

Monday, August 31, 2020

10:00 a.m.

Via Videoconference

State Capitol

415 South Beretania Street

House of Representatives

Thirtieth State Legislature

Select House Committee on COVID-19 Economic and Financial Preparedness

Report of the Select Committee's Seventeenth Meeting,

Held on Monday, August 31, 2020

The House of Representatives established the Select House Committee on COVID-19 Economic and Financial Preparedness (Committee) pursuant to House Resolution No. 54 (Regular Session of 2020). The membership of the Committee includes selected members of the House of Representatives, state government officials, and business leaders from private industry and non-profit organizations located in each of the primary counties.

The Committee is tasked with:

- (1) Identifying the potential economic and financial impact to the State;
- (2) Developing short-term and long-term mitigation plans; and
- (3) Monitoring COVID-19 conditions and outcomes.

At its seventeenth meeting, the Committee discussed small business revenue on Oahu; reports from the Communications and Economic Recovery Subcommittee, CARES Funds Subcommittee, and Housing and

Homelessness Subcommittee; and the health care situation at Queen's Health Systems (Queen's).

I. OPENING REMARKS FROM SPEAKER SAIKI

Speaker Scott K. Saiki, Co-Chair, provided a recap on the Committee's purpose and accomplishments to date, including the work of the six subcommittees (Public Health Recovery Subcommittee, Housing and Homelessness Subcommittee, CARES Funds Subcommittee, Agricultural Subcommittee, Tourism Subcommittee, and Communications and Economic Recovery Subcommittee).

The Committee added one new member, Dr. Jill Hoggard Green, President and Chief Executive Officer of Queen's.

II. COMMUNICATIONS AND ECONOMIC RECOVERY SUBCOMMITTEE

Ray Vara, President and Chief Executive Officer of Hawaii Pacific Health, discussed the Subcommittee's membership, including the need for neighbor island members, and the Subcommittee's two key initiative's: the Hawaii COVID Collaborative (Collaborative) and a call-to-action.

The Collaborative includes several organizations. The primary purpose is to "bring clarity where there is confusion and not add confusion where there is clarity". Mr. Vara recognized that there is a need to take information and data and translate it into understandable expectations for the community. The Collaborative has created a budget and commitment, both in-kind and financial, of \$1,000,000 to support its work effort. The Collaborative is expected

to continue throughout this pandemic, which could last one to two years. Mr. Vara also discussed the Collaborative's organizational structure (see August 31, 2020, Communications Subcommittee Presentation on the Committee's website).

Naalehu Anthony, who is the team leader for the Collaborative, discussed the Collaborative's communication strategy and launch of the initiative hub, www.COVIDPAU.org, next week, which will lead people to large buckets of information quickly. Mr. Anthony highlighted personal and compelling storytelling as a messaging tool and shared a video from the initiative hub with the Committee. The initiative hub will also include a data dashboard that will breakdown data from the Department of Health (DOH) for the general public.

Mr. Vara discussed the second initiative which is a call-to-action for leadership, accountability, and transparency for the community. To this end, Mr. Vara discussed the Subcommittee's five-point plan (Hawaii Five-0: Five points to zero COVID):

- (1) Immediate change of leadership at DOH - Director Bruce Anderson is retiring on September 15, 2020, which is a good start to restore public confidence, but there needs to be a significant culture change, specifically relating to transparency;
- (2) Improved data reporting - the Collaborative is providing a dashboard, but it relies on state agencies for complete, accurate, and transparent data;
- (3) Effectively test, contact trace, and quarantine:

- (a) Testing: provide access to those who need it, have rapid turnaround times (24 to 48 hours), institute a pretravel testing program, and develop an effective strategy for testing vulnerable populations;
 - (b) Contact tracing: ensure that the State has qualified and trained staff consistent with national standards, initial contacts are made within 24 hours, and there is performance transparency; and
 - (c) Quarantine: have a plan for people living in crowded living quarters, post-discharge, and health checks and support resources;
- (4) Communication - translate data and make it understandable throughout the community (e.g., using different languages, storytelling, examples of appropriate and inappropriate behaviors, consequences, and outcomes); and
- (5) Emphasize personal responsibility (i.e., physical distancing, masking, not gathering, practicing good hygiene, and staying home when sick) through education and enforcement.

Representative Bob McDermott asked whether the administration is taking proactive steps to get rapid tests. Mr. Vara does not know the extent of planning by the administration in that regard but stated that the administration is aware of rapid tests and has indicated that it is continually evaluating technologies. The administration is planning on opening a pretravel testing program using mainland partners such as CVS and Walgreens. However, Mr. Vara does not

believe that there is a rapid test that is scalable enough for the pretravel testing program, but the technology is rapidly evolving.

Dr. Carl Bonham discussed the need to finish and implement the tourism reopening plan regardless of when the State reopens, so that incoming visitors could be tested instead of just quarantining. The Committee will follow up with the new Chief Executive Officer of the Hawaii Tourism Authority.

Representative Della Au Belatti asked how to engage the private sector in the legislative process and public health policymaking. Mr. Vara stated that the most effective way is to keep open lines of communication. Although policymaking is one factor, Mr. Vara believes that leadership challenges should be the focus.

III. COMMENTS FROM PETER HO

Peter Ho, Co-Chair, discussed the need for a culture change by being more candid and brutally honest, rooting out the "culture of cannot" and focusing on results, and being relentless and resilient.

