

**Maui Health Care Initiative Task Force
Reconvened Meeting of Dec. 15, 2007
Dec. 20, 2007 – 5:35 p.m. to 11:55 p.m.
Kaunoa Senior Center
Minutes**

Task Force Members in attendance: Chair Rita Barreras, Dr. Noa Emmett Aluli, Hermine Harman, Mark Hyde, Dr. Guy Hirayama, Alan Lee, Phyllis McOmbler, Leonard Oka, Jeanne Skog, Dr. Richard Weiland, Jan Yagi Buen

Task Force Members excused: Vice Chair Tony Krieg, Norm Bezane, May Fujiwara, John Smith

Chair Barreras called the meeting to order at 5:35 p.m. She explained that because this was a recessed meeting, no minutes of the earlier portion of the meeting were made available.

Updates

Barreras asked for a motion to amend the agenda so she could provide the group with an update. The motion was made by Hermine Harman with a second by Dr. Emmett Aluli and unanimous approval. Barreras said that Ron Terry, State Health Planning and Development Agency administrator, had called regarding the funding that has yet to be released to the Task Force. Terry asked Barreras how many more meetings were planned – she said she told him it all depended on what happened at the State Legislature. She asked the group for permission to write the Office of Budget and Finance to at least release enough of the appropriated \$100,000 so that people already hired could be paid and that Task Force members who had to travel from off island could be reimbursed. Alan Lee said it seemed reasonable to ask for a partial allotment. Barreras said the allocation was to have gone to SHPDA, which is now absorbing all the Task Force expenses. Harman made a motion with a second by Aluli and unanimous approval to give Barreras authority to write the letter and ask that \$25,000 of the \$100,000 appropriation be made to SHPDA for the Task Force. Barreras also reminded the group that members would need travel expenses to go to Oahu to appear before the Legislature. Harman also made a motion with a second by Lee and unanimous approval that Anne Trygstad should be paid for videotaping and editing all the Task Force meetings for airing on Akaku: Maui Community Television.

Task Force Business

Barreras brought the group up to date where things left off when the meeting was recessed on Dec. 15: the Task Force had adopted the Acute/Primary/Emergency Care Committee Report and the Home and Community Based Services Committee Report, then adopted those reports as chapters of the Task Force report. She said because there were so many votes being taken so quickly with only a show of hands, that tonight everyone would be asked to show their hands and hold them while their votes were recorded for the sake of accuracy.

Disaster Preparedness Report

Dr. Richard Weiland, chair of the committee, was asked to give the report. There still some unanswered questions in the report. Regarding the question of whether or not emergency shelters existed on Molokai and Lanai, Weiland said they do exist, but most people don't know where they are – they're not labeled and not listed in the phone book. Aluli said Molokai General Hospital and the National Guard Armory were sites on Molokai. Leonard Oka said he thought that the county's Department of Public Works staffers on Molokai and Lanai should have the information for their respective islands. For questions relating to workforce numbers of those involved with disaster preparedness, Barreras said she could email the report to Maui County Civil Defense Administrator Gen Inuma. Phyllis McOmber said that Inuma felt there needed to be more staff and that he expressed an interest in a liaison who would coordinate efforts between the state and county in the event of a disaster.

Weiland said that Queens Medical Center on Oahu was a Level II trauma center, which means the hospital has in-house staffing except for a few specialties. Other facilities in the state are a Level III or lower, including Maui Memorial Medical Center (MMMC), which is a Level III. He said there are other problems: someone might need to be transferred from Maui to Queens for Level II care, but there might not be any beds available – or there might not be a doctor available to treat the patient. Lee suggested supporting a recommendation by Dr. Pedro Giron, chief of staff at MMMC, that Queens pursue a higher level trauma center (Level I) and that some facilities on the Neighbor Islands, Maui in particular, upgrade its trauma center to Level II. Weiland said the state and Maui are experiencing

shortages of specialists in orthopedics, neurosurgery, plastic surgery and possibly obstetrics. Dr. Guy Hirayama agreed there was a shortage of providers. Hirayama said he didn't support Lee's proposal because he didn't believe there had been sufficient discussion. Barreras noted that the matrix in the report was the most up to date of the committee's findings, but that the narrative needed to be updated to reflect those changes. She said that Lee had made several recommended changes to the matrix. Hirayama said he actually supported what Lee had proposed, but not necessarily the levels of care – he said that trauma centers need to be looked at carefully and how they can be integrated.

Weiland said the trauma center designations don't necessarily need to be listed under the Disaster Preparedness report, but possibly under the Acute/Primary/Emergency report. Barreras suggested going through the matrix page by page to see if anyone had additional changes. Skog said she was concerned that the language regarding the Pacific Disaster Center's (PDC) role could be characterized as diminishing the value or role that the center brings because it described the PDC as "only able to" provide information when requested. Weiland said that was a quote from a PDC staffer and he said it was a shame that the office isn't used more. Hirayama asked if the Task Force was recommending that the PDC have an expanded role. Mark Hyde said the agency was a rich source – he suggested that a recommendation be made that the county and state could make better use of the PDC's resources. Skog said the recommendation should be that the county and state "should" make better use of the PDC.

