

**Maui Health Care Initiative Task Force**  
**Dec. 15, 2007 – 12:08 p.m. to 2:48 p.m.**  
**J. Walter Cameron Center Auditorium**  
**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, Dr. Richard Weiland, Jan Yagi Buen

**Task Force Members excused:** John Smith

Chair Barreras called the meeting to order at 12:08 p.m. after the group met an hour earlier for a holiday social event and potluck. Hermine Harman was thanked for suggesting and planning the party and Dr. Emmett Aluli was thanked for the opening pule. Norm Bezane presented Chair Rita Barreras with a lei to recognize her work in leading the Task Force. May Fujiwara had earlier presented a lei to Barreras. Barreras thanked everyone.

A motion to approve the agenda was made by Harman with a second by Fujiwara. Barreras said that the Task Force could meet in the auditorium only until 3 p.m. because another group had reserved the room after that, but the Task Force could move into an adjoining board room. If the group decided not to go past 3 p.m. and still had unfinished business (this was the last regularly scheduled meeting), the group could vote to recess the meeting until sometime next week. Barreras welcomed Amy Ichiyama of the State Health Planning and Development Agency – and said that they had identified a location for a reconvened meeting – if the group decided to recess, the time and location of the recessed meeting would have to be announced to the public today (a recess does not have to be publicly noticed). Harman said she had to leave by 2 p.m. to attend a service for a friend who died; Phyllis McOmer said she must leave by 3 p.m. and Vice Chair Tony Krieg by 4:15 p.m. Mark Hyde said if key members were gone, he would feel reluctant about continuing the discussion. Barreras suggested keeping the item open to be revisited at the end of the today's session. Approval of the agenda was unanimous with the condition that it would be revisited.

## **Public testimony**

**Maria Weber:** Weber was speaking as president of the West Maui Health Alliance which, she said, had been successful in establishing urgent care extra hours in Lahaina – more than 1,500 patients have used the service since the first of year. Weber recommended abolishing the Certificate of Need (CON). She said that in 1986, federal health planning requirements were repealed by President Ronald Reagan to allow for more competition in health care. Weber read from a 1991 article which claimed that California, which dropped the CON process in 1986, registered a savings of \$1.5 billion because of competition while costs rose by 40 percent in New York, which kept the CON requirements. According to Weber, SHPDA and the CON is protectionist law and anti-competition – who is protecting the consumer? She said health planners in Honolulu might have perspective, but they lose in the details and the current rules tie the hands of people at the local level. Hawaii is losing docs faster than other states. Had it not been for the fight over Malulani, the Task Force wouldn't be here today. She said she hopes the Task Force recommends if not outright abolition, then a first step: an exemption for Maui or an exemption for services. She said she felt MMMC is doing the best it can. Bezane commended Weber on her thoughtful testimony. He said the Task Force has not really delved into the issue of the CON. He asked how significant she felt it was that the Task Force take a stand on the CON? Weber said West Maui has no hospital and she thought it would be wonderful if the West Maui Taxpayer's Association would be allowed to build a facility with private money.

**Bill Weber:** Weber wanted to address needs for emergency response. He liked most of what he read in the draft report, but he felt two components were missing: the American Red Cross and amateur radio communications. Even in era of cell phones, amateur radios should not be underestimated, said Weber. He said that West Maui had been granted county money for amateur radios, but Civil Defense moved them to Central Maui. American Red Cross trains personnel and must be consulted in matters of emergency response planning. Weber urged the Task Force to include comments from both the American Red Cross and the local ham radio community.

**Wesley Lo:** The administrator of Maui Memorial Medical Center (MMMC), Lo said he would answer questions related to the 1999 Master Plan. He said, in the short term, MMMC had plans to open 33 additional beds in the next three to six months. This includes 12 acute care beds in Molokai East

probably within a month and 12 new Intensive Care Unit beds with the renovation of that unit by the spring of 2008. Lo said MMMC has had good discussions with Hale Makua about a collaborative effort to open nine beds. Lo said there were also thoughts about building 20 to 40 skilled nursing beds at Kula Hospital and establishing Greenhouse living projects. In the long term, Lo said 62 new beds will be available when the Heart, Brain and Vascular Tower (HBVT) gets built, including 53 telemetry beds. Lo said MMMC had the authority from the Legislature to issue a \$100 million bond for the project – and that he hoped design would begin in the next six months with construction to start in the next six to 12 months. He said that, down the line, it is also hoped that a new obstetrics wing and operating rooms will be built and that eventually 135 to 165 additional beds will be added to MMMC by 2020. This would meet the needs established by the Maui Bed Needs Study that called for 111 additional acute care beds on Maui by 2015 and 149 more by 2020.

