

**Maui Health Initiative Task Force
Dec. 4, 2007 – 5:23 p.m. to 9:15 p.m.
Kaunoa Senior Center
401 Alakapa Place, Rooms 101 and 102
Minutes**

Task Force Members in attendance: Chair Rita Barreras, Vice Chair Tony Krieg, Dr. Noa Emmett Aluli, Norm Bezane, May Fujiwara, Hermine Harman, Mark Hyde, Dr. Guy Hirayama, Alan Lee, Leonard Oka, Jeanne Skog, John Smith, Dr. Richard Weiland, Jan Yagi Buen

Task Force Members excused: Phyllis McOmbler

Chair Barreras called the meeting to order at 5:23 p.m.

A motion to approve the agenda was made by Hermine Harman with a second by May Fujiwara – a housekeeping amendment suggested by Chair Barreras to correct the date of the minutes being approved from Dec. 4 to Nov. 20 was approved after a motion by Mark Hyde and a second by Dr. Richard Weiland.

Barreras said that Ron Terry and Darryl Shutter of the State Health Planning and Development Agency (SHPDA) were on hand to give a presentation and answer questions about the Certificate of Need process, but had to leave by 7:30 p.m. She asked for a motion to limit public testimony to 3 minutes each with no questions from Task Force members so there would be sufficient time to hear from Terry and Shutter. Harman made the motion with a second by Weiland.

Public testimony

Bert Schifferling – Schifferling was concerned that he had seen no mention of improved technology information in the committee report he was given. He said this was important to qualify for increased reimbursements from Medicare. He said Kaiser has an internal electronic records system that works very well.

Zeke Kalua – Kalua, the executive director of the West Maui Improvement Foundation and the West Maui Taxpayers Association, thanked the Task Force for including information about the West Maui hospital in their committee report. He said the developer of the proposed hospital would be on the island for a few days next week.

Joe Pluta – Pluta, of the West Maui Improvement Foundation and West Maui Taxpayers Association, said he sent an email to Barreras with some clarifications about the West Maui proposal (handout provided to task force members).

Christina Chang – Chang, vice president of Lokelani ‘Ohana, said she was speaking on behalf of people with special needs. She said there had been a 44 percent increase in the number of Maui County residents with developmental disabilities in the last five years compared with a 32 percent increase statewide. There are limited resources for people with special needs. The ARC of Maui has just five group homes. Lokelani ‘Ohana is a farm where people with developmental disabilities can work the land and participate in a weaving program.

Anne Trygstad – A registered nurse, Trygstad spoke about the critical shortage of long term care beds – there are now 55 waitlisted patients at Maui Memorial Medical Center that cost the hospital \$15 million a year. Trygstad told Pluta and Kalua that she was extremely disappointed to learn that the West Maui Critical Access Hospital proposal had withdrawn its original plan of providing 40 long term care beds when West Maui needs them to serve the community. She said that aging kupuna will be yanked out of their communities because there are no long term care beds and that the West Maui Hospital will be skimming the cream and serving those who are well insured and not those who don't have insurance.

Zeke Kalua raised a point of order and said that according to the Sunshine Law, he should be allowed to rebut Trygstad's testimony. He said West Maui was not planning to eliminate long term care.

Barreras noted that the public testimony time was for testifiers to provide testimony to the task force members, not testifier to testifier.

Approval of the minutes of Nov. 20, 2007

Jan Yagi Buen pointed out a typographical error on Page 7. Weiland made a motion to approve the minutes with a second from Dr. Emmett Aluli and unanimous approval.

Updates

Chair Barreras welcomed Ron Terry and Darryl Shutter from SHPDA. Terry gave an update on the Task Force request for the release of \$100,000 for its budget – he said Dr. Chiyome Fukino, director of the State Department of Health, had been expected to sign the request today and the papers would be walked over to the Office of Budget and Finance where they should quickly be released. Barreras said that Valerie Monson’s hours were running out – the Task Force had approved a salary of up to \$4,999. Mark Hyde made a motion to increase the amount up to \$10,000 with a second by Harman. Unanimous approval. Barreras said that SHPDA will bind and distribute the final reports for delivery to the Legislature.

