



The Senate

STATE CAPITOL
HONOLULU, HAWAII 96813

Tuesday, June 23, 2020

MEMORANDUM

TO: Senate President Ronald D. Kouchi

FROM: Senate Special Committee on COVID-19

RE: Senate Special Committee on COVID-19 Report

Dear Senate President,

Please see the attached report prepared following the June 18, 2020, Senate Special Committee on COVID-19 meeting with the following:

- Department of the Attorney General
- Department of Health
- Clinical Laboratories of Hawaii
- Diagnostic Laboratory Services, Inc.
- Adventist Health Castle
- Kaiser Permanente
- S&G Labs Hawaii, LLC
- Hawaii Pacific Health/Straub

Sincerely,

Senator Donovan M. Dela Cruz
Senator Jarrett Keohokalole
Senator Michelle N. Kidani

Senator Donna Mercado Kim
Senator Sharon Moriwaki
Senator Kurt Fevella

Attachment

CC: All Senators

Department of the Attorney General (AG)

Ms. Clare Connors from the Office of the Attorney General gave the Committee the following report.

The New Normal

- Ms. Connors reminded the Committee that the state is currently in the Act with Care phase of the state's plan and is carefully considering which sectors should be allowed to reopen in consultation with the county mayors.
- Ms. Connors presented three bills drafted by her office to be used by the legislature in the future.
 - It was made clear that this legislation could be used in non-emergency situations to help better deal with a future pandemic.

A Bill Relating to the Department of Health

- Ms. Connors informed the Committee this piece of legislation would create additional authority for the Director of the Department of Health (DOH) to declare a public health emergency.
 - This bill gives the Director the ability to survey conditions across the globe and declare a public health emergency according to specific criteria.
- Additionally, this bill will codify the state's current screening process by incorporating the ability to do contact tracing on behalf of the DOH, using information that the state epidemiologist believes is necessary to investigate better and handle ensuing situations.
 - Codifying this process will authorize the DOH to screen, test, monitor, isolate, and quarantine travelers.
- This bill also puts in place enforcement measures by asking state law enforcement officers to assist with screening protocols.
 - This enforcement will apply to all inter-island, continental, and international travel.
 - Enforcement will be dependent on the nature of the disease the DOH has identified and is not restrictive to COVID-19.
- The bill also establishes a "Travelers Screening Special Fund" to offset the costs needed to establish this program.
 - The money will originate from a reallocation of transit accommodation taxes.
 - Fines collected from violations of the new laws may also be deposited into the fund.
- The bill includes provisions regarding data sharing of personal health information.
 - Ms. Connors noted this was non-invasive health information.
 - Amendments are included to provide specific policies on how law enforcement and the state will treat such information going forward.

A Bill Relating to Short-Term Vacation Rentals

- Ms. Connors informed the Committee this piece of legislation gives authority to the counties to establish a registry of lawfully authorized or permitted short-term rentals.
- Additionally, counties can require that any rental operator list a complete physical address, including the unit number and tax map key.

- Counties will now have the authority to prohibit hosting platforms from booking transactions for any residence not on the registry.
- Counties will now be able to prohibit hosting platforms from collecting and receiving a fee for facilitating and providing services that are ancillary to the short-term rental.
- Also, this law will give counties subpoena powers to assist in the ability to engage in investigations.
 - Ms. Connors also explained to the Committee that this bill creates a blanket set of definitions, consistent across all counties.
- Per the Committee's request, Ms. Connors explained that this bill would also apply to future health outbreaks and is not limited to COVID-19, much like the first bill relating to the Department of Health.

A Bill Relating to Cargo Carriers

- Ms. Connors informed the Committee that his bill relates to the Young Brothers and has been primarily worked on by DCCA.
- Ms. Connors informed the Committee that under the new law, should the state be faced with a situation much like the one being faced with Young Brothers; the commission will be able to appoint a receiver to perform additional investigations.
 - The hopes of this role are to reduce any future regulatory issues.
 - The receiver will be able to access records and evaluate the conditions that brought concerns and identify appropriate responses.
- The bill also deletes current select statutory requirements that have led to the current monopolistic conditions and made market entry difficult.