Harman asked about the role of the American Red Cross and the use of shortwave radios which was recently presented in public testimony. Weiland said the American Red Cross was a shining star during disasters. Hyde suggested adding a reference to include on Page 36 (of Draft No. 2) the American Red Cross and make note of the services it provides. Hyde said on Page 37, include in the communications box additional comments about the need for solar phones and short wave radios. Barreras reminded the group that the main recommendation was there should be a coordinator to oversee all operations during a disaster. She said maybe there should be consultation with the American Red Cross. Skog asked if there were enough shelters: Weiland said there will never be enough shelters; today there is only room for 10 percent of the population to be sheltered. Oka said it should be pointed out that shelters are available, but most people aren't aware of the locations.

Barreras brought up the issue of trauma centers. She said one of the things assigned the Task Force was to figure out what role county facilities had with trauma centers. She said the state has spent a fair amount of time on this issue, a Task Force had been appointed to look into it and she still wasn't sure why the Maui Health Initiative Task Force was also assigned to take this on. Hyde said to leave the references in, but ask the state to ratchet up the level of care. He said one of Dr. Giron's concerns was that Hawaii was in the middle of the Pacific, far from any other facilities and needed a Level I center on Oahu. Barreras said that's what the Task Force was recommending: a Level I on Oahu and Level II centers elsewhere in the state. Weiland said the state would need to apply for the upgrades – i.e., Maui Memorial Medical Center (MMMC) would have to upgrade everything and then apply for a higher designation. Skog asked if the committee knew of Maui Memorial's plans. Hyde said he had heard that once a hospital upgrades with a heart, brain and vascular treatment center (which MMM is proposing), then the facility will be upgraded in many categories. Barreras wondered again why the Task Force was asked to look at this if there was already a process in place. Hyde said there was probably a lack of coordination. Hirayama said, as Lee earlier pointed out, the Task Force has to recognize its limitations. Hirayama said he had talked to Wes Lo, MMMC chief executive officer, about a trauma center and Lo said that was a whole other project. Hyde said he agreed with Lee and Hirayama that not enough information had been gathered, but that the subject deserves further attention.

There was some discussion about whether prevention should be added to preparedness and planning, but there was no overall support for making that change because the report appeared to be aimed at large disasters. Even though members understood that prevention was important, they wanted the report to stand as it . Hyde moved to accept the Disaster Preparedness Committee Report as amended and to empower Barreras with the authority to make the amendments as discussed and to submit them to Task Force members through SHPDA for their information, but that no vote be required. Hirayama seconded the motion. Barreras asked for a friendly amendment that would allow her to call Task Force members to clarify points. Hirayama wanted to make sure the Sunshine Law was not violated. Harman said that one-to-one phone calls were allowed. There was unanimous approval of the motion.

Special Needs of Remote Rural Areas: Hana, Lanai and Molokai

Dr. Emmett Aluli provided copies of a two-page matrix he had completed that addressed the concerns of the county's rural and remote areas that have special needs: Hana, Lanai and Molokai. He had listed four priorities that he thought all the communities had in common and also listed specific priorities for the various communities.

Those common priorities: Rural area health systems, emergency helicopter transport, telepharmacy systems and home and community based services.

Discussion: Aluli said the Task Force had heard from a representative of the Hana Community Association that sensitivity was needed – Aluli said he felt that the three communities should develop their own “area health systems” through community facilitated or mediated focus groups that look at the main issues the Task Force committees had looked at (acute, primary and emergency needs and access; home and community based services programs, and disaster preparedness community input and education). He also said he believed that the three communities had emergency helicopter transportation needs to get patients transferred to MMMC or Queens. Telepharmacy services should be funded in the three communities, whether it be at community health centers, hospitals or stand-alone facilities so residents can have pharmaceutical services. McOmber said Sen. Roz Baker said that there is work being done to change the rules so those services will be available. Aluli said he also believed the remote communities needed to discuss or have surveys conducted on home and community based services for the planning, development and funding of programs for the care of elders.

Aluli also listed the unique priorities of the three communities:

Hana – the need to sponsor and fund a collaborative dialysis center and issues surrounding the Hana Community Health Center. Regarding dialysis, Aluli said that there have been discussions with Liberty Dialysis, the state and the county about setting up a center there so patients don't have to make the difficult trip to Central Maui three times a week. About the Hana Health Center, Aluli noted that every year executives ask for a state subsidy and this would be a good way to have them commit to upgrading emergency facilities. Hirayama said testimony indicated there were tensions surrounding the Hana Health Center. He said that issue should be worked on

and resolved. He said he got the impression there was a lot of separatism among agencies. Aluli said that was correct – he said mediation was needed and that the community must put politics aside. He felt discussions should be held in focus groups rather than large community meetings. Aluli said if a local Task Force was set up, he believed that everyone would agree that better emergency services are needed in Hana. He said the Hana Health Center also has proposed to build a Wellness Village – he didn't know if this Task Force wanted us to support subsidizing this because there are about three other wellness programs coming up in Hana.

Lanai – Aluli said he believed the main priority would be to support the funding of Emergency Room upgrades. McOmbler said the Legislature had appropriated \$1.2 million for those upgrades, but the administration will not release the money. She also said an additional \$500,000 request for the Women's Health Center, had not been released. She said the Women's Center was communicating with other Lanai health agencies to make sure it complements and does not duplicate services. She said another need for Lanai involves ending the revolving door of doctors and recruiting a female doctor for those women who don't feel comfortable going to a male physician, especially a young male doctor who they might run into at the grocery store. Aluli noted that even men are starting to ask for female doctors.