IV. UHERO UPDATE

Dr. Carl Bonham, Executive Director of the University of Hawaii Economic Research Organization (UHERO), gave an update on small business revenue on Oahu (see August 31, 2020, UHERO Select Committee Update presentation on the Committee's website). After being down 60 percent in April compared to January, revenue was only down by 20 percent in July with many Oahu businesses functioning. However, that progress reversed back to mid-May figures due to rising case counts.

According to twenty high frequency indicators, the economy troughed around April 6, recovered about 30 percent of activity by mid-July, and then lost about ten percentage points of that recovery by August 17. Specific indicators on the number of people googling COVID-19 and consumer sentiment are back to where they were in April.

V. CARES FUNDS SUBCOMMITTEE

Lauren Nahme, President of Strategy and Transformation at Kamehameha Schools, provided an overview of the Subcommittee's purpose and scope, tasks, and processes and products.

Jill Tokuda, former State Senator and Chair of the Senate Ways and Means Committee, discussed the various data visualizations created by the Subcommittee to help track the award and expenditure of funds for the pandemic (available at <https://www.hawaiidata.org/hawaii-covid-federal-funding>). The Subcommittee has been tracking 162 individual awards, as well as potential awards, for funding of the pandemic. The data visualizations also include a specific breakdown of the expenditure of funds from the Coronavirus Relief Fund (CRF) by area (e.g., county, Governor, and shelter). Currently, only 6.3 percent of the \$1,250,000,000 CRF funds expiring on December 31, 2020, have been expended.

Ms. Nahme raised several questions regarding the pace and type of COVID-19 resource flows (CRF and non-CRF funds) as it relates to stabilization and reopening plans and priorities (see August 31, 2020, CARES Funds Subcommittee Presentation on the Committee's website).

Ms. Tokuda stressed the need to plan for the allocation of remaining funds, including the unallocated \$371,000,000 CRF funds. Speaker Saiki expects the Governor to submit a proposed spending plan to the Legislature for the unallocated \$371,000,000 CRF funds.

VI. HOUSING AND HOMELESSNESS SUBCOMMITTEE

James Koshiba, co-founder of Hui Aloha, discussed getting the Housing Relief and Resiliency Program (Program) up and running. Mr. Koshiba discussed the challenges of avoiding red tape obstacles while maintaining open lines of communication and playing oversight and advocacy roles. For example, the Attorney General determined that the Program's funds could not be used for back rent despite language stating that the Program was intended to be flexible. However, Mr. Koshiba noted that there may be efforts under the administration to address that need. Another obstacle was overcoming proposals to include an asset test, which is not an effective deterrent against applicants with higher assets and is not included in other jurisdictions. Mr. Koshiba stressed the need for communication, transparency, and, if necessary, advocacy and public engagement to address the red tape rather than focusing on the risks of a federal audit or lawsuit.

VIII. QUEEN'S HEALTH SYSTEM

Dr. Hoggard Green discussed the latest surge and its impact on Queen's. At Queen's, the total number of COVID-19 patients cared for increased from 69 in July to 321 patients as of August 28. The

patients at Queens' tends to be the sickest and are often seen a few days after their test. In March, Queen's dedicated two units (full ICU and medical unit) to be trained to care for COVID-19 patients. Queen's now has six dedicated units of clinicians caring for COVID-19 patients. By the end of September, Queen's will have a full unit specially equipped to care for patients with infectious diseases. As of today, Queen's is caring for 99 patients, with 14 in ICU and the remaining 85 in stepdown units.

Dr. Hoggard Green reported that the staff at Queen's are tired with many working double shifts. Hospitals in the State are requesting 150 caregivers from the federal and state emergency management agencies. Queen's is working with traveling nurses and met with the federal delegation from the Department of Health and Human Services and Federal Emergency Management Agency regarding the need for 42 additional caregivers, particularly nurses with critical care, emergency department, or dialysis experience.

After the recent visit to Hawaii from the U.S. Surgeon General, Queen's is also requesting 10,000 boxes of N95 masks, specifically the 1860 masks that are smaller for women, and 750 cases of Remdesivir, which is helping patients recover faster.

With regard to testing, Queen's now has a Thermo Fisher system which will increase the testing capacity on Oahu by 1,000 this week. With increased testing and the latest surge testing efforts, Queen's expects the number of patients in the hospitals to be in the triple digits over the next two weeks.

Dr. Hoggard Green also discussed the importance of influencing behaviors that stop disease transmission, including masking, physical distancing, washing hands, and getting a flu shot.

Representative Belatti inquired about the ability to transport patients. Dr. Hoggard Green said that all the hospitals are working together with Queen's to ensure that it stays open for transfers. Patients are being moved between hospitals that have the capability and capacity. Dr. Hoggard Green noted that there are enough helicopters and that people are able to move patients around, but hospitals are working hard to bring in additional staff because it allows them to take in more patients.

IX. CLOSING REMARKS

Speaker Saiki provided an update on the request to DOH on August 19, 2020, for individualized data on six categories. Speaker Saiki noted that DOH's response on August 28, 2020, provided either aggregated data or no data (see August 31, 2020, DOH Data Request Response presentation on the Committee's website). Speaker Saiki will be following up with DOH to secure the requested information but expressed concern that DOH has not been collecting the requested data.

X. NEXT MEETING

The Committee will reconvene on Monday, September 14, 2020, at 10:00 a.m. via videoconference.

XI. ADJOURNMENT

The Committee adjourned its meeting at 11:31 a.m.