

Honolulu, Hawaii

MAR 28 , 2018

RE: H.C.R. No. 138

Honorable Scott K. Saiki
Speaker, House of Representatives
Twenty-Ninth State Legislature
Regular Session of 2018
State of Hawaii

Sir:

Your Committee on Health & Human Services, to which was referred H.C.R. No. 138 entitled:

"HOUSE CONCURRENT RESOLUTION REQUESTING THE DEPARTMENT OF HEALTH TO DEVELOP STRATEGIES TO PREVENT THE STATEWIDE SPREAD OF SEASONAL INFLUENZA WITH PRIORITY GIVEN TO HIGH-RISK ELDERLY RESIDENTS IN ASSISTED LIVING FACILITIES,"

begs leave to report as follows:

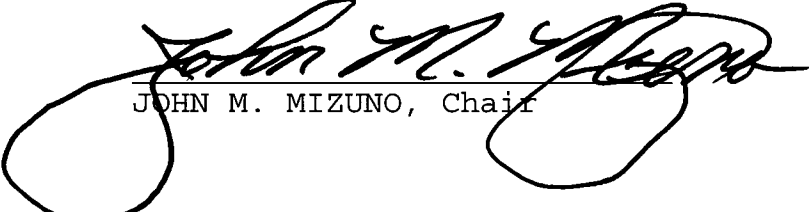
The purpose of this measure is to educate the public, especially high-risk residents, in the State on the causes, risks, symptoms, complications, prevention, and treatment of influenza by requesting the Department of Health to develop strategies to disseminate influenza-related information to the public and to annually provide such information on influenza to each assisted living facility.

An individual opposed this measure. The Department of Health offered comments on this measure.

As affirmed by the record of votes of the members of your Committee on Health & Human Services that is attached to this report, your Committee concurs with the intent and purpose of H.C.R. No. 138 and recommends that it be referred to your Committee on Finance.

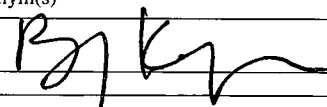


Respectfully submitted on
behalf of the members of the
Committee on Health & Human
Services,


JOHN M. MIZUNO, Chair



Record of Votes of the Committee on Health & Human Services

Bill/Resolution No.: HCR 138	Committee Referral: HHS, FIN	Date: 3-21-18		
<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)				
HHS Members	Ayes	Ayes (WR)	Nays	Excused
1. MIZUNO, John M. (C)	/			
2. KOBAYASHI, Bertrand (VC)	/			
3. BELATTI, Della Au	/			
4. LEARMONT, Lei R.	/			
5. TUPOLA, Andria P.L.				/
TOTAL (5)	4	-	-	1
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				