Barreras said some issues have come up in which she sought Sunshine Law interpretations from SHPDA.

- 1) There were concerns that the media reports had said that the Task Force had endorsed the West Maui proposal. A committee member wrote to members of a committee to express concern about this matter. Barreras had written to the committee members requesting that they do not discuss the matter within committee as it is a task force matter. Shutter advised that if the intent of establishing the committees did not include discussion about communications, the committee should not be discussing the matter. A handout to the members provided excerpts from previous minutes indicating that communications was not part of the task of the committees.
- 2) A committee member asked if SHPDA could advise if the task force can discuss the draft report in executive session. Shutter provided criteria required to call for an Executive Session, but none exists for the Task Force to discuss the draft report. A handout to the members outlines 8 purposes of an Executive Session, which Barreras read.

3) Harman's proposal for a Task Force social event an hour before the start of the Dec. 15 meeting is legal so long as Task Force business is not discussed.

Norm Bezane said because of the Sunshine Law, the Task Force's preliminary findings have appeared in the media, but that it wasn't made clear in the articles that no votes had been taken and that this was just a first draft. He said one government official is not happy with the group's thoroughness – he thought the Task Force was set up as an independent group and that it was meeting the responsibilities of the people. He said he hoped the report would reflect all health care needs and not just the needs of one person or one organization – the total framework of health care should be what's best for Maui County, not x,y or z.

Hyde said he was shocked and surprised to see that the Task Force had endorsed the specific proposal for the West Maui Hospital currently being planned. He said it hadn't been done at committee level and it hadn't been done as a Task Force. The community and the public was misled. The committee recommended a Critical Access Hospital in West Maui that could be done by anybody, not this specific proposal by Brian Hoyle. Hyde asked if anyone was in the audience from The Maui News and requested that the reporter advise The Maui News about the Task Force's concern and that it report the facts (the reporter in the audience was not the reporter who attended the previous meeting).

Jeanne Skog said that she could see how it could be interpreted from the draft report that the Task Force supported the West Maui facility.

Barreras said in the draft report, Monson had posed questions to the Task Force – should the Task Force support this or not.

Guy Hirayama said the report had not been endorsed by the Task Force. He said the draft report had not been voted on – it was just a first draft and it had been written by one person, Valerie Monson.

Tony Krieg asked if the Task Force was compelled to circulate drafts to the public according to the Sunshine Law. Bezane said this is a flaw in the Sunshine Law.

Barreras said she personally has no problem with public documents being in the public's hands. From her perspective working in the public sector during her career, documents and proposals were always provided to the public for review and comment. That is the purpose of public participation. Krieg disagreed.

Leonard Oka agreed with Barreras and said that documents should be made public even in draft form. The Task Force gathered information from the public, so the public should be allowed to review it and comment. He said he realizes that this might take more time and that the Task Force doesn't have a lot of time, but it's the right way to do it.

Barreras asked Shutter if the task force can be provided with an interpretation about making documents available to the public. He indicated he would do so.

Harman noted that she had sent a copy of her comments on the draft to SHPDA, as required, but that they weren't included in tonight's packet of materials.

Ron Terry, administrator of SHPDA, began a powerpoint presentation on the responsibilities of SHPDA which include the state health plan, research and data, special projects and the administration of the Certificate of Need (CON).

Terry explained the history of the Certificate of Need (CON). In 1965, Congress passed Medicare as part of the Social Security Act. It was the greatest thing for hospitals which could now get paid for people they previously got no reimbursements for treating. This act served as a catalyst for hospital expansion with cost-based reimbursement.