Committee Inquiries

- Committee members inquired about what could be designated as a quarantine location, under the current language of the bill.
 - Ms. Connors explained that the state would not be able to designate anything other than a hotel or motel as a place of quarantine.
 - Additionally, she clarified that lodging locations would be open to locals unless they are designated as a quarantine location.
- Currently, out of state owners of rental properties would be able to utilize their properties, but are unable to use them as a short term rental under the current emergency proclamation.
 - The current language of the bill does not grant that same designating power to the Director of DOH.
- Current language outlines screening and isolating protocols, but doesn't address who will be making the broader policy decisions.
- Ms. Connors explained that the DOH shares concerns regarding the liability of compliance to a 14-day quarantine, but there are provisions in the bill for hotels and motels to report violations.
 - The AG will speak with the Director of DOH to ensure quarantine is safe and appropriate.

- Per the Committee’s request, Ms. Connors explained the appropriations set aside for the first bill is currently a blank amount and will have to be worked out by the legislature.
- Additionally, no fees laid out will be assessed by airlines, only from the reallocation of the Transient Accommodations Tax revenues.
- Members of the Committee clarified their view of the “new normal” of tourism, by explaining that the state will have to begin targeting visitors who provide a higher economic value to the state, rather than merely increasing the volume of visitors.
 - This will allow money currently budgeted for marketing to be reallocated for health screening.
 - Members of the Committee noted Japanese tourists as prime examples of “quality tourists” as they spend, on average, about 40% more than other visitors to the islands according to the latest reports.
- Members of the Committee asked whether the current language allowed the DOH to screen incoming travelers and whether the state should contract out screening to other firms or branches of government.
 - Ms. Connors clarified this point by explaining that such contracting would be authorized under the “collaborative agreements” section of the bill.

Department of Health

Dr. Bruce Anderson, Director, Dr. Sarah Park, State Epidemiologist, provided the Committee with the following report.

Lab Capacity and Testing Capacity

- Dr. Anderson explained to the Committee that he is proud of the job the labs have done in ramping up of their testing capacity.
- Dr. Anderson informed the Committee the DOH lab is a reference lab where indeterminate tests are sent for the department to make a determination.
 - The lion’s share of testing performed by the DOH is this reference testing function.
- Per the Committee’s inquiry, Dr. Anderson explained that pre/post entry testing turnaround for the DOH labs is 24-48 hours depending on which island they were conducted on.
 - Oahu labs can get their tests done on the same day, while neighbor islands face a 24-hour lag due to shipping.
- Per the Committee’s request, Dr. Park explained that this turnaround time would only increase should the demand increase, due to backlog, unless capacity is increased.
- Dr. Park explained that should the state demand testing be increased to 12,000 per day, the labs would not be able to keep that pace up indefinitely.
- Dr. Anderson commented on this matter further, stating that once labs here get overwhelmed, tests can be sent to the mainland, which will only increase the turnaround time by a few days.
- Per the Committee’s request, Dr. Park explained that an effort to scale up testing would require stabilization of the supply chain, and additionally, more manpower would be required, as well as additional instrumentation.