Molokai – To address workforce shortages, Aluli recommended that a Licensed Practical Nurse degree be included in the curriculum offered on the Molokai campus of Maui Community College. He also asked the Task Force to support Molokai substance abuse programs, a subsidy for round-the-clock emergency care at Molokai General Hospital and telehealth initiatives.

McOmbler suggested that telehealth become the fifth priority that the three remote communities have in common. Aluli said one person from Hana testified that the community there preferred face-to-face communication. McOmbler said she still believed telehealth would benefit all three communities – she said once word got out that it helped one person, others would be interested.

Following the individual priorities of the three communities, Aluli had listed “Alternative Health” as a priority. This would include emphasis on integrating Native Hawaiian healing practices into medical facilities. He said people want such things as lomi lomi, prayer and herbs as options in healing.

He said the Waianae Health Center has an alternative healing center. He said he thought it would be important if the Task Force made a statement emphasizing Native Hawaiian healing practices and integrating those practices into general care. He also recommended cultural competency training to help practitioners from other cultures better understand the cultures and ways of the people they would be treating.

Aluli also listed as a priority the need for the Task Force to support those organizations that support Native Hawaiian Health – such as Na Pu`uwai, Papa Ola Lokahi, Hui No Ke Ola Pono and Queens and Molokai General Hospital. Another priority he listed addressed concerns about health care needs of the Filipino community, another ethnic group that is at high risk for certain diseases, as well as others who are uninsured or underinsured. He said those between the ages of 21 and 40 are of particular risk for conditions such as high blood pressure and diabetes – they're no longer covered by their parents' insurance, but don't get serious about health care until mid-life when they have a family of their own.

Oka asked McOmbler if the single entity that owned most of the land on Lanai supported health care. McOmbler said the Women's Health Center was given \$1 a year lease for 25 years on land that she herself had identified because of its location between the clinic and hospital. She said she hopes to meet with David Murdock, chief executive officer of Castle & Cooke, which owns most of the island. She said she's heard he's interested in health care programs and that she wants to involve him. She said Lanai had learned from Molokai's experiences with a federally qualified health center impacting existing services – she said Lanai wants to have complementary services.

Hirayama praised Aluli for the matrix and that he agreed with McOmbler that telehealth could be a fifth priority common to all communities. Hirayama said the matrix should be accepted as part of the Task Force report. Harman said perhaps it should be its own chapter. Hirayama made a motion with a second by Harman to accept the matrix as a chapter of the Task Force report.

Skog asked McOmbler if she hoped that the Task Force would support the Lanai Women's Health Center. McOmbler said she would like to see it singled out – Skog said she agreed. Skog said that she felt the cultural competency training and alternative health category could become the sixth priority that was common to all three communities. She said cultural

competency was also an issue on Maui. She also suggested that key findings and conclusions be included in the matrix to support the recommendations.

Yagi Buen asked Aluli about the Molokai federally qualified health center. He said the center is in transition because it lost its doctor, medical director and dentist. He said talks need to be held between the clinic and Molokai General Hospital about the clinic moving to the hospital so resources can be shared. McOmber said because the Task Force didn't have a lot of information, she supported Aluli's recommendation to hold focus groups in the communities.

Lee said he was concerned why the administration still has not released the money to upgrade the Lanai emergency room. Aluli said the Task Force also needs to look at the package that will be presented by the Hana Health Center for a subsidy. Barreras said the recommendations should show that these issues involve long-standing tensions in the community.

Regarding findings and conclusions in the matrix, Barreras noted that the Task Force had not been able to hear from key individuals due to the short time frame. Hirayama wasn't sure how the group should address the issue of tension in the communities – he said because only limited testimony was heard, it was hard to say under findings and conclusions that tension existed. He said he believed Aluli's report could stand as is with a few amendments. He said that Aluli's report had shown the big issues and that the rural focus groups would provide the findings and conclusions.

Harman called for the question. Barreras asked how the group would fill in the blanks under findings and conclusions. Hyde said that the key finding and conclusions was that the people in remote areas of Maui County have special needs that merit special attention.

Skog suggested referring to data included in the Acute/Primary/Emergency report to provide more specifics to the findings and conclusions. In response to a question from Aluli, she said she agreed that individual agencies should be listed who should be at the table. Barreras asked about the Cultural competency issue – Skog said that health care workers uneducated in cultural differences across the county create barriers to health care services for the elderly or immigrants. Hyde said the group could recommend funding and increasing cultural competency training.

Skog said alternative health could be the sixth priority common to all three communities.

To refine the matrix, a break was held from 8:15 to 8:30 p.m. so Barreras could confer with Aluli, Hyde, Skog, McOmber and Harman about specific language. The priorities common to all communities were:

- Rural area health systems
- Emergency helicopter transport
- Telepharmacy and telehealth
- Home and Community Based Services
- Cultural competency training
- Native Hawaiian health

Barreras said that Aluli's report could be included in the narrative. Hirayama said the report needs to recognize that more work needs to be done – that's why focus groups are being recommended. Barreras said she would work with Aluli to fill in the blanks.