However, said Lo, building more beds was not the entire answer. He said more attention needs to be paid to disease management and behavioral health – he said at this time, 29 beds at MMMC were being occupied by people with potentially preventable diseases.

Lo was again asked about the number of beds in the foreseeable future. He said: 12 in Molokai East, 12 with the completed renovation of the ICU, nine at Hale Makua – that's 33 in the short term – building 20 to 40 at Kula Hospital, that's 73; the HBVT will bring 62 inpatient beds – total 135. If the hospital is successful in getting funds for new OB wing and operating rooms, an additional 21 beds would come online. Dr. Guy Hirayama pointed out, if built by 2015, would surpass the projected needs – also surpass the projected needs by 2020. Harman said the long term care beds should be subtracted from the total, but Lo said those additional long term care beds would address the waitlist. Harman said that during the recent storm, a woman had waited eight hours for a bed and was finally sent home – apparently there were leaks in the emergency room power outages. Lo said he didn't know about any outages, but he said there were leaks in the ER due to the current construction, but that they were fixed. He said MMMC was pretty full with 41 to 50 waitlisted patients. The reason some patients were in the hallways was due to the leakage from the construction.

Dr. Richard Weiland asked Lo for the cost of a replacement hospital. Lo said the standard estimate was \$2 million per room and ER replacement was

\$640 per square foot. The HBVT with 62 beds will cost \$100 million. A 150-bed replacement hospital would cost between \$350 and \$400 million “if you’re lucky” and that doesn’t include the cost of land.

Barreras asked Lo to address financing. She said the Task Force supported a private-public partnership approach. She also asked for clarification of the \$1 million appropriated to study the needs for long term care in West Maui and what was the status of the money that has yet to be encumbered. Lo said the \$1 million was appropriated by the State Legislature for planning and design -- \$250,000 was used for master planning, but MMMC didn’t ask for the release of the rest of the money because it didn’t have control of the site. If MMMC got site control, it would ask for the release of the rest of the money. He said there is still time to encumber the funds.. Regarding the HBVT, Lo said that revenues from finances will pay back the loan – he said the revenue bond doesn’t preclude any investors in the future. He said the HBVT has been looked upon favorably. In regards to the new OB wing, Lo said that MMMC plans to ask the Legislature for funding, but that the hospital is already in discussions with an investment banker to avoid going to the taxpayers. However, OB is not always profitable, said Lo.

Hyde asked if MMMC was in discussions with the Cameron Center about accessing this land and with the county about expanding to the parcel where the Police Station is located. Lo said the entire piece of property extending to Kaahumanu Avenue was long ago donated by A&B for the purpose of health and human services. He said the Cameron Center wants to expand, but the structure can’t go up. He said MMMC is talking about establishing a virtual campus where the Mental Health Association would be located next to MMMC’s mental health unit and the American Cancer Society would be located next to the Cancer Center. Lo said there’s a possibility that Maui Economic Opportunity will be moving to a new base yard in Puunene. He said there had been talks with the prior county administration about the Police Station – that the current department was outgrowing that site. He said it’s a logical site for a health campus with Kaiser Permanente located on either side – the additional land would add about 15 to 20 acres to MMMC.

Aluli asked about a Critical Access Hospital (CAH) in West Maui. Lo said there had been discussions with the developer of a proposed CAH – he said he understood the developers were still trying to figure out some of the needs, such as assisted living and skilled nursing. Lo said the issue in Lahaina is that there is a large population of Kaiser patients. He said about

40 percent of the Maui population was covered by Kaiser – and there was a higher proportion of Kaiser patients in Lahaina. Hirayama asked about the current MMMC facility – could it be updated? What were the plans for growth and/or demolition. Lo said the 1999 Master Plan presumed that expansion would begin with the new wing recently completed. He said a new ICU has been built next to the old unit and they just punched through to the existing space. The next wing will be done straight off another wing which will require no demolition except for Molokai One. Slowly, in 2020, demolition of the 1952 wing where the OB unit and the operating rooms are, is a possibility. Lo also said he's concerned about demographics – at some point they go the other way. But he said current plans are to rebuild around the hospital's core systematically. He said the new wing is working nicely.

