

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



GOV. MSG. NO. 1244

EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

May 30, 2025

The Honorable Ronald D. Kouchi
President of the Senate,
and Members of the Senate
Thirty-Third State Legislature
State Capitol, Room 409
Honolulu, Hawai'i 96813

The Honorable Nadine Nakamura
Speaker, and Members of the
House of Representatives
Thirty-Third State Legislature
State Capitol, Room 431
Honolulu, Hawai'i 96813

Aloha President Kouchi, Speaker Nakamura, and Members of the Legislature:

This is to inform you that on May 30, 2025, the following bill was signed into law:

H.B. NO. 1179, H.D. 1,
S.D. 2, C.D. 1

RELATING TO RURAL EMERGENCY HOSPITALS.
ACT 144

Mahalo,

A handwritten signature in black ink that reads "Josh Green M.D.".

Josh Green, M.D.
Governor, State of Hawai'i

A BILL FOR AN ACT

RELATING TO RURAL EMERGENCY HOSPITALS.

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

1 SECTION 1. The legislature finds that the federal
2 government has recently authorized the creation of rural
3 emergency hospitals, a new type of medicare provider meant to
4 help address the concerning increase in rural hospital closures
5 nationwide. Rural emergency hospitals provide rural communities
6 with emergency department services, observation care, and
7 tailored outpatient medical and health services, including
8 laboratory and imaging services. By adopting the rural
9 emergency hospital designation, a hospital can focus on these
10 important services while eliminating certain high-cost services
11 that the community is not utilizing, such as inpatient care.
12 This focus allows the hospital to allocate its limited resources
13 to better address needs of the community the hospital serves.

14 The legislature further finds that the creation of the
15 rural emergency hospital designation may be beneficial to the
16 financial health of certain hospitals and the communities they
17 serve. By adopting a rural emergency hospital designation, a



1 hospital can take advantage of medicare reimbursement policies
2 that allow the hospital to adapt to community needs while
3 sustaining budget requirements. Specifically, rural emergency
4 hospitals receive a fixed monthly payment equal to about
5 \$3,200,000 annually. In addition, medicare payments for
6 outpatient services such as diagnostic services are five per
7 cent higher for rural emergency hospitals. Significantly,
8 patients do not pay additional fees or premiums for receiving
9 services at a rural emergency hospital. States can also
10 determine their own ways to support rural emergency hospitals
11 through medicaid and commercial reimbursement policies.

12 The legislature also finds that although the cessation of
13 inpatient services may seem like a loss for a community, for
14 many rural hospitals the volume of inpatient care is extremely
15 low. For example, Lanai community hospital is a critical access
16 hospital that averages less than one patient per day in its
17 acute inpatient care beds. This low volume illustrates that
18 people are seeking inpatient care at other locations. Despite
19 this low volume, hospitals that maintain inpatient care services
20 must still pay the increasingly high costs of staffing,
21 equipment, and supplies needed to maintain inpatient care.



1 Besides inpatient care, Lanai community hospital currently
2 provides emergency services along with thousands of days of
3 nursing and skilled nursing care. Importantly, if Lanai
4 community hospital becomes a rural emergency hospital, it would
5 be able to surrender its inpatient licensed beds and allow the
6 hospital to expand its availability of long-term care and
7 skilled nursing beds, which are sorely needed by the community.
8 The legislature notes that each rural emergency hospital is
9 responsible for meeting higher-level patient care needs by
10 having transfer agreements with local trauma centers.

11 The legislature finds that the federal government designed
12 the rural emergency hospital designation for hospitals like
13 Lanai community hospital, to allow those hospitals to best meet
14 the health care needs of their communities by emphasizing
15 emergency services, long-term care, and skilled nursing.

16 The legislature also finds that hospitals must first be
17 recognized as a rural emergency hospital at the state level
18 before they can pursue the new rural emergency hospital
19 designation with the federal Centers for Medicare and Medicaid
20 Services. A state can address licensure through the enactment
21 of legislation, which should also ensure that the medicaid



1 policy protections that currently support hospitals and the
2 services the hospitals provide will continue after those
3 facilities attain a rural emergency hospital designation.

4 Accordingly, the purpose of this Act is to:

- 5 (1) Provide a statutory framework for the licensure of
- 6 rural emergency hospitals at the state level; and
- 7 (2) Clarify medicaid reimbursement policies for hospitals
- 8 transitioning from a critical access hospital
- 9 designation to a rural emergency hospital designation.

10 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
11 amended by adding a new section to part I to be appropriately
12 designated and to read as follows:

13 "§321- Rural emergency hospitals; licensing. (a) The
14 department of health may license a hospital as a rural emergency
15 hospital if the hospital:

- 16 (1) Elects to receive the medicare designation as a rural
- 17 emergency hospital;
- 18 (2) Provides emergency treatment and stabilization
- 19 services for an average length of stay of twenty-four
- 20 hours or less;



1 (3) Meets the requirements of title 42 United States Code
2 section 1395x(kkk) (2); and

3 (4) Passes inspection and receives a recommendation from
4 the department to the federal Centers for Medicare and
5 Medicaid Services to operate as a rural emergency
6 hospital.

7 (b) For the purposes of this section, "rural emergency
8 hospital" means a hospital licensed under this section that was
9 previously designated and operating as a critical access
10 hospital as of December 27, 2020."

11 SECTION 3. Section 346D-1.5, Hawaii Revised Statutes, is
12 amended to read as follows:

13 "**§346D-1.5 Medicaid reimbursement equity.** Not later than
14 July 1, 2008, there shall be no distinction between
15 hospital-based and nonhospital-based reimbursement rates for
16 institutionalized long-term care under medicaid. Reimbursement
17 for institutionalized intermediate care facilities and
18 institutionalized skilled nursing facilities shall be based
19 solely on the level of care rather than the location. This
20 section shall not apply to critical access hospitals.
21 Reimbursement rates for facilities that convert from a critical



1 access hospital to another facility type after April 1, 2025,
2 may maintain a distinction after the facility's conversion."

3 SECTION 4. Statutory material to be repealed is bracketed
4 and stricken. New statutory material is underscored.

5 SECTION 5. This Act shall take effect upon its approval.



H.B. NO. 1179
H.D. 1
S.D. 2
C.D. 1

APPROVED this 30th day of May, 2025

A handwritten signature in black ink, appearing to read "Josh Green". The signature is written in a cursive, flowing style.

GOVERNOR OF THE STATE OF HAWAII

HB No. 1179, HD 1, SD 2, CD 1

THE HOUSE OF REPRESENTATIVES OF THE STATE OF HAWAII

Date: April 30, 2025
Honolulu, Hawaii

We hereby certify that the above-referenced Bill on this day passed Final Reading in the House of Representatives of the Thirty-Third Legislature of the State of Hawaii, Regular Session of 2025.



Nadine K. Nakamura
Speaker
House of Representatives



Brian L. Takeshita
Chief Clerk
House of Representatives

THE SENATE OF THE STATE OF HAWAI‘I

Date: April 30, 2025
Honolulu, Hawai‘i 96813

We hereby certify that the foregoing Bill this day passed Final Reading in the Senate of the Thirty-Third Legislature of the State of Hawai‘i, Regular Session of 2025.



President of the Senate



Clerk of the Senate