Harman again called for the question. Hirayama made a motion to adopt the matrix with its amendments as a separate chapter to the Task Force report. A second was made by Skog and the vote to approve was unanimous.

There were questions about how late the group was going to go, since it was now nearly 9 p.m. Barreras said she had to submit the report to SHPDA by tomorrow – although she would ask if she could have the weekend since there were so many changes to be made – but that the group needed to make decisions tonight.

Proposed Legislation

Some Task Force members had submitted detailed proposals for legislative action, ranging from Tort Reform to restructuring the Certificate of Need process.

A discussion ensued on how to handle the proposed legislation. Barreras said she could include on page 44 – now a blank page reserved for the introduction for proposed legislative action – a generic paragraph about the proposed legislation.

Skog said she questioned including all the text of the proposed legislations – they were all very specific, but when the proposals go to the Legislature, there will be multiple versions of the bills. Hirayama, who had written three of the proposed bills, said he understood Skog’s concerns – he said a lot of legislation is specific, but that you can provide either an idea or provide the legislation to lawmakers -- what is submitted won’t necessarily be the end product. Even if the Task Force is specific, changes will be made. He noted that the Task Force has been given a tremendous opportunity to introduce legislation. Lee said he believed it was better to submit something that articulates ideas from the group. Yagi Buen said that the language of the bills will change, but that the Task Force has an opportunity to take it further, to think outside of the box and provide help to the Legislature – that’s what lawmakers are looking for. She said some legislators have asked her what the Task Force was going to provide for them. Oka said the Task Force needs to include legislation, but that the wording needs to be clear that not all of the thoughts of the Task Force recommending legislation ended up as proposed legislation. Barreras said it’s not uncommon to present draft or model legislation in a report. Lee said the proposed legislation would be a blueprint. Skog said she was uncomfortable with calling the proposed legislation “model legislation.” She said if the Task Force votes on these proposals, the group would be in an endorsing role.

Barreras said that some of the legislation is supporting recommendations made by the Task Force. That was why the changes to the Certificate of Need process (CON) were pulled out of the Home and Community Based Services Committee report. Skog said that voting on a concept for legislation is different from voting on a specific piece.

Hirayama said if the Task Force votes to support sample legislation, members still realize that wording is going to be changed. He said his fear was that if the group worried about singling out something that would stop it from taking this opportunity to let the Legislature know that the Task Force wants change. He said the group needed to state that. He cautioned the group against not moving forward with some of these suggestions. Weiland said if anyone is uncomfortable with the language, they could always vote against it.

Hyde said that by looking at the different proposals, he could see ideas that he could support, but supporting the specific language might be more

difficult. He added that the Task Force might be able to reach consensus on the general concepts, but perhaps not on specific language. Skog said another way it could be done was through the adoption of the three committee reports: she said there are places in the chapters that are specific about creating legislation – the Task Force could pull all of those parts that call for legislation out of the chapters and present those concepts to lawmakers. Those concepts will be turned into lengthy proposals by legislative staffs.

Barreras noted that a lot of work has already gone into writing the proposals. Hirayama suggested the group start talking and chopping. Skog said Oka made a good point when he pointed out that the group did not come up with legislation for every single recommendation. She said there could be gross omissions in the legislative section – and she wasn't sure how that would be construed. Hyde said an introductory letter could be written that would say that proposed legislation was discussed by the Task Force to address some matters, but that other recommendations made by the group were included in the report.

Barreras said the group should begin talking about each proposal. She handed the floor to Hirayama who had written some of the proposed legislation. The first was about health care insurance premium regulations, which Hirayama said would be very controversial. Premiums would rise and small businesses would be impacted – the proposed bill would have widespread implications. He said he was aware that if premiums were raised, a certain percentage of people would no longer be able to afford it. There would also be a need to re-examine the law that requires certain businesses to provide health care for their employees. Somehow the issue needs to be raised at the Legislature, said Hirayama – the discrepancy between health care reimbursements and the cost of living are contributing to health care problems across the state. He said it was very unlikely that such a bill would pass, but that he felt it was important that the Task Force make a statement. Hyde said when he read the proposed legislation, he called HMSA where an official told him that they don't need relief – he also said that Sen. Baker had contacted him to say that on this issue, the Task Force was off base, that the state insurance commissioner doesn't regulate premiums. Hyde said if the group makes recommendations based on wrong information, the Task Force wouldn't look good. Hyde said he didn't want to endorse legislation that was against the law, but that he could support the proposal with “hedge” language. Hirayama said when health care providers want to raise premiums,

they need the approval of the state insurance commissioner. HMSA said the commissioner doesn't regulate premiums, but he caps the premiums. The third-party payers are free to lower premiums.

Hirayama and Hyde began discussing some scenarios that could result from uncapping the premiums, but Barreras reminded Task Force members that they weren't supposed to debate the issues – that's the role of the Legislature. She said the Task Force could submit a recommendation that could read like “The Maui Health Initiative Task Force recommends that the State Legislature consider the following measures and enact legislation: premiums should not be capped.

Hirayama said he was fine with calling for the Legislature to examine the uncapping of premiums. Skog said she preferred using “examine” rather than “consider.” Barreras suggested using both words because examine is to study and consider is to take action. Yagi Buen said health care companies will provide testimony. Hirayama said there was discrepancy between the cost of living and the cost of health care in Hawaii – someone has to pay that debt and this proposed legislation is an attempt for the state of Hawaii to recognize that.