A rapid expansion of health care facilities followed. In the next five years, health care expenditures increased by 38 percent. Hospitals began to offer the latest technology and services – sometimes this was done without regard for actual community need. As a result, Congress wanted to get greater control over health care expenditures. In 1966, New York established a CON and other states followed suit. In 1972, Congress encouraged states to adopt the CON.

In 1974, Hawaii's CON was established. In 1997 the process was refined with language that promoted accessibility at a reasonable cost, streamlining Hawaii's process.

In the CON process there are 12 questions that must be answered (a list of criteria was passed out to the Task Force).

The application is reviewed by SHPDA for completeness – Shutter said SHPDA acts as a coach to help applicants answer the questions correctly. Once the application is complete, there is a 90-day process to approve or disapprove the proposal. The completed application is reviewed by the regional Subarea Health Planning Council (SAC) and then by the CON Review Panel and the Statewide Health Coordinating Council before the SHPDA administrator issues the final decision. All members of the panels are appointed by the Governor and confirmed by the State Senate.

If the CON is denied, there's an appeal process where a reconsideration request can be made to reverse the decision. If that is denied, the applicant can appeal to Circuit Court.

Aluli asked if the Task Force was going to get copies of recent CON applications in Maui County – the Task Force asked for this material a month ago.

Shutter said over the last 10 years there have been 335 applications in the state – 286 were approved, 38 were withdrawn and 11 were disapproved. Aluli wanted to hear about the Maui County proposals and how the breakdown went. Shutter said there were four applications for outpatient MRIs in 2001 – one was approved, one was withdrawn and two denied. In 2004, there were two disapprovals for an MRI and one approval; the other recent application was Malulani, which was denied. All other applications were withdrawn or approved.

Shutter said Malulani asked for a reconsideration, but there are five specific criteria that must be met and the applicant must prove that new information has come forward since the denial. A majority of the review panel decided that good cause wasn't shown by Malulani and the request for reconsideration was denied.

Quality of service comes into consideration when approving/disapproving CONs. Shutter said, for example, you don't want five providers doing 10 heart surgeries a year – the minimum number is 200 a year.

Bezane said the people of Maui County have been concerned about the quality of health care for a long period of time – the Legislature set up the group and provided only a short time frame. Bezane said the Task Force has fast-tracked the process and is going to come up with comprehensive recommendations. Will the Maui (Tri-Isle) SAC quickly incorporate the recommendations into their process or will they string it out?

Terry said the Legislature will not allow the Task Force report to sit on the shelf. Barreras said a February deadline had been set for the Maui (Tri-Isle) SAC to incorporate the Task Force information – she said she had met with the Maui SAC recently and members were looking forward to receiving the Task Force's report.

Yagi Buen asked if a judgmental decision came into play when determining competition – if a new facility would have a detrimental financial impact on an existing facility of a similar size. How are decisions made to approve or disapprove?

Weiland said it appears the CON can become a Catch-22: you might need to prove you can perform 200 heart surgeries a year, but you need the CON to get there. Terry said SHPDA only regulates programs, not doctors. He also said that 75 percent of heart patients are on Medicare.

Hirayama asked how the CON process relates to the quality of care with unlimited resources, the quality of care with limited resources and does SHPDA believe that regionalization of the process is a good thing? Because of the Malulani decision, some in the community were upset and felt the decision was made by Oahu, not Maui.

Terry said he does not believe the CON process is set up as anti-competitive, whether limited or unlimited resources. Terry said Hirayama's last question was a legislative one – SHPDA follows what the Legislature decides. If the CON becomes regionalized, it would be approved first by the Legislature.

Hyde wanted to know if each review committee had different criteria or if they were looking for the same thing? Terry said each committee has a

different perspective, but relies on the same 12 criteria. He said that in the case of Malulani, the local community would have a different take. He said he thought the three-tier system worked. The CON Review Panel is a subcommittee of SHPDA – panel members have a good working knowledge of the process and ask a lot of hard questions.

