

**Health Care Task Force**  
Office of the Insurance Commissioner  
January 10, 2006  
John A. Burns School of Medicine, Auditorium

Minutes

**In Attendance:** Gary Allen, Patricia Blanchette, Beth Giesting, Josh Green, Roseanne Harrigan, David Heywood, Rich Meiers, John Radcliffe, J.P. Schmidt, Calvin Wong

**Staff Support:** Laurel Johnston and Carol Taniguchi Hawai'i Uninsured Project, Miki Lee, Leeway Enterprise, James Nagle, Department of Attorney General, Lloyd Lim, Insurance Division

**I. Call to Order**

Chairperson Josh Green called the meeting to order at 4:10 PM with 10 of the 13 members present.

**II. Review and Approval of December 13, 2005 Minutes**

John Radcliffe made a motion to approve the minutes. J.P. Schmidt seconded and the Task Force voted unanimously to approve the December 13, 2005 Minutes.

**III. Public Testimony**

Nancy Walden offered testimony.

**IV. Act 223, SLH 2005 Scope of Work and Tasks**

**List of Outstanding Issues Contained in the Interim Report**

The Task Force reviewed and prioritized the list of 28 issues from the interim report to the Legislature. Decisions were made to defer, refer and combine items on the list. (See the attached list of issues.)

**Age and Gender Rated Coverage, Limited Benefit Coverage and Health Savings Account Coverage Options**

J.P. Schmidt presented information about different strategies to meet the needs of Hawaii's medically uninsured population, referring to a handout (titled "Recommended Strategies – Reducing Hawaii's Medically Uninsured Population).

Discussion included:

- HMSA's experience with its low-premium plan has been relatively low, with fewer than 200 enrollees.
- HMSA is coming out with a catastrophic plan in 2006, which will be medically underwritten and will likely exclude some pre-existing conditions.
- Those who need insurance don't qualify and those who do qualify do not enroll, leaving the needs of the uninsured unmet.
- Consumer awareness and education is seen as a critical component to the success of such programs.
- A suggestion was made to have the Department of Health, Department of Human Services and other government agencies work together to address the public policy gaps.
- The value of partnering with employer groups to bring information to part time employees who don't qualify for employer-paid benefits but may qualify for other options. It was suggested that this be a pilot initiative to develop cost-effective and streamlined ways to enroll large numbers of employees.

## **V. Project Access Presentation**

Gary Allen made a motion to amend the Task Force agenda to include a brief presentation by Mr. Daniel Garrett on North Carolina's Project Access. John Radcliffe seconded and the Task Force voted unanimously to amend the agenda.

Mr. Daniel Garrett shared program highlights of Project Access, a North Carolina initiative that helped to reduce that state's uninsured population. The program was based on all health care providers – from physicians and dentists to hospitals and pharmacies – agreeing to provide a specific amount of service per year at no cost. Physicians agreed to see 10 to 20 patients per year, emergency care services invested in the development of a prescription program for chronic conditions (such as asthma) and pharmacies agreed to fill prescriptions at cost.

Mr. Garrett shared that North Carolina and Hawaii share similar socio-economic and geographic characteristics and challenges.

Difficulties encountered by the project included the need to translate information to Spanish and the inability to fill prescriptions for urgent care.

The program has received funding from grants and foundations and has been recognized by the Harvard School of Business. Project Access has been replicated in 30 other states.

46 percent of program participants left the program because they were able to get insurance through employment. Many cited their ability to access health care as a significant factor to their getting employment.

Emergency care visits dropped and hospitals noted a drop in the amount of revenue it had previously written off.

Information was requested on whether there have been any changes in the medical malpractice cases and insurance premium rates in states that have adopted this type of program.

Studies have indicated that non-compliant tend to file malpractice claims.

A suggestion was made to create a “good samaritan” type provision to protect providers from lawsuits.

A question was raised about how Hawaii’s cost of living compares to other states that have adopted Project Access-type programs to assess whether the same cost benefits are possible in Hawaii.

#### **VI. Report from Hawaii Uninsured Project**

Item deferred. Information will be sent to the Task Force between meetings by Hawaii Uninsured Project.

#### **VII. Chair’s Report on Legislative Priorities**

Chair Josh Green reported that he has been updating his legislative colleagues on the work of the Task Force and will continue to do so throughout the session.

#### **VIII. Future Meeting Dates and Locations**

The following meeting dates were set:

- February 7, 2006
- February 28, 2006
- March 9, 2006
- March 28, 2006
- April 13, 2006

All meetings are scheduled to begin at 4:00 PM. The location of the meetings will be determined.

#### **IX. Adjournment**

Chairperson Josh Green adjourned the Task Force meeting at 6:05 PM.