- Dr. Park noted that the most challenging aspect of improving capacity would be the supply chain, as it is a global issue, not local to Hawaii or the mainland.
- Dr. Anderson noted that testing will not stop the introduction of the disease and could divert resources away from contact tracing of already present cases.
 - He noted a case in Hale Nani where 750 staff members and 250 residents are being tested from a single location from a single day, and if this situation replicates in other areas of the state, they would have to be given more priority than travel testing.
- Per the Committee's inquiry, Dr. Park stated that she would not trust a negative result in a traveler- as they do in Alaska- and allow them to avoid the quarantine period.
 - Dr. Anderson urged the Committee to implement additional processes with a negative result, providing an example of a health questionnaire.
- Dr. Park explained that she and her staff do not trust every negative result, and should the state move to testing upon arrival, there should still be a way to track everyone due to the possibility of them being asymptomatic spreaders.
- Committee members asked what steps in the airport screening process needed to be changed for DOH to feel comfortable with implementing arrival testing.
 - Dr. Anderson asked for ways to ensure useful contact information and finding better ways to conduct contact tracing.
 - Dr. Park asked for health screening forms in a digital format to be done upon arrival, much like the ag forms. A limitation of this would be speaking with the airlines to get the technology to them.
 - Dr. Park also asked for pre-boarding symptom screening.
- Members of the Committee assured Dr. Park there would be follow up with DOT regarding any ongoing discussions with the FAA about the concerns and needs raised by her.
- Dr. Park urged the Committee to help her digitalize the health screening and health questionnaire forms and find a way to get it to the airlines so the information could be uploaded in real-time.
- Additionally, Dr. Park would like to be able to offer travelers a test upon arrival if their forms show symptoms.
 - Dr. park stressed the importance of tracing in conjunction with the previously mentioned aspects, as expressed the usefulness of programs such as the SafePaths app would be.
- Dr. Park informed the Committee that her department had just submitted the grant deliverables to the CDC for \$50 million, putting much of the rationale into airport surveillance and traveler surveillance for symptomatic arrivals.
- Dr. Anderson and Park put the testing floor at 3000 and the ceiling at 12000 tests per day.
- Per the Committee's request, Dr. Park will share the timeline for the introduction of the SafePaths app, so the legislature can start promoting its use.

Department of Transportation- Airports Division

Mr. Ford Fuchigami, Administrative Services Officer, provided the Committee with the following report.

Airport Update

- The 14-day quarantine for inter-island travel was lifted this last Tuesday, with positive results.
- The airports saw 431 passengers on the first day, with what the DOT considered, minimal wait times.
- Having cell phone numbers for contact purposes was very useful, and it took only one minute to process phone numbers.
 - It takes one minute to complete this information and process it.
- If travelers have a temperature of over 100 degrees, they are disqualified from traveling.
 - They are asked a set of additional questions for health screening purposes.
 - They must then take a COVID test, which is subsequently sent to a DOH lab.
- Airports are expecting a substantial decrease in the number of inter-island flights; as a result, some airlines are hesitant to return to inter-island routes.
- Members of the Committee inquired about the digitalization of travel and health information.
 - Mr. Fuchigami informed the Committee there is a development underway to digitize information.
 - Users can fill out the travel form, where they will then be able to take a picture of the applications QR code on their smartphones where they can track the progress of the form.
 - This information is referenced with already provided government info to check phone numbers.
 - The need for 50 iPads was identified in order to complete this process quickly.
 - There are currently 12 in use now.
- Mr. Fuchigami informed the Committee that they are unable to force a test on someone before they enter the plane, under discrimination prohibitions in federal law.
 - If the individual paid for their ticket, the airlines must let that person onto the plane; otherwise, they can be sued for discrimination.
- Per the Committee's request, Mr. Fuchigami agreed to provide timelines for pretesting, screening, and digitizing of forms.
 - Additionally, there was an agreement to provide updates on testing upon arrival and the process that will follow a positive test and a negative test.
- Per the Committee's request, Mr. Fuchigami agreed to contact State Procurement Officer Sarah Allen for guidance on securing RFPs, and asking if private companies can pool resources to help state labs.

Clinical Laboratories of Hawaii, Diagnostic Laboratory Services, Inc, and S & G Labs Hawaii, LLC

Ms. Michele Cox, Chief Operations Officer, Dr. Christian Whelen, Vice President/ Technical Director, and Dr. Lynn Welch, Chief Executive Officer, provided the Committee with the following report.