Bezane said that on the Mainland, hospitals sometimes completely start over. If Lo could wave a magic wand, what would be preferred – replacement or renovation? Lo gave the example of MMMC's cath lab. He said it's probably the finest cath lab in the state and arguably as good as any in the nation. He said great technology was possible (in a renovated facility). He said it is hoped that electronic records needs will be addressed in the next year. He said MMMC had looked at rebuilding the campus – when A&B did a study about a planned subdivision near Waiale, MMMC had expressed interest in 40 acres. But he said MMMC wanted to plan for a medical office building on the current campus in conjunction with the HBTV, but who would build it if it's known that the hospital plans to move? Ultimately, he said, the cost of a building goes back to the taxpayers

Vice Chair Tony Krieg said the Task Force has heard comments that competition is good for health care – that it lowers costs and improves care. Krieg asked Lo to comment. Lo said he understood the concept of competition, but that health care is different – the ultimate person receiving the care is not the direct payer – insurance companies do that. He said an example was MRIs. When you have a lot of MRIs, there's an economic anial to drive the costs – can cause health care costs to increase. He said if you want a heart surgeon, you don't want one who does only one or 10 a year, but you want someone who does 200 a year.

Leonard Oka asked about the 1999 Master Plan – if the public has access to it and how. He wanted to know how broad the plan was. Lo said the plan had been updated in 2003 – he said a countywide Master Plan has yet to be done. He said there's a need to look at the situation surrounding long term

care beds – facilities other than nursing homes. Barreras told the group that she spoke with Lo after the meeting earlier in the week to let him know that there had been a discussion about renovations or replacement of MMMC. She asked Aluli to talk about the replacement of Molokai General Hospital.

Aluli said because of new code standards and other considerations, it was decided the best option was to build a new facility. Lo said a new hospital on Maui would require land use entitlements and site work before construction could even begin – in the meantime, do you stop developing additional beds?

Al Arensdorf: Arensdorf said the 1999 Master Plan focused on phased renovation of the older parts of MMMC.

Rick Medina: Medina said he supported upgrading MMMC as the Task Force envisioned it, but he noted that if the county doesn't have affordable housing, a new hospital might not make any difference because there wouldn't be enough of a workforce to staff it. If affordable housing is made available, Maui County can attract the best and brightest, he said. Give them a chance to own a home or rent one near MMMC. Medina said he had read where Hale Makua had 16 new beds, but couldn't fill them because of a lack of staff. Already, students are saying they're moving out of state because of the housing issue. No matter what you build, said Medina, without affordable housing to go along with it, there will be no progress.

Rep. Joe Bertram: Bertram said that the Kihei Community Association had emailed a letter to the Task Force. He said at one time in years past, Maui had five plantation hospitals – he saw no reason why each community can't have its own hospital and be self-sufficient. He said smart growth was based on community needs being located in the community. Bertram also reminded Task Force members that alternative medicine, including Hawaiian medicine and prevention, was an important component of Malulani, but that he hadn't heard much talk about that in Task Force meetings. Bezane said that developers of the proposed West Maui CAH were looking at alternative medicine. Barreras said alternative medicine was addressed in the report submitted by the Home and Community Based Services Committee.

Before a short break was taken, Harman asked that the HCBS report be given next because she was the chair – and she had to leave soon to attend

the service for her friend. The group agreed and broke from 1:15 to 1:20 p.m.

### **Approval of the Dec. 12, 2007 minutes.**

The minutes were unanimously approved after a motion by Harman and a second by Aluli.

### **Updates**

There were no updates.

### **Discussion and Action on the Task Force Draft Report**

Harman began the discussion on the Home and Community Based Services Report. She thanked Krieg for updating the draft. She noted that on Page 24, No. 2 was a recommendation to fund CAHs with skilled, non-skilled and assisted living facility beds, including both private pay and Medicaid and Medicare. Harman then read from her paper, “The Case for South Maui,” where she cited different sources, such as the draft policy statement of the Maui County General Plan, that states: “Encourage the expansion and improvement of local hospitals, establish new health care facilities and ensure prompt and high-quality emergency and urgent care services for all.” She said South Maui has the second most populated region of the county. She also said that the Kihei Community Association had endorsed a hospital with emergency services to complete its community plan for self-sufficiency.