Barreras said that if you look at the existing H2P2 Plan there are no real goals or objectives – the Task Force is going way beyond that. What was the criteria used in the CON applications since the current H2P2 is so vague? Shutter said that the H2P2 is only one of the criteria – he acknowledged there are some vague components of the plan. He explained some subcriteria that the panels examine regarding different sections of the plan. Barreras wondered if sub-criteria were also being required, then could the task force receive information about the sub-criteria.

Bezane said he thought Hawaiian tradition says that you don't go to other areas and tell those residents what to do. He asked Terry if he would pledge as head of SHPDA to hold every single hearing on a Maui County matter in Maui County, on the particular island. Terry said he could not pledge that all meetings would be held on the affected island, but he could pledge that he would consider it and would look into it -- he said it could be logistically difficult to conduct all the hearings on the particular island where the application has been proposed. Bezane said he thought the community would greatly appreciate having the meetings on their own island. Barreras said she thought Act 219 has a provision that talks about holding meetings in the regions where the applications were proposed. Shutter said he thought so too – he said he will review the law and give the Task Force feedback.

Aluli asked who defined the health care system of the area, specifically mentioning Hana and Molokai. Is it SHPDA? Terry said the needs of the community must fit with the health plan. Aluli said, for example, if he would come from the Mainland to set up a CT in an underserved area saying that it will improve overall quality, would he be allowed to do that? Terry said a lot of clinics are exempt from the CON -- if the CT was being proposed by a federally qualified clinic, you don't need to apply for a CON unless you're spending more than \$1 million for equipment or \$4 million for capital improvements.

Skog said the CON sounds like a technical review process – she asked how states without the CON operate. Terry said you simply get a license. Skog

wondered if that meant a community could end up with three open heart centers.

Yagi Buen thanked Terry for attending. She said that most companies who would want to build a new medical facility would do their due diligence, look at the math and finances – whether it's Maui Memorial or another hospital submitting a CON for an additional service, if there's a public need it can be difficult for an applicant because they might have to spend a million dollars to go through the process and then go through the courts. She said she believes competition will bring out the best in health care.

Hirayama noticed on the sheet listing the 12 criteria that there were three boxes following each criteria to indicate whether that particular criteria had been met, partially met or not met. Hirayama asked how many of the 12 criteria would need to be met in order to be approved. Shutter said the first rule is that they must meet all 12 – applicants don't need to prove their case "beyond a reasonable doubt" but by 51 percent.

Alan Lee asked how the CON relates to health care. Terry said sometimes you need to be careful for what you wish, particularly in rural areas. He said when the CON was mostly repealed at the federal level, 96 percent of all specialty hospitals were built in states without the CON process. In many cases, those specialty hospitals can cherry pick the profitable services and leave the existing community hospital in trouble. Terry said that had been his personal experience in South Dakota.

Leonard Oka asked if one criteria carried more weight than others. Terry said it was an overall view, a preponderance.

Hirayama wanted to know how the specialty hospitals impacted access in South Dakota. Terry said such a scenario in the long term can reduce access.

Harman said if the major decision on granting a CON to a new facility is about the financial impact on Maui Memorial, how will the community ever get anything new? Isn't that anti-competition? Shutter said the decision on the financial impact considers all existing facilities, not just one provider. Harman asked about Critical Access Hospitals and long term care beds, but Terry said he was not familiar with the federal legislation.

Hyde noted Criteria 7 – probable impact on existing facilities – and asked if that was about balancing the public interest. Terry said the gain for the community must offset impacts.

Yagi Buen pointed out that Kahuku Hospital on Oahu had filed for bankruptcy, but the Legislature came up with \$4 million to keep it open.

Barreras asked about the overall health care system and how it relates to the CON and how SHPDA defines it. Shutter said all services affected are considered – will the new application have an effect on anything and what effects will those be? Barreras said that long term care was missing from the plan and Shutter said the plan is being revised to include a chapter on long term care.