Hyde said that Hawaii now has only 10 or 11 percent of the population without insurance – Los Angeles County has about 33 percent uninsured.

Hirayama said if facilities and services are to be sustained, it takes adequate reimbursements. He said the Task Force should want this to be an issue that truly gets discussed.

Oka said he thought the proposed legislative package should be accepted without amendments, but that the chapter be prefaced with a statement that said the following proposals were just samples or suggestions. He made a motion to that effect with a second from Yagi Buen. Oka said the statement could explain that these were sample legislations for the Legislature to consider.

Skog asked if he would accept an amendment regarding the massaging of the first proposal discussed, the one about the regulation of insurance premiums. Oka said he believed the group would be massaging all the proposals a lot so they should either accept them one way or the other. Barreras noted that the first legislation is always the hardest to get through

and she expected the others would move more quickly. Harman and Skog wanted to accept proposed amendments. Hirayama wondered if Oka's motion meant that all other proposed legislations were going to be approved without discussion. Oka said his motion was to accept all the proposals with a broad preface statement that these were samples. Skog said one of those proposals has to do with changes to the CON process where conclusions have not been reached. Hirayama said some of the issues require more discussion and said he didn't supporting the approval of the entire package without more discussion. Yagi Buen withdrew her second because she said she didn't realize Oka had proposed approving the entire package. There was no other second to Oka's motion so it failed.

Hirayama made a motion to support the proposed legislation on regulation of insurance premiums with the massaged version that included taking out much of the original language and focusing on a few specific points. Aluli made a second.

Barreras read the proposed language:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature decide sound public policy and enact legislation that addresses the discrepancy in the cost of living and the cost health care in the State of Hawaii:

- Health care insurance premiums should not be capped by the State Insurance Commissioner's Office. Healthcare insurance companies shall be responsible to determine their own healthcare insurance premium levels, as necessary to provide for reimbursements adequate to assure necessary and sustainable access to healthcare providers, facilities, and services.
- To address the potential impact of healthcare insurance deregulation on businesses, the uninsured population, and State sponsored health insurance programs, the Hawaii State Legislature shall reexamine:
 - Hawaii State law requiring businesses to bear the cost of healthcare insurance premiums of its employees.
 - State sponsored health insurance programs covering the population unable to afford health insurance.

The vote to approve was unanimous except for Oka who abstained.

Healthcare Taxation – This proposed legislation recommended tax credits and tax incentives for health care providers, facilities and services, relating to the provision of health care or the training of health care professionals. The idea behind the proposal was to improve health care through tax relief.

Hirayama said the taxation credits could be submitted as a package. He noted that the Home and Community Based Services Committee had recommended tax credits, as well. Harman made a motion to adopt the proposal with a second by McOmber. Hirayama said to keep it simple, make certain recommendations and let the Legislature work out the details. There would also be criteria for those who would qualify for the credits. Hyde said he was against the motion because he wanted it be very clear that the proposal was very general and would employ general tax relief and tax credits in addressing workforce and infrastructure needs.

The group worked on specific wording that Barreras read back for approval:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature decide sound public policy and enact legislation that addresses the health care infrastructure (facilities and services) and workforce in the State of Hawaii through tax credits and tax relief.

The vote was unanimous.

Tort Reform – The proposal authored by Hirayama called for tort reform because the high cost of malpractice insurance was making it difficult to attract and retain health care providers. It impacts the viability of physicians and facilities because of the high cost of malpractice insurance.

Hyde remarked that this topic alone has been the sole subject of entire task forces. He said the Maui Task Force had heard no presentations about tort reform. But Hyde also said he thought there some parts of the proposed legislation that could be supported, such as limiting non-economic damages and protecting the efforts by hospitals, doctors and other experts to improve the quality by encouraging the reporting of needed information about medical errors and the collaborative use of that information. Hyde made a motion to adopt the proposal. Yagi Buen made the second.

During discussion, the group reworked the wording. Barreras read back the final proposal:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature decide sound public policy and enact legislation that addresses the high cost of medical malpractice premiums and the impact that it has on the ability to attract and retain healthcare workforce and facilities by supporting tort reform.

Support of tort reform includes, without limitation, in the areas of medical malpractice litigation, non-economic damages and legislation to protect efforts by hospitals, doctors, and other experts, and improvement of quality by encouraging reporting of needed information about medical errors and collaborative use of the data.

The vote was unanimous except for Skog who abstained.

Flouridation – Hyde authored proposed legislation to fluoridate the public water supply of Maui County. McOmber again stated that Lanai has a private water system and that the people oppose fluoridation. Hyde noted that any legislation about fluoridating the water should be directed to the county – he didn't think the state would have any jurisdiction.

Barreras read a proposed statement that condensed the original draft:

The Maui Health Initiative Task Force recommends that the Maui County Council decide sound public policy and enact an ordinance that addresses, where practicable, all Maui County public water supplies be fluoridated in accordance with CDC, ADA, and American Academy of Pediatrics guidelines.

Hyde made a motion to accept the proposal with a second by Hirayama. The vote was unanimous except for Harman who opposed it.