Testing Capacity

- Per the Committee's request, Dr. Whelen explained that manufacturers observed the burn rate of testing products, by state labs, and would then distribute products to them in the future based on those numbers.
 - This does not allow the labs to stockpile testing kits.
 - The labs are ordering everything they count out, and if they are not running it they hold it.
 - However, the labs have multiple standing orders which are filled based on lab reports.
- Per the Committee's request, Ms. Cox explained that ramping up the number of testing kits will not guarantee more completed tests.
 - The labs would need to double the staff and/or instrument orders, which will be dependent on the vendor production of the required instruments.
 - The labs are waiting for state direction to start opening channels of communication with vendors.
- Dr. Whelen also noted the waiting lists for higher throughput instruments, and it will be a combination of instruments to increase volume, not a singular piece.
- Ms. Cox estimated the costs of these high-volume instruments at \$200,000- \$700,000
- Dr. Whelen informed the Committee that an additional aspect of ramping up testing would be the perceived need of Hawaii from manufacturers.
 - Suppliers may see more need in hot zones like Florida or California, where it will be easier and more cost-effective to ship, instead of a low case state in the middle of the Pacific like Hawaii.
 - Ms. Cox explained that we could use our location and a higher need for self-reliance as a case to get the tests to us first.
- Dr. Welch mentioned her lab, based on Hawaii Island, can ramp up already within her labs.
 - She noted her attempts to communicate with Oahu labs but with limited success.
 - Her labs can test higher volumes and can ship overnight.
- There was agreement among committee members that the state needs to make orders to ramp up.
- Dr. Welch explained her lab can complete 500 tests per day but can meet the ability to test 1500 per day.
 - She noted that many labs are hesitant to pay for the equipment with a minimal perceived need, and the potential they may never recover the costs.
 - She asked for some type of funding to help support the sunken costs stemming from a ramp up, should nothing be needed.
- The priority needs for the labs are reagents, instruments, swabs, collections kits, and PPE.

Adventist Health Castle, Kaiser Permanente, Department of Health

Ms. Angela Simmons, Laboratory Director, Mr. Larry Shima, Director Laboratory Service, and Dr. Edward Desmond, State Laboratories Administrator, provided the Committee with the following report.

Testing Capacity

- All testifiers agreed on the need to ramp up testing efforts.
- Ms. Simmons noted that her labs face the same limitations as everyone else, and she has asked the state to cooperate in the efforts to ramp up.
 - Additionally, she noted that the labs are all working independently to communicate their needs, and there should be an attempt to centralize or form one speaking body.
 - There is already information and equipment sharing among the labs, but it is way below the anticipated need for an expected surge come autumn.
- Ms. Simmons informed the Committee her labs can conduct 380 tests per day.
- Mr. Shima provided a PowerPoint to the Committee on Kaiser's testing efforts.
- Kaiser can conduct 1700 tests per day, but they are not hitting those numbers due to a lack of instruments; with proper reallocation, they will be able to.
- Dr. Desmond informed the Committee that there is a possibility of people to provide a false positive for COVID but be asymptomatic. The real numbers on this happening are not published.
 - Immunity to COVID does not seem to be long-lasting.
 - Health experts are more worried about the superficial infections related to COVID that occur after exposure.
- Per the Committee's inquiry, Dr. Desmond explained that testing asymptomatic people does not lead to reliable results.
 - The virus may be present but in an incubation period, providing a false negative.
 - Dr. Desmond pushed for testing of all or most asymptomatic people as a precaution.
 - The testing of asymptomatic homeless people is already underway.
- Dr. Whelen explained in areas with low disease prevalence rate, and the false result can be trusted more than that of a false in an epicenter state and higher confidence in negative in those suspected not to have the disease.
 - Pool testing useful in areas of low prevalence.
- Dr. Desmond informed the Committee that private labs would be helpful, hopefully in soliciting the help of the private sector to obtain and better utilize CARES funding and therefore increase the range of testing we may need to 10,000-12,000.