

STAND. COM. REP. NO. 1455

Honolulu, Hawaii

April 9, 2015

RE: H.R. No. 139

Honorable Joseph M. Souki
Speaker, House of Representatives
Twenty-Eighth State Legislature
Regular Session of 2015
State of Hawaii

Sir:

Your Committee on Finance, to which was referred H.R. No. 139
entitled:

"HOUSE RESOLUTION REQUESTING THE AUDITOR TO CONDUCT A REVIEW
ON THE EFFECT OF THE TRANSFER FROM MEDICAID TO PLANS ON THE
HAWAII HEALTH CONNECTOR FOR NON-ELIGIBLE MEDICAID COMPACT OF
FREE ASSOCIATION RESIDENTS,"

begs leave to report as follows:

The purpose of this measure is to request the Auditor to
conduct a review on the effect of the transfer from Medicaid to
plans on the Hawaii Health Connector for non-eligible Medicaid
Compact of Free Association residents.

As affirmed by the record of votes of the members of your
Committee on Finance that is attached to this report, your
Committee concurs with the intent and purpose of H.R. No. 139 and
recommends its adoption.

Respectfully submitted on
behalf of the members of the
Committee on Finance,


SYLVIA LUKE, Chair



HSCR 1455

Bill/Resolution No.: HR 139	Committee Referral: HUS/HLT, CPC, FIN	Date: 4/7/15		
<input type="checkbox"/> The committee is reconsidering its previous decision on the measure.				
The recommendation is to: <input checked="" type="checkbox"/> Pass, unamended (as is) <input type="checkbox"/> Pass, with amendments (HD) <input type="checkbox"/> Hold <input type="checkbox"/> Pass short form bill with HD to recommit for future public hearing (recommit)				
FIN Members	Ayes	Ayes (WR)	Nays	Excused
1. LUKE, Sylvia (C)	/			
2. NISHIMOTO, Scott Y. (VC)	/			
3. CACHOLA, Romy M.	/			
4. CULLEN, Ty J.K.	/			
5. DeCOITE, Lynn	/			
6. JOHANSON, Aaron Ling	/			
7. JORDAN, Jo	/			
8. KEOHOKALOLE, Jarrett	/			
9. KOBAYASHI, Bertrand	/			
10. LOWEN, Nicole E.	/			
11. ONISHI, Richard H.K.	/			
12. TOKIOKA, James Kunane	/			
13. YAMASHITA, Kyle T.	/			
14. POUHA, Feki	/			
15. WARD, Gene	/			
TOTAL (15)	15			
The recommendation is:	<input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted			
If joint referral,	_____ did not support recommendation. committee acronym(s)			
Vice Chair's or designee's signature:				
Distribution:	Original (White) – Committee Duplicate (Yellow) – Chief Clerk's Office Duplicate (Pink) – HMSO			