Electronic Medical Records – This proposal would establish a Regional Health Information Organization (RHIO) to improve the exchange of health care information. The group decided to eliminate the list of reasons why the system was needed and instead focus on the need to establish and fund such systems.

Barreras read a proposed statement:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature decide sound public policy and enact legislation that addresses efficient and interoperable information exchange allowing improvement of quality health care in the State of Hawaii.

1. Establishment and funding of a State of Hawaii Regional Health Information Organization (RHIO) which shall be HIPPA compliant and structured to protect patient confidentiality through patient defined rules.
2. Establishment and funding of a Maui County Regional Health Information Organization (RHIO) which shall be HIPPA compliant and structured to protect patient confidentiality through patient defined rules. This Maui County RHIO shall serve as a pilot project for a larger State of Hawaii RHIO.
3. Healthcare providers, facilities, and services related to the provision of healthcare or the training of healthcare professionals in the State of Hawaii be granted State Tax Credits equivalent to the cost of implementation and maintenance of electronic medical record systems which are interoperable with a State of Hawaii RHIO.

Hirayama made a motion to accept the proposal with a second from Hyde. The vote was unanimous.

Skog said she had submitted legislation that would allow psychologists to have authority to write prescriptions, but that it was not included in the draft report. Barreras said she did not remember receiving it, but said the group could talk about it later.

Home and Community Based Services proposed legislation -- This was a very lengthy and very detailed proposal that included sections for the state, county and federal legislations as well as recommendations for the private sector. Hirayama suggested eliminating the private sector recommendations and limiting the proposals to various bodies of government.

Barreras came up with a generic preamble paragraph and also deleted a recommendation that decisions regarding CON applications be made by regional panels. A separate proposal that calls for the restructuring of the CON process will be discussed next. The proposal:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature, Maui County Council, and the federal government decide sound public policy and enact laws, regulations, and administrative changes that address infrastructure (facilities and services) and workforce shortages.

Specific legislative recommendations are outlined below.

State Government
<p><u>Legislative:</u></p> <ul style="list-style-type: none"> ▪ Increase the long term care facility based bed supply. ▪ Increase <i>the</i> alternative long term care bed supply (<i>e.g. care homes, foster homes, assisted living</i>), thereby, freeing up nursing home beds. Enact legislation that provides additional tax credit incentives and funding for the private sector to obtain land to build alternative long term care beds to include Medicaid health care insurees. ▪ Fund Critical Access Hospitals with skilled, non-skilled, and assisted living facility beds, including both private pay and Medicaid and Medicare health care insurees. ▪ Fund additional community facilities and residential options: <ul style="list-style-type: none"> ➤ Sunrise Program for persons with disabilities ➤ Lokelani Ohana Program for persons with disabilities ➤ 60 bed veterans skilled care facility, with in-patient psychiatric unit and assessment services ➤ Geriatric psychiatric unit or specialty group home ➤ Housing complexes for low-income and middle-income older adults and persons with disabilities ▪ Pursue legislation to require regionalized certificate of need decision making by the subarea councils to meet the unique health care needs and wishes of county citizens. (see attached proposed language) ▪ Adopt a concept of and enact pioneering legislation a Home and Community Based Services Index (HCBSI) to adjust services funding

annually based on growth of aging and disability population and results in redirecting taxpayer investment and spending toward non-institutional services.

- Rectify the differential treatment of financial reimbursements in Medicaid and Medicare that Hawaii receives as a rural island state with high cost of living for its citizens. Work with the Congressional representatives to seek a 20% frontier differential that is given to Alaska.
- Fund a Critical Long Term Care Pay Differential to address the workforce shortage in long term care.
- Enact legislation for the Maui Community Volunteer “CARE CORP” Tax Credit Proposal.
- Establish and fund a Physician Recruitment and Retention Taskforce to do a “50 State Comparative Study to identify solutions for Hawaii.
- Fund the Maui Long Term Care Partnership to replicate a “CARE CORPS” model within communities that results in an increased supply of volunteer caregivers.
- Enact legislation for a Tax credit for families caring for loved ones at home.
- Fund low interest state revolving fund retrofit loans for alternative care providers (*Residential Alternative Community Care, Adult Residential Care Homes, Assisted, Assisted Living Facilities) and nursing facility modernization
- Fund home modification counseling: low interest retrofit loans and grants for home owners, i.e., Hana Aging in Place Retrofit Project
- Enact legislation that authorizes the establishment of uniform regulations and licensing procedures for home and community based services programs under a single administrative agency; the State Department of Human Services.

- Continue to fund the Hawaii Aging and Disability Resource Center system.
- Support Congressional “Class Act” Bill Community Living Assistance Services and Supports Act (CLASS Act) -- Senators Edward Kennedy (D-MA) and Mike DeWine (R-OH) introduced S. 1951, the Community Living Assistance Services and Supports Act (CLASS Act). The CLASS Act would establish a national, voluntary, premium-based long-term care insurance program, filling a major void in our national long term care system and helping relieve pressure on Medicaid as the sole payer of long-term care. Working individuals would enroll in the optional program and contribute monthly premiums into a trust fund. Enrollees would pay premiums for a minimum of 5 years before they could become eligible for benefits. Payment of benefits would be based on functional needs – not diagnosis. There are no lifetime limits on benefits or underwriting that often excludes individuals with disabilities from purchasing long-term care insurance. In addition, benefits would be paid in cash and the bill specifically allows individuals to hire family caregivers if desired.
- Fund the Maui Long Term Care Partnership’s “Saving for Aging” Public Awareness campaign to increase public awareness about the difficulty in qualifying for Medicaid and personal planning for long term care.
- Fund an initiative to expand the Hana Aging in Place Retrofit Project as a falls prevention model across the county.
- Fund the State Department of Health public awareness campaigns to promote prevention services, such as flu shots, pneumonia, shingles, and falls prevention.
- Fund a study about alternative and complementary medicine to be included in Hawaii’s health care system through reimbursements and privileges at all health care facilities. There needs to be recognition that there is alternative medicine and how it complements the health

care system.