Hyde said a South Maui CAH had been talked about – and voted upon at the last meeting. Barreras suggested looking at the chart on Page 24. She said the Task Force hadn’t taken action on the entire report, just one section. Hyde said the Task Force had a lengthy discussion on the matter at the last meeting – a vote had been taken and the matter had been resolved, he said. For the issue to be raised again would be out of order and the Task Force shouldn’t be spending additional time on it, he added. Harman said the Task Force had voted to study the need (for a South Maui CAH) when the need has been documented. Jeanne Skog said she agreed with Hyde – subsequent reports can’t bring up the same topic that has already been voted on. Hirayama said the HCBS report talked about a CAH in regards to long term care needs, not emergency needs – he said that’s already been covered by

the Task Force. He said while he respected Harman's desire to get emergency services in South Maui, the group was supposed to be talking about home and community based services. There's no mention of emergency needs in the report because the Acute/Primary/Emergency Care Committee already addressed that. Harman then said she wanted to submit a minority report to the Acute/Primary/Emergency Committee report that would support the recommendation that an Acute Emergency facility in South Maui be a priority. She had to leave the meeting shortly after 1:45 p.m.

Barreras suggested that members go over the report and list any concerns that should be addressed. She went to the blackboard to make it easier to keep track of what was being discussed.

1. CON (Priority 6 in the report): Krieg said the CON was a topic of interest to many people and cuts across the reports so it should be separated out for discussion. Hyde agreed.

2. South Maui CAH. Jan Yagi Buen said the committee had discussed long term care beds being a part of a CAH. Hyde asked whether it was appropriate to link CAHs with skilled, non-skilled or assisted living beds. He asked if a CAH was required to have long term care and skilled nursing beds connected to it – he said it does not.

3. Modification to the Hawaii Health Performance Plan (Priority 7): Hyde said this does not belong in the HCBS report. He said Priority 7 should be removed from the report.

4. Support the Congressional Class Act Bill that establishes a national voluntary long term care insurance plan. Oka said he didn't understand the Congressional act and suggested that the Task Force recommend encouraging and educating the public about the need to purchase long term care insurance. He also supported developing incentives or tax credits to help offset long term care costs.

Bezane said the CON was complicated – it might be more effective if the Task Force issues its report without mentioning the CON, but then meets again in January to discuss the issue. He said if the Task Force did that, it might make a big impact, but if it's included as part of the report, it could get lost.

Hyde said that on Page 30, No. 5, recommended funding of a study about alternative care. He said he believes there have probably been a lot of studies on alternative care. Barreras said that Aluli had asked for a study for Molokai similar to what the Maui Long Term Care Partnership had done for Maui. Aluli said he doesn't believe that hospitals see how alternative medicine fits in with their programs.

Krieg agreed with Oka that there should be something added about the need to encourage and educate the public on purchasing long term care insurance that meets their needs. Fujiwara said it's important to educate younger people about this – it's too expensive for the elderly to afford.

Barreras asked the group to begin going over the areas of concern one-by-one.

1. Separate the CON: Hyde said the CON doesn't only relate to long term care, but to many other items. Yagi Buen suggested that, along with tort reform, to hold a separate discussion on the CON. Barreras wondered if the fluoridation issue (passed by the Task Force in the Acute/Primary/Emergency Committee Report by a 9-5 vote to fluoridate public water) should have separated out. Hyde said it was totally appropriate for the Acute/Primary/Emergency Committee to hear about fluoridation because of the testimony received that oral health impacts overall health. In a straw vote (no motion was made) the group voted, 13-0, to separate the CON. No other vote was taken.

2. South Maui Critical Access Hospital: Two issues: Harman's minority report to the Acute/Primary/Emergency Care report and whether the CAH should be "delinked" from long term care beds.

Alan Lee said the two should be delinked. He was not sure if he could support allowing a minority report. Yagi Buen said the reason the CAH had come up was because there had been a long discussion about long term care beds – that long term care beds were needed in South Maui just like they were in West Maui. Hirayama said there's a big difference between South and West Maui – although West Maui needs long term care beds, that community truly is lacking in emergency services – it's very much like an island. That's the main concern about a CAH – emergency needs. Hyde said the Task Force should not encumber a CAH with a requirement that it build

long term care beds. Bezane said there's no place in the report that indicates the builder of a CAH has a choice to build long term care beds. Yagi Buen said the report doesn't say that the CAH would be required to build long term care beds, but that there is a need. – she said there were discussions about whether the need for long term care beds were at a CAH or somewhere else. Hirayama said a CAH could possibly subsidize long term care beds, but that the issue being discussed wasn't really a CAH, but long term care beds. The CAH would provide the financial solution. He said this chapter of the Task Force should focus on alternative long term care needs, but McOmber pointed out that Page 24, No. 4, does just that.

