The 2022 Hawaii State Legislature closed on Thursday, May 5th with minimal fanfare in comparison to pre-COVID sessions. For HMA and its Legislative Committee, this was a busy session with notable successes and a few portents of what we can expect in 2023.

This report highlights the legislative priorities for HMA in 2022 and the progress made in each area.

Access to Care and the Physician Shortage

The following priority bills passed through the legislature and are pending the governor's action:

**SB2597** provides a dollar-for-dollar match of up to $500,000 (yielding up to $1 million) toward loan repayment for health care professionals, including physicians, who commit to working in a community with a health professional shortage.

**SB2657** funds $2.7 million toward expanding the medical school and creating additional training sites for medical students and residents on our neighbor islands. It also funds $4 million for a partnership with the U.S. Veterans Administration to expand medical residency and training opportunities.

Additionally, HMA worked closely with the Hawaii State Rural Health Association and Hawaii Island’s Community First to promote their Access to Care Survey project. This extensive CDC funded comprehensive survey-based study seeks to measure our patients' experiences when accessing health care services. Hawaii Island results have been released, with statewide results expected by the Fall. Preliminary results demonstrate significant access-to-care and physician shortage issues across the island.

Behavioral Health and Substance Use Disorders

We began this session with nearly 20 bills on our tracking list. We expected significant progress in this area given the mental health crisis associated with COVID 19 and several of our preliminary conversations with advocates and legislative leaders. Unfortunately, however, there was no major action on any of our prioritized bills. SB2529, for example, would have funded the expansion and enhancement of mobile crisis outreach services. It cleared the Senate but stalled in the House.

Patient Safety and Scope of Practice

Collaboration is a vital component of any advocacy effort. To build our relationships with fellow advocacy groups and legislators, we worked to identify areas of common interest with multiple organizations. The following are notable examples:

**HB1575** was introduced by Kaiser Permanente and reduces physician administrative burden while allowing physician assistants to practice within the scope of their training. We supported their efforts and provided testimony discussing the increasing cost of administrative work on physician well-being as well as the importance of a physician-led medical team.

**SB2276** sought to update acupuncture licensure in Hawaii but did so by confusing terminology and permitting non-physician acupuncturists (without medical training) to practice internal medicine, well beyond their training. While collaborating closely with subject matter experts practicing both
acupuncture and traditional western medicine, we were able to improve the bill by changing some of the concerning language used. In the end, the bill was not passed.

HB1823’s purpose was to expand the scope of practice of advanced practice providers to prescribe the terminal medications used in Medical Aid in Dying. Recognizing the controversy attached to this issue, HMA decided to offer comments that included evidence-based observations and recommendations to maximize patient safety. This included recommendations for several important changes, including requiring a formal evaluation of decision-making capacity following the standard outlined by the American Psychiatric Association. Again, patient safety, especially among our most vulnerable community members, motivated this intervention. The bill died in conference committee.

SCR156 initially requested the convening of a task force for evaluation and recommendations regarding a pilot program for prescriptive authority for psychologist applicants. It soon morphed into a task force composed of only members who support expansion of prescriptive authority to psychologists and would develop legislation to enshrine such expansion, at great risk to patient safety. At HMA’s request, the American Medical Association sent to key committee leadership a strong letter of opposition. The concurrent resolution did not receive a further hearing and failed.

**Screening and Preventative Healthcare**

Continuing our collaborative efforts, we worked closely with the American Lung Association in Hawaii, the ACOG chapter of Hawaii, and the Hawaii Radiological Society (HRS) to advocate for the following bills:

**SB2822** makes it possible for school-based asthma education to be implemented. While such offerings are optional, the Department of Education is permitted to work with any public or private entity to provide instruction on asthma care.

**SB3367** creates and funds a task force to look at ways to increase early lung cancer screening in our State.

**HB1600** is the state budget. This complex and often overwhelming bill was closely monitored by members of our legislative committee to advocate for preventative services. The budget now includes $5.8 million for post-partum coverage extending 12 months after delivery and $10.2 million for dental services for Medicaid patients. The outgoing House Finance Chair, Sylvia Luke, thought the former was important enough to highlight it in her remarks on the bill.