Barreras said one of the debates that the Task Force will probably have involves changing the name of long term care to home and community based services to move away from focusing on facilities to home and community services.

Task Force Draft Report

Barreras said that more work has gone into the report being prepared by the Home and Community Based Services Committee so there will be additional changes. She said that based on her experience of writing reports for the Legislature when she worked for a state agency in Colorado, she assembled Task Force documents and other information that would comprise a typical state government report. This report that was distributed at the meeting is still in draft form for review and revision by the Task Force. The report includes a table of contents that includes what was required of the report and a one-page letter from the Task Force at the beginning of the report.

The draft table of contents includes a section for a Maui County Strategic Health Plan as the requirement of the task force is to develop a comprehensive health plan. Barreras said that Sen. Roz Baker has been reviewing proposed legislation from the task force and provided feedback to Rita that she has not seen anything related to the H2P2.

Barreras reminded the group that the materials she had distributed was a framework for discussion, not a report from her.

Bezane complimented Barreras and said he thought the Task Force should refer to the finished product as “findings” not a “report.”

Hirayama said he also liked the idea of a letter from the Task Force and an executive summary that points out the major priorities. He said the letter can not only be a message to the Legislature about what this process was all about – it could be a letter to the public. He said the draft Maui County Strategic Health Plan was just a rehash of the committee reports – it seems that this is just taking data and putting words to it. Barreras said you need to think about what a plan is – it’s not just findings and recommendations, it’s goals and outcomes.

Weiland said the Task Force doesn’t need nebulous, pie-in-the-sky visions, but it needs to be more exact and set timelines, such as a certain thing should be done by 2012.

Hyde said he wanted to include the committee reports, make them part of the appendix. He thought there was a lot of meat in the committee reports so he felt what Monson did was stitch the three reports together, but he did not find that helpful. He thought the committee reports were crisper and more technical. He did not believe what Monson wrote was a strategic plan – she was not in attendance at the committee meetings so she could not have known what occurred during discussions that led to the committee reports. He also didn’t like all the adjectives and adverbs that were used in the report – he said it needs to be crisp up front. He said there was no need to refer to public testimony. He said he didn’t think anyone was going to sit down and read this lengthy document. He said the report needs punch at the front.

Hirayama didn’t think the committee reports should be in the appendix – he thought they should be up front.

Weiland thanked Monson for pulling the information together. He said a solution to what Hyde was saying was that Task Force members should sit down and write it themselves. He said Monson pulled the reports together and made them into a story.

Bezane said the two pages in the front of the report that list the priorities are crisp enough. He noticed that those priorities are general statements about what the Task Force wants to happen.

Barreras said to Monson's credit, she had to read 15 minds to prepare the report. Barreras said she's out in the community a lot and has heard exceptional things about the draft report. She said the draft came up at the Mayors' Conference on the Big Island recently and was well received. Barreras suggested that perhaps the names of individuals should be removed from the report.

Bezane said the 9/11 Report was readable and this draft report is also readable – he said he wouldn't change a lot to how it was written.

Harman wanted to vote on the Task Forces' top 10 priorities.

Hirayama said that regarding crispness, it was good for two pages. He said if the group is going to do a Strategic Plan, the first draft is not so crisp, it's very lengthy and melded together rather than separated out.

Skog said the language used in the draft was judgmental – that kind of language should be removed so readers could make up their own minds. Bezane said the whole purpose of the group is to make recommendations.

Barreras said Sen. Baker provided her with feedback about the recommendations and report being evidence based, therefore, reflecting more data.

Hirayama said he felt the committee reports could stand on their own – he said there's a danger in reading a novel, it becomes subjective. He's concerned about a novel approach.

Yagi Buen said she felt the draft showed how the public participated in the process rather than the Task Force just coming up with recommendations on their own – she felt it was important to show that the public was involved.

Aluli said the public participation gives validation to the Task Force's findings.

