

Testimony of  
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Before:

House Committee on Health  
The Honorable Della Au Belatti, Chair  
The Honorable Dee Morikawa, Vice Chair

March 20, 2013  
8:30 am  
Conference Room 329

## **SB 666 SD2 RELATING TO HEALTH**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB666 SD2 regarding establishing an emergency medical services patient advocate program in the department of health.

### **Kaiser Permanente Hawaii has serious concerns about this bill.**

We understand the reason this idea was brought forward to the legislature and the problem it is attempting to resolve however, this is a difficult and complicated matter that if done wrong, might impede patient care.

At Kaiser Permanente we not only understand this problem but we have already taken action to provide advocacy services for our patients in the emergency department. This person is a social worker who works in the emergency department and is assigned specifically to be a patient advocate. In addition we have continuing care coordination in the ED to assist patients in managing their continued care when their emergency treatment is completed. Being aware of the vulnerability of patients and families, we have internal processes focused on patients and their families who have concerns about the care they receive in the ED.

A program of the type proposed here would have to be immediately available to

every patient in every ED in the state all the time. The advocate likely will not be on sight at the ED but will have to discuss the case via phone call with the patient. They will then discuss the case with the doctor in the ED and based on those conversations, without benefit of seeing the patient or having any information on the patient, resolve issues, still via phone, while the patient is awaiting care. If the system works perfectly the delay may be minimal but it would nonetheless interrupt patient care.

Kaiser Permanente's emergency department is among the most used in the state. There is a near constant flow of patients with all kinds of needs. We are also concerned that patients who could be treated and released may insist on the intervention of this advocate and while everyone awaits the actions of the advocate the ED bed may not be available for patients with more serious illness and injury.

Emergency departments are highly regulated and the federal EMTALA law already provides protections to assure all patients are cared for regardless of who they are, what their condition is or their ability to pay for care. We urge your committees to not add more layers of regulation and complexity to an already well regulated patient focused system. Please do not pass this bill.

Thank you for your consideration.

HOUSE COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair

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**SB 666 SD 2: Relating to Health**

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, a majority of home health agencies and hospices, as well as long term care facilities and other health care organizations. Our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide, delivering quality care to the people of Hawaii.

Thank you for this opportunity to testify on SB 666 SD 2, which creates an emergency services patient advocate program. While the intent of the bill has merit, there are serious concerns about how the program may be formulated.

The Department of Health (DOH) testified in opposition to the bill as introduced. Kaiser Permanente in its testimony expressed serious concerns with it. Both organizations noted that the program has the potential to adversely affect patient care. Furthermore, Kaiser Permanente testified that it already has staff in its emergency department that are assigned the function of patient advocate. In addition, internal processes are available to patients and their families to pursue any concerns they may have about the care they receive in the emergency department.

As introduced, the bill acknowledged the potential of the program to adversely affect patient care because it specifically exempted program staff from civil and criminal liability. However, although the bill may create an exemption from liability, it would not eliminate any of the underlying problems resulting from patient care being adversely affected.

After the bill was introduced it was amended to eliminate many of the details of the program. The effect is that the program may now be formulated in many different ways. However, the bill still does not eliminate the potential to adversely affect patient care. Furthermore, the bill creates potential liability for the State because the exemption from liability has been deleted.

SB 666 SD 2 is premature since there are serious outstanding issues. The Healthcare Association of Hawaii proposes that, instead of the bill, a resolution should be introduced to create a task force to study the relevant issues. The task force would also be charged with recommending legislation if it finds that an emergency services patient advocate program would benefit patients. The Healthcare Association would be happy to assist in the drafting of such a resolution.

Thank you for the opportunity to testify on SB 666 SD 2