Vice Chair**

**Committee on Judiciary**  
**Senator Karl Rhoads, Chair**  
**Senator Mike Gabbard, Vice Chair**

February 27, 2025, 10:25 A.M.  
Conference Room 211 and Via Videoconference  
Hawaii State Capitol

Sean Sanada  
Oahu Region Chief Administrative Officer  
Hawaii Health Systems Corporation

### **Re: Comments, Request for Amendments**

**SB 1441, SD1 RELATING TO THE TRANSITION OF THE OAHU REGIONAL HEALTH CARE  
SYSTEM FROM THE HAWAII HEALTH SYSTEMS CORPORATION INTO THE DEPARTMENT OF  
HEALTH**

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Chairs Dela Cruz and Rhoads, Vice-Chairs Moriwaki and Gabbard, and respective Members of the Committee on Ways and Means and Committee on Judiciary:

SB 1441, SD1, in its original iteration, was intended to repeal Act 212, Session Laws of Hawaii 2021, as amended by Act 150, Session Laws of Hawaii 2022 (hereinafter, "Act 212") and require the Oahu Regional Health Care System (hereinafter, "Oahu Region") to enter into an agreement with the Department of Health (hereinafter, "DOH") regarding the Oahu Region taking care of low acuity patients in the DOH's custody.

As detailed more fully below, the Oahu Region supports a reversion of SB 1441, SD1 back to its original form for the following reasons:

- Completion and maintenance of the transition will come at an exceptionally high cost and will not result in additional services for the community;
- All usable spaces in the Oahu Region have been, or will soon be occupied for purposes consistent with the aims of Act 212; and
- Effectuating the transition may create a myriad of challenges for the Oahu Region's management of the Daniel Kahikina Akaka State Veterans Home in Kapolei.

### **High Costs to Complete Transition and Maintain Operations with no Gain in Additional Services**

- Act 212 provides for the transition of the Oahu Region from the Hawaii Health Systems Corporation (“HHSC”) into the DOH.
- Upon its passage, a working group comprised of directors, deputy directors, supervisors, and staff from all impacted jurisdictions and departments determined that it would take at least two and a half years to reasonably complete the transition at an estimated cost of \$10.3 million. An additional \$5 million per year (not including the Oahu Region’s annual subsidy requirements) would also be necessary to maintain operations.
- Under the foregoing framework, the funding invested would only cover the costs to place the Oahu Region and its facilities under the DOH, and not provide for any additional public services.
- Given the dilapidated state of many unused areas on the Leahi Hospital campus, the Oahu Region believes that the transition and maintenance funding could be more strategically utilized for capital improvements to open the campus up for more public benefit and revenue generating initiatives.

### **All Usable Spaces in the Oahu Region Are or Will Be Appropriately Utilized**

- One of the primary reasons for Act 212 was to grant the DOH additional infrastructure and resources in the Oahu Region’s facilities to assist the DOH in addressing the gap in the behavioral health care system between acute psychiatric care facilities and low acuity residential treatment.
- In the years following passage of Act 212, however, through active engagement with the DOH and other agencies, the Oahu Region has been able to fill all of the usable spaces on the Leahi Hospital campus and is developing plans for the usable space at Maluhia in a manner that is consistent with the aims of Act 212.
- First, the Palekana behavioral health program in Leahi Hospital’s North Trotter Building, which started in December 2019 as a pilot project to provide residential mental health and substance use treatment for DOH Adult Mental Health Division (“AMHD”) patients who would otherwise likely be treated at the Hawaii State Hospital or other higher cost facilities, was expanded from its initial six (6) beds to its current capacity of 28 beds. Based on calculations made by AMHD, the Palekana program at Leahi yields the DOH estimated annual savings of over \$15 million in comparison to housing such participants at other facilities.
- Second, the Oahu Region worked with the DOH Hansen’s Disease Branch to move its residents from the South Trotter Building to an open unit in the Young Building where all of Leahi Hospital’s long-term care residents reside. In turn, we partnered with the City and County of Honolulu (hereinafter, “City”), Emergency Medical Services Department (“EMS”) and Queen’s Medical Center (“QMC”) for a medical respite facility in the newly vacated space. The program, which opened at the end of February 2024, is managed by the City’s Crisis Outreach Response and Engagement (“CORE”) branch in tandem with North Shore Mental Health, and houses lower acuity hospital patients and homeless individuals in need of medical care. The program is supported by QMC through the provision of psychiatric and other clinical services. The Oahu Region supports the program with dietary and general maintenance services upon request. We are hopeful that this project will help increase bed availability at local hospitals for acutely ill patients and effectively assist in transitioning the program’s residents back into the community or to an appropriate step-down facility.
- Third, the Oahu Region is assisting the Judiciary’s Children’s Justice Center (“CJC”) in moving its Nuuanu facility into the Sinclair Building on the Leahi Hospital campus. This project envisions a two-phased approach that would ultimately bring all services provided by the CJC under one roof. The CJC has an initial appropriated CIP budget of roughly \$6M that must be encumbered by the end of FY26.
- Finally, at the Oahu Region’s other facility, Maluhia, we have developed a pilot program with QMC to fill the only open unit with waitlisted patients who have not been accepted by other long-