Skog said she felt it was important, too, to show public participation, but that the draft was selective in showing that – she suggested including a list of everyone who attended along with what agency they represented and what topic they spoke on.

Bezane said the committees did a great deal of work, especially considering the time constraints. He said that as a general policy to expedite the process, the Task Force should accept the findings of the three different committees.

Hyde suggested moving up the three committee reports. He said Monson's report was duplicative and somewhat selective. In addition, he would challenge some of what she wrote. He acknowledged that she was put into an impossible solution because she had not attended the committee meetings.

Lee said he liked summarizing the committee recommendations rather than the narrative. He asked if the Task Force was talking about two separate documents.

Barreras said it is up to the task force. The Tri-Isle SAC is waiting for the document.

May Fujiwara asked what the group was going to do about the Strategic Plan.

Hyde asked if the group could vote on the committee reports.

Barreras said the reports have not been substantively discussed at the Task Force level.

Hyde asked if the reports should be approved or amended.

Bezane said the Task Force should approve the individual committee reports – the committees could make any recommended changes. He said he believed that the group already agreed on 99 percent of what was in the reports.

Hirayama said he would make a motion to begin reviewing the reports, one line at a time, to start the dialogue. He made a motion to accept the Acute/Primary/Emergency Committee report into the integrated final report with a second by Hyde.

Harman brought up alternative medicine. She said during a committee meeting, there had been a presentation about alternative practitioners – she talked about the need for them to get reimbursed by third-party payers.

Hirayama said they also must be licensed by the state. Harman reminded the Task Force about the ideal situation envisioned by Dr. Jim Jones that was like what Dr. David Sakamoto had suggested – a \$300 million replacement hospital that would work with Maui Memorial Medical Center. Harman said she would like to see the Task Force support a new hospital and include support for a Critical Access Hospital for South Maui – she said that the required distance from the nearest hospital would qualify some in South Maui for a CAH. She said she was upset that the proposed West Maui Hospital, which would become a Critical Access Hospital, was not going to provide long term care beds and would cherry pick services. Bezane said that was not a correct interpretation and that the hospital wants to include long term care beds, but that Maui Memorial would not agree to pass on the savings to West Maui that would result from the reduction of waitlisted patients.

Barreras said if the Task Force gets into specific recommendations, what is the role of the Tri-Isle SAC?

Hirayama said that was the danger of a narrative summary when the Task Force recommends a Critical Access Hospital, it implies the Task Force is supporting the current Hoyle proposal. The Task Force needs to make sure the report is clean.

Hyde said the Acute/Primary/Emergency Committee should include Sakamoto's recommendations – he said he had done this, but that a computer malfunctioned so he needs to do that again. He also said he didn't see a need for more alternative practitioners.

Hirayama said there has been some discussion about how the Task Force is going to address future needs. Should the Tri-Isle SAC review the priorities every so often?

Bezane said he felt the first paragraphs of the report were vague.

Hirayama pointed out that the first page includes definitions of terms.

Weiland asked how many people had even read the entire document and read all of the committee reports. (Some hands went up – others did not.)

Hyde expressed that the work had been done at the committee level and everyone went through a group process of voting. He felt the committee reports should be adopted as they are.

Barreras noted that the committees are in a Task Force process, no longer a committee process. The process needs to be defined at the Task Force level. She felt that all members should be able to provide comments on the committees' reports.

Skog said even if they had read everything, what did that mean? She said the committees spent a lot of time compiling their reports – were they going to have others who were not members of the committee make judgments on the reports and possibly be off base on their decisions because they had not attended all of those meetings. A lot of good deliberations could be undone, she said.

Weiland reminded the group that in the second meeting it had been agreed upon to not have subcommittees, but to do everything as a Task Force.

Hirayama acknowledged that there had been early discussions about not forming subcommittees. But he shared Skog's concern that the report could be picked apart by people who weren't at another committee's meetings.