Barreras asked about the minority report. Bezane said the reason the Task Force was set up was so that all different voices could be heard. He said he felt the group needed to say that 15 people talked about this at length and not have minority reports. Barreras said she was fine with the group submitting minority reports. She said Robert's Rules of Order states that minority reports are admissible.. She suggested putting the item in a "parking lot" to await further discussion.

The group voted on delinking the CAH from long term care beds by 13-0 by a show of hands with no motion.

Minority Report: Barreras again suggested moving the item into a parking lot because it would probably come up again. Krieg said he felt that the Acute/Primary/Emergency Care Committee had supported the items mentioned by Harman in her minority report, which doesn't say anything about a CAH. Hyde said minority reports take away from the group logic and all the group's hard work. He said everyone was going to be disappointed in one way or another and he urged for no minority reports. Barreras asked to put the item in the parking lot with a second by Aluli. The vote was 9-4 against putting the minority report issue in the parking lot. Those voting to put the item in the parking lot were: Bezane, Aluli, Barreras and Yagi Buen. Those against putting the item in the parking lot were: McOmber, Hyde, Fujiwara, Oka, Krieg, Weiland, Skog, Hirayama and Lee.

Regarding minority reports, Hyde made a motion to not allow minority reports with a second by Hirayama. Lee suggested including a sentence in the report that consensus couldn't be reached on those items. Bezane said if minority reports were included, they would be at the end of report and probably wouldn't get read anyway. The vote was taken, 10-3, against

allowing minority reports. Those in favor of minority reports: Barreras, Bezane and Yagi Buen. Those against: McOmber, Hyde, Fujiwara, Oka, Kreig, Weiland, Skog, Hirayama, Aluli and Lee.

3. Remove Priority 7 of the HCBS report -- Integration of the Maui County Comprehensive Health Care into the Hawaii Health Performance Plan (H2P2). Barreras said it was a requirement of the law that SHPDA integrate the plan into the H2P2, including the glossary of terms. Hirayama said the Task Force could just vote to adopt the comprehensive health care plan as a chapter to the report and use the glossary to update the H2P2. Barreras said the law was clear: that two separate documents were to be submitted: a report and a plan and that the plan should include a glossary of terms. Bezane said too much time was being taken up by the discussion – he made a motion that a glossary of terms be included as an appendix to the report. Hyde made a second. The vote was 10-1 with two members abstaining. Barreras cast the lone vote against with Krieg and Yagi Buen abstaining.

Yagi Buen asked Barreras why she cast the lone vote for two plans. Barreras said she believes that a separate plan needs to be done – by placing the glossary in the report is OK, but it's more relevant to the plan. She said she had a call from Sen. Roz Baker who felt that it made good sense to keep the plan separated from the report. The Legislature wants findings and conclusions – the plan will be a tool for SHPDA and Mayor Charmaine Tavares.

4. Support the Congressional Class Act Bill that establishes a national voluntary long term care insurance plan. Hyde said he didn't know the federal law at all – he said the Task Force was reaching too far. Yagi Buen said there had been similar legislation at the state level in years past. Krieg said that Oka's point was well taken – that it shouldn't just be on a federal level, but look for incentives such as tax credits for people to get their own long term care insurance. Lee suggested that Oka prepare more language. Oka said he felt the group needed to support public education about long term care insurance. Hirayama asked that Oka's statement be added to Page 29 and made a motion with a second by Weiland. The vote was unanimous, 12-0, except for Oka, who abstained because he sells insurance and felt he had a conflict of interest. Barreras noted that a Caregiver Tax Credit Bill had already been proposed as legislation (It should be noted that no action was taken on the Congressional Class Act Bill).

Hirayama made a motion to approve the Home and Community Based Services Committee Report as amended and include it as a chapter in the Task Force report, no longer a committee report. Yagi Buen gave the second. Skog said the narrative would need to be tweaked. The vote was unanimous, 13-0.

Barreras noted that the room will be occupied at 3 p.m. so the Task Force needs to wrap up by 2:45 p.m. so the room can be cleaned. If members want, the meeting can continue in another room at the Cameron Center or be recessed until next week. Hyde said, in fairness to Harman who feels strongly about the CON but who had to leave, the group should recess. He made a motion to do so with a second by Weiland. The vote was unanimous to end at 2:45 p.m. and reconvene next week, but to keep in mind that the report had to be submitted to SHPDA by Friday, Dec. 21.