term care facilities due to financial and logistical limitations such as lack of guardianship and other Medicaid prohibitive circumstances. Thus far, we have admitted about fourteen (14) waitlisted patients. Through the continuing success of our recruitment efforts, we believe that we will be able to slowly increase the number of our staffed beds and admit more waitlisted patients from both QMC and other local hospitals.

#### **Daniel Kahikina Akaka State Veterans Home**

- Construction of the Daniel Kahikina Akaka State Veterans Home ("DKA SVH") reached substantial completion at the end of August 2024 whereupon the Oahu Region took formal possession of the facility from the Department of Defense and Department of Accounting and General Services.
- After a series of necessary infrastructure improvements, the Oahu Region and the facility operator, Ohana Pacific Management, successfully obtained licensure from the Office of Health Care Assurance and the Centers for Medicare and Medicaid Services. While obtaining VA certification will be a more protracted process, the first set of residents is still anticipated to be admitted by the end of the first quarter of 2025.
- In addition to the legislation that was necessary to facilitate the successful construction and subsequent management of the facility by the Oahu Region, the Oahu Region was required to enter into a great deal of MOUs and other agreements with important stakeholders. Some of these stakeholders include, but are not limited to, Ohana Pacific Management, the Hawaii Housing Finance and Development Corporation, and the Villages of Kapolei Association. Likewise, many infrastructure and operational projects to support the facility were made possible through the use of the Oahu Region's exemption from HRS ch 103D.
- Needless to say, having to assign the Oahu Region's rights and obligations under the transition will be a very challenging endeavor. Additionally, if the 103D exemption is not extended to future facility projects, it is very likely that such projects will be much more difficult to complete with necessary expedience.

In light of the foregoing, the Oahu Region strongly supports the repeal of Act 212 and respectfully requests that these Committees amend SB 1441, SD1 back to its original form.

With respect to the requirement that the Oahu Region enter into an agreement with the DOH regarding the Oahu Region taking care of low acuity patients in the DOH's custody by the end of 2025, a master draft agreement has been prepared and is currently being reviewed by the DOH.

Thank you for the opportunity to testify in support of this important measure.

**SB-1441-SD-1**

Submitted on: 2/26/2025 8:31:26 AM

Testimony for JDC on 2/27/2025 10:25:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Awai	Individual	Oppose	Written Testimony Only

## Comments:

I oppose SB1441.SD1. Does Dr. Fink really know what this involves and how much responsibility he would have as the director? I am told that the Department of Health actually had the most employees in our state, if that is true, can Dr. Fink really handle this being from the continent? Dr. Tom Hester 2002-8, had a really good grasp on Adult Mental Health Division but was opposed by many local leaders, including Judiciary, as someone else telling us what to do as the 5th from the continent. I was even called a traitor by a local woman who seemed more bipolar than I was, yelling across the room or even across Hawaii State Hospital grounds! Who is recommending this? The Governor, who cared very little about government and instead wanted to volunteer all his time as a medical doctor in Kona??

When I worked in the Department of Health as an Emergency Hire, then as an Exempt employee during the federal mandate each division did not seem to coordinate with the other. When I worked full-time with the Adult Mental Health Division Kinau Hale, was the most toxic environment I had ever encountered, they had no clue why they had a job, but to prosper for themselves, except a few who did care about the people of Hawaii! Even the Head of Behavioral Health came from Pennsylvania and didn't seem to care about the people and even told me when I got terminated, that I should forget about it and move on with my life! But I was blackballed by the system! It is better to rethink, would Queen's be in charge, probably the biggest experimental hospital in the U.S., that teaches everyone else, instead of assisting those that may need medical assistance! Does cultural competency exist in the medical field, that understands how to treat people or are we dominated by people who just want to prosper off of us! Oppose SB1441.SD1 and help the people not professionals!