**For the first time, HMA was involved in crafting legislation.** HCR33 is a concurrent resolution requesting the State auditor to conduct a social and financial assessment of proposed mandatory insurance coverage for early breast cancer screening. Early breast cancer screening is particularly important for Hawaii’s population, as Asian women are at an increased risk of developing breast cancer before the age of 50. Previously proposed legislation ran into problems due to Hawaii’s insurance laws, which require this assessment to be completed before coverage is expanded. Working with the insurance commissioner and our legislature’s health chairs, particularly Rep. Ryan Yamane, we were able secure passage of this important resolution. We will continue to encourage the auditor to prioritize this assessment in preparation for new legislation to be introduced in 2023.

**Telehealth**

One of the major issues in telehealth concerns the role of audio-only (telephonic) services. Some advocates want telephonic to have reimbursement parity with telehealth (includes video) services. Also, the questions of whether to permit or require coverage of telephonic services, and which services should be included, can be contentious.
HB1980 was a flashpoint for some of these issues. In the end, the compromise version only permits, but does not require, coverage of telephonic services under certain conditions, and clarifies that telephonic services are not the same as telehealth. The oddity is that Medicare and Medicaid pay equally for telephonic and telehealth, and their definition of telehealth includes telephonic only services under certain circumstances.

SB2624 creates and funds with $100,000 a telehealth pilot project, and with an additional $100,000, a rural health care pilot project. Both projects intend to address the acute shortage of health care and behavioral health care providers and access in more rural areas, and among our elderly and mobility restricted residents.

The results of the Access to Care Survey will add momentum to addressing the escalating crisis of limited healthcare access. On Hawaii Island alone, survey results indicate that 76% of the population believes that the “lack of physicians” is the biggest barrier to accessing health care services. This is consistent with the known 40% shortage of physicians on Hawaii Island. Furthermore, those that are still practicing are getting burned out, with 47% of providers thinking about leaving medicine altogether. We suspect that similar survey results will emerge when the statewide data is analyzed. The next step will be to develop a long-term, action-oriented strategy to address the underlying problems fueling the physician shortage. HMA’s approach will be to listen to our patients, physicians, and the data. Physicians need to unite more than ever to ensure that their patients are cared for, and that physicians and other healthcare professionals are not burned out in the process.

While we were disappointed by the lack of action around mental health initiatives, there are many opportunities for the upcoming session. The American Rescue Plan Act allocated $3 billion towards federal grant funding for behavioral health services. We plan to work with members and fellow advocacy organizations to create financially sustainable and evidence-based legislation that will help some of our most vulnerable patients get the care they need.

This past year, the decennial census required reapportionment of voting districts. As a result, every state office, from the governor down is up for election this year. It is more important than ever for everyone in our community to be engaged in the electoral process. The candidates we elect will have a major role to play in the issues important to our community and public health. Physicians have a powerful voice, but we must speak to be heard.
2022 Hawaii Medical Association Legislative Priorities

Listen to the voice of our Hawaii patient ohana and their experience of healthcare access, especially on the neighbor islands, and support legislative initiatives which address patient and community real-life experience.

Support locally based telehealth, including the expansion of broadband access and community education and training in the use of technology for healthcare.

Support creative and expanded uses of the Hawaii Tobacco Prevention and Control Trust Fund which contribute to the reduction of tobacco use and exposure to secondhand smoke, especially in population groups most negatively impacted by tobacco in Hawaii.

Address the critical Hawaii physician shortage by expanding incentives which help to recruit and retain physicians, while removing barriers which make the practice of quality medicine economically and personally unfeasible.

Support and expand behavioral health services and their workforce to address the growing crisis of mental health and substance use disorder present in our community, especially in our youth and healthcare professional populations. COVID-19 has dramatically worsened an already dire situation which requires immediate and direct action.

Expand opportunities for lung, breast, cervical, and colorectal cancer screenings through increased use and support of evidence-based interventions.

Strengthen and support quality patient care by ensuring healthcare and healthcare teams are physician-led and that non-physician providers offer care within the scope of their education and training, and under the appropriate supervision of physicians.

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