Krieg asked why the report was due on Friday. Barreras said the report had to be delivered to the Legislature by Dec. 27, 20 days before the session started and that SHPDA needed some time to assemble the report. Krieg said he would be on holiday vacation next week and that he could see the CON discussion itself taking two or three hours. Bezane suggested discussing the CON in January, but Barreras said she'd like to get the report off her plate. Yagi Buen said she could see holding off until January, but she felt that legislators would want to know how the group felt about the CON. Krieg said if the group met at Hale Makua, he could participate via speaker phone, but Barreras said that's not allowed: only videoconferencing.

Kreig said he was fine with the CON discussion continuing without him – he was comfortable with what the group decided, whether it was to keep the CON as is or to recommend regionalization of the process.

The group finally voted to reconvene at 5:30 p.m. Thursday at Kaunoa Senior Center, 11-1 (Bezane opposed). It appeared that at least 11 members could attend. Bezane and Fujiwara weren't sure if they could attend.

Although public testimony ended earlier in the day, it was agreed to close public testimony with a vote. Lee made the motion with a second by Weiland and unanimous approval.

Bezane said a decision needed to be made on getting the report to the media. He suggested having all Task Force members make up a Media Committee,

but Barreras said that wasn't legal. Bezane then made a motion to establish a smaller Media Committee. Yagi Buen made a second. Bezane said he had a plan and would like to chair the committee. Hyde said this item was out of order and the group should return to the business at hand.

There were only two votes in favor of a media committee: Bezane and Yagi Buen. It could not be determined how many were against because not everyone raised their hands or spoke whether they were for or against the motion, but it was clear it had failed.

Hyde made a motion to approve the Acute/Primary/Emergency Report as amended, including comments received at the last meeting by Scotty Schaefer of Molokai. The amended report had been handed out earlier in the meeting. There was a second by Hirayama. Weiland said he was concerned about the accuracy of some of Schaefer's comments – he said while Schaefer made some good points, other comments were wrong.

Barreras suggested making approval of the amended report the top item on Thursday so members would have a chance to read it. Barreras said she wanted to add a paragraph in the narrative about supporting the statement about the modernization of MMMC that the group had adopted at the last meeting. Hyde said he felt the changes being proposed were minimal and he urged that the group adopt the report now. Bezane said he wasn't happy with some items in the report and that he might vote against adopting it. He said he felt there was an attempt to move approval of the report along quickly – what was wrong with taking 15 minutes at the start of the next meeting to discuss it? Barreras asked where was the modernization piece in the narrative? She said she wanted to include a paragraph at the top of Page 9 to reflect the lengthy discussion of the previous meeting. Hyde said he wanted to wrap it up and noted that there were just 6 minutes left before the group had to disband.

Bezane made a motion to table the item with a second by Fujiwara. The group voted, 7-6, to table the motion, but because such a motion (tabling an item) requires two-thirds of the majority, the vote failed. Those voting to table the motion were: Bezane, Fujiwara, Oka, Barreras, Weiland, Yagi Buen and Lee. Those voting against the motion: McOmber, Hyde, Krieg, Skog, Hirayama and Aluli.

McOmbler said she felt good about the report. Krieg made a motion to stop the debate and vote with a second by Weiland. The original motion to accept the Acute/Primary/Emergency Committee report as amended and adopt it as part of the Task Force report passed by a 7-6 vote. In favor of adopting the report were: McOmbler, Hyde, Oka, Krieg, Weiland, Skog and Hirayama. Opposed were: Fujiwara, Bezane, Barreras, Yagi Buen, Aluli and Lee.

Bezane said it's not in the best interest of the Task Force to have a 7-6 vote on accepting a committee report. He said the vote showed a very split group. He made a motion to reconsider the vote (a privileged vote) – there was a second by Barreras. Krieg said to reconsider a hasty decision required a two-thirds majority vote. Bezane said he didn't think members were clear on what they were voting on. The vote to reconsider failed, 7-6. Votes were cast in the same way as the previous vote. Those who wanted to reconsider the vote were: Fujiwara, Bezane, Barreras, Yagi Buen, Aluli and Lee. Those who wanted the vote to stand were: McOmbler, Hyde, Oka, Krieg, Weiland, Skog and Hirayama.

Hyde voted to recess until the next meeting with a second by Weiland and unanimous approval. Oka asked if members who wouldn't be able to attend next week would have a proxy. Barreras said she would look into it.

The meeting was adjourned at 2:48 p.m.