Bezane said if everyone was asked about sections of the report, they would probably all argue over certain things. He said the group needs to realize it will not produce the perfect report. He said members can't agree on absolutely everything, but he thought they could come to 98 percent agreement.

There was a comment about the possibility of minority reports or minority statements for those who strongly object to a recommendation.

Oka said he was nontechnical on medical issues so it was hard for him to criticize. He said he thought the group was presenting too much information and that the group should have concentrated on certain issues.

John Smith agreed. He said he felt there was so much information, but maybe that's what the Legislature wants. He suggested gleaning a few things that the group feels strongly about. He said he thinks "we've got overload

here.” He said if the group feels strongly about 10 things, then they should concentrate on those 10 things.

Barreras noted that alternative health needs are included in the Home and Community Based Services Committee report.

Weiland said that two-thirds of the Task Force will vote on issues that one-third knows very well. Are members to the point where they can say they agree? If they start breaking it down line by line, the group would be in meetings until June.

Barreras said the Task Force will be going to the Legislature to testify – she asked if members were comfortable with what they knew and would they stick together?

Skog suggested looking through committee reports and pointing out any glaring errors – then voting on sections.

Barreras reminded the group that there was a motion on the floor to adopt the Acute/Primary/Emergency Committee report.

Bezane asked if the group could embrace the overall findings.

Harman said if changes aren’t included, she doesn’t want to vote.

Skog suggested that the committee reports be included in the body of the report, but remove the names of the committees. They would become task force reports on the subjects.

Hirayma asked if the Task Force wanted to hold off approving the committee reports until everyone has read them.

Weiland moved to table the motion with a second by Hyde and unanimous approval.

Skog said that the group should agree that any changes in the reports should not include new concepts – just make corrections.

Krieg said that the Acute Care and Disaster Preparedness Committee reports are in the same style, but that the Home and Community Based Services Committee report is in a different format.

Barreras expressed concern about the timetable that is upon the task force and the number of changes that may still need to be made. The work at this point is falling on Monson and herself. Krieg suggested that clerical assistance could be provided. Barreras noted that it is more than clerical assistance. It's about the thoughts that need to be conveyed in writing. SHPDA staff provide the clerical assistance.

Unless another meeting is scheduled, there is only one meeting left, scheduled for Dec. 15 -- and a lot of work to do. The report must be delivered to SHPDA by Dec. 21 – SHPDA is required to deliver the report to the Legislature and Mayor Tavares by Dec. 27.

It was decided to hold the additional meeting on Dec. 12, starting at 5 p.m. so more members would be able to attend. Barreras said she would check the availability of a meeting room at Kaunoa Senior Center.

Hirayama said if another meeting was held, then proposed legislation could be discussed.

Barreras set a deadline of Dec. 7 to get all committee work completed and sent directly to her. She will ask Amy Ichiyama at SHPDA to get everything sent out by Dec. 10.

Skog said if someone has a major change to a document, don't embed it in the body, but note it as a separate change.

Hyde asked about the draft report that Valerie has prepared.

Skog asked if the group had reached consensus that the Task Force submit the three committee reports and leave the draft out.

Hirayama said if the group accepted the three committee reports not only as the Task Force report, but as the Strategic Plan it would make things much more simple.

Barreras said when she read the H2P2, it was not a plan. The opportunity is here for the Task Force to contribute something – it's what people are looking at the Task Force to do.

Hyde said Monson should stop work on the draft. Barreras said the group will not ask Monson to do any more work on the draft that she prepared until a decision is made on what to do with the committee reports.

Yagi Buen said there needs to be a list of public participants in the report.

Barreras said to think about the 2008 schedule because the Task Force was to continue through June. Representative Mele Carroll plans to request that a Joint House and Senate Informational briefing be scheduled to hear from the Task Force.

Weiland made a motion to adjourn the meeting with a second by Harman. The meeting was adjourned at 9:15 p.m.