- Fund a Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy.
- Establish and fund a Medical Residency Program for Maui County.
- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion.
- Expand and fund the newly established education and training curriculum at Maui Community College.
- Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the county.

Administrative:

- Increase the alternative long term care bed supply, thereby, freeing up nursing home beds. Provide land as an incentive to encourage the private sector to expand service, especially to Medicaid health care insurees.
- Rectify the differential treatment of financial reimbursements in Medicaid and Medicare that Hawaii receives as a rural island state with high cost of living for its citizens. Work with Congressional representatives to seek a 20% frontier differential that is given to Alaska.
- Fund home modification counseling: low interest retrofit loans and grants for aging home owners, I.e., Hana Aging in Place Retrofit Project.
- Allocate State Department of Human Services nurse case management fees to assisted living facilities that have internal registered nurses.
- Permit nurse delegation in nursing facilities as is currently done in home and community care settings.

- Leverage funding to expand oral health services.
- Pilot test a Central Maui “Greenhouse” (*5 acres / 60 bed facility) to support development of “greenhouses” and “greenhouse culture”.(such a project would need more like 7 acres with parking and associated infrastructure)
- Integrate Maui County Comprehensive Health Care Plan in to the Hawaii Health Performance Plan, including an updated Glossary of Terms to reflect home and community based services/long term care.

County Government

Ordinances

- Increase the alternative long term care bed supply (*e.g. care homes, foster homes, assisted living* thereby. Provide land incentives to encourage the private sector to expand service, especially to Medicaid health care insurees.
- *Recognize that facilities for low income elders who need residential and institutional care in the long term are forms of affordable housing and therefore are candidates for low income tax credits and other considerations adopted by Maui County to promote affordable housing in community development projects.*
- Adopt “Aging in Place” Building Code revisions for alternative care settings.
- Adopt a universal design building code ordinance.
- Fund home modification counseling: low interest retrofit loans and grants for home owners, i.e., Hana Aging in Place Retrofit Project

Budgetary

- Fund adult day care services as a family caregiver and community support service on behalf of older adults and persons with disabilities.

- Fund an Aging and Disability Resource Center information service and facility and co-locate with other aging and disability focused services offices. Explore the possibility of a Community Development Block Grant (CDBG) planning/ design grant to support co-location.
- Fund the Maui Long Term Care Partnership’s “Saving for Aging” Public Awareness campaign to increase public awareness about the difficulty in qualifying for Medicaid and personal planning for long term care.
- Expand and fund the Hana Aging in Place Retrofit Project as a falls prevention model across the county.
- Fund a pilot project to conduct outreach to parents and guardians about their children receiving immunizations and taking fluoridation pills as a means of preventing health care costs.
- Fund a Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy.
- Establish and fund a Medical Residency Program for Maui County.
- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion.
- Expand and fund the newly established education and training curriculum at Maui Community College.
- Pilot test a Central Maui “Greenhouse” (*5 acres / 60 bed facility) to support development of “greenhouses” and “greenhouse culture”.*(such a project would need more like 7 acres with parking and associated infrastructure)*

County Plans

- Include language in the Maui County Community Plans to support modernization or replacement of depreciating and deteriorating

infrastructure and support funding for such purpose.

- Include language in the Maui County General Plan and Community Plans to support a role of county government in achieving the Maui County health care goal.

Federal Government

- Fund a Critical Access Hospital(s) with skilled, non-skilled, and assisted living facility beds, including both private pay, Medicaid and Medicare health care insurees.
- Fund a 60 bed veterans skilled care facility, with in-patient psychiatric unit and assessment services
- Fund a geriatric psychiatric unit or specialty group home
- Fund a Center of Excellence on Aging at Maui Community College to conduct research, education and training, policy development and advocacy.
- Establish and fund a Medical Residency Program for Maui County.
- Expand the Maui Community College Nursing and Dental Programs faculty and classroom expansion.
- Expand and fund the newly established education and training curriculum at Maui Community College.
- Pilot test a Central Maui “Greenhouse” (*7 acres / 60 bed facility with parking and associated infrastructure) to support development of “greenhouses” and “greenhouse culture”.

Hyde made a motion to accept the package with a second by Aluli. The vote was unanimous.

The group broke from 10:50 to 10:55 p.m.

Barreras told the Task Force that Norm Bezane, who was unable to attend tonight, had submitted a cover letter to consider including with the final report. Barreras said the group should be thinking about the message it wants to present in the cover letter.

Restructuring the Certificate of Need (CON) process – Yagi Buen submitted proposed legislation based on the current chapter of state law that includes the CON process. She told the Task Force that every year when she was in the Legislature, bills were introduced to streamline the CON, but they never passed. She said because of the Malulani debate, legislation will be introduced again this year.

Yagi Buen began speaking about her proposed changes. She said that Hawaii's CON was one of the most stringent laws and that as far back as 1992, the state auditor had said that the review process before three panels was unnecessarily burdensome. Yagi Buen recommended streamlining the process in the way recommended by the auditor. She said the public hospitals have been regionalized to make their own decisions and she felt decisions about CON applications should be made regionally. She said she thought about proposing that the CON process be abolished altogether, but she did not believe that would pass the Legislature.

A motion to support the proposal was made by Harman with a second by Aluli. Aluli then asked if Molokai would be able to make its own decisions about CON applications. Yagi Buen said her recommendation was that the Tri-Isle Subarea Council make the decisions for all county applications. She said that Molokai has a member on the council – Aluli replied: “only one?”

Hyde said nearly all processes can be improved. He acknowledged that the SHPDA process is redundant with three different committees reviewing the same application. He said Yagi Buen's proposal included some recommendations that go beyond what she spoke about. Harman suggested letting the Tri-Isle Subarea Council review those recommendations and that the Task Force stay with recommending regionalization of the CON process.

Hirayama said the auditor's report was made in 1992 – he suggested sticking to the concept of regionalization and allowing the Legislature to work out the details. Hirayama said he supported regionalization, but he didn't support changes to the CON criteria. Yagi Buen agreed: let's deal with regionalization and let the Legislature work it out. Skog was concerned that

there would be no technical review, only emotional review of the applications. She also wondered who would look at the applications as part of a statewide system. Hirayama said he shared Skog's concerns about the need for technical review of the applications by unbiased experts. He said it shouldn't just be community members making the decisions, but people who understand the technicalities. There needs to be unbiased, disinterested technical review. Yagi Buen agreed. Skog said that should be included in the proposal or it wouldn't be clear to legislators that this was considered to be an important piece. She suggested that the Task Force recommend that the Tri-Isle SAC be advised by a technical review panel. Hirayama said the technical panel could be non-voting and that ultimate decisions would still be made by the SHPDA administrator who has the statewide plan in mind. He said the proposal would eliminate the SHCC (Statewide Health Coordinating Council) and CON review panels.

Hyde said that appointments to the panels should take into consideration backgrounds of the individuals so that a cross-section of the community can be represented.

Skog remained concerned that the any application would have statewide implications and that a look at the statewide system must be considered. Hirayama said that should be the role of the SHPDA administrator – a role similar to the Presidential veto over Congress.

McOmber wondered how a regional committee that had emotional involvement would mesh with a panel that had technical review. Lee said that the technical body would serve as consultants to both sides of an issue. Oka asked if this would mean that SHPDA would need to have a staff person on Maui.

The group began working on the exact language of the proposal and agreed upon:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature decide sound public policy and enact legislation that addresses the redundancy and complexity of the current certificate of need process. The task force recommends a reorganization to the current certificate of need structure by 1) eliminating the certificate of need review and SHHC panels, 2) renaming sub-area councils to regional councils, 3) providing regional councils with decision making authority.

To assure that technical expertise is maintained in an advisory capacity to the regional council as well as the State Director of the State Health Planning and Development Agency, such legislation should include an advisory panel of unbiased, technical experts to be retained without voting capacity. It is recommended that the appointments to the regional council take into consideration diverse expertise in order to reach sound decisions.

The motion was already on the table to accept Yagi Buen's recommendation of regionalizing the CON process. The vote was unanimous.

Permitting psychologists to write prescriptions – Skog said the legislation she had written would require psychologists interested in writing prescriptions to undergo training – there would also be regulation and oversight of any psychologist approved to write prescriptions. Giving this authority to psychologists would address the lack of mental health providers and limited access to mental health services for those in need.

Hyde made a motion to approve the legislation with a second by Aluli.

Skog acknowledged that a similar bill was passed by the Legislature last year, but vetoed by Gov. Linda Lingle.

Barreras read a statement for the proposed legislation:

The Maui Health Initiative Task Force recommends that the Hawaii State Legislature decide sound public policy and enact legislation that addresses the shortage of and limited access to mental health services for persons of all ages.

Harman said she didn't feel good about it. She said she'd rather see psychiatric nurses be given authority to write prescriptions. Skog said that's why there's a provision that any psychologist interested would undergo training and be subject to regulations and oversight.

The vote was unanimous except for Harman who abstained.

Other business

Hyde said that Barreras should be empowered to draft a cover letter and to make minor refinements to the executive summary and findings and conclusions in the front of the report. He said a statement should be added to note that while defining Maui County's health care needs, the Task Force didn't take into mind costs. Neither did it conduct cost analysis studies.

Hirayama said the chair should include a paragraph that states the report is a work in progress that requires an update, perhaps every two years. Due to the limited time span of the Task Force, some issues might not have been adequately addressed.

Barreras said she has been briefing the Tri-Isle SAC which is required to integrate into its plan the comprehensive plan submitted by the Task Force. This must be done by the end of February.

Hyde made a motion to adjourn the meeting with a second by McOmber and unanimous approval. The meeting was adjourned at 11:55 p.m. – members posed for a photograph before they left.