

**Health Care Task Force**  
Office of the Insurance Commissioner  
November 2, 2005  
State Capitol, Room 309  
4:00 to 6:00 PM

Minutes

**In Attendance:** Gary Allen, Susan Forbes, Beth Geisting, Josh Green, Roseanne Harrigan, Rich Meiers, Virginia Pressler, John Radcliffe

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

**I. Call to Order**

Chairperson Josh Green called the meeting to order at 4:10 PM with 7 of the 13 members present.

**II. Review and Approval of October 25, 2005 Minutes**

Roseanne Harrigan made a motion to approve the minutes. John Radcliffe seconded and the Task Force voted unanimously to approve the October 25, 2005 Minutes.

**III. Public Testimony**

Prior to the start of the public comment/testimony portion of the agenda, Susan Forbes noted that the Task Force reads written testimony in its entirety and encouraged the public to be mindful of the limited meeting time and to focus on presenting new information and offering highlights versus reading testimony verbatim.

Stephen Shaw, Chris Pablo, Rene Ing, and Jim Brewer offered testimony.

**IV. Report from Hawai'i Uninsured Project**

Mr. Jim Williams from the Employer-Union Health Benefits Trust Fund (EUTF) presented information to the Task Force relating to its health insurance plan benefit design.

Mr. Williams confirmed that Preferred Provider Organizations represent 98% of the prevailing plan.

Mr. Williams was not able to offer information related to risk pools, actuarial/fiscal or policy perspectives.

**V. Video Presentation about Canada's Single Payer System**

The Task Force watched a video profiling Canada's health care system. It was noted by a task force member that one of the weaknesses of the current Canadian system is that health care professionals are physically moving to areas that are well-funded, creating shortages of professional in the less well-funded areas.

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

Laurel Johnston of the Hawai'i Uninsured Project reported that a Request for Proposal has been issued and to date four entities have expressed interest. By the next Task Force Meeting, proposals will be available for review and decision-making. Ms. Johnson noted that two vendors indicated that not being able to accurately calculate reimbursement rates may prove to be a challenge.

The Task Force clarified that they are seeking financial analysis on a mandatory single-payer system and that they will expect both an interim report and a final report from the selected entity prior to the task force sunset date of June 30, 2006.

**VII. Insurance Options**

Chair Josh Green asked the Task Force for proposals for future legislation to share in the coming session. A suggestion was made to seek funding for a comprehensive (covering all aspects of the health care delivery system) provider map.

Susan Forbes noted that at least two groups are currently working on related workforce issues. The Task Force may want to review these groups' findings and support workforce-related legislation/action.

Similarly, it was noted that depending on the findings of local working groups, there may be some legislation related to electronic medical records that this Task Force may want to support.

Expanding the role of the State Health Planning and Development Agency (SHPDA) was also mentioned as an area that the Task Force may want to suggest future legislative action. The Task Force asked the Hawai'i Uninsured Project to contact SHPDA to present information to the Task Force about the role and scope of SHPDA and to ensure that the Task Force does not duplicate what is already in place.

The Task Force discussed the need to be working on proposals for paying for any proposed health care strategies at the same time it is exploring health care solutions. It was noted that previous attempts to address the issue fell short by failing to

adequately address funding/supporting the initiative. A suggestion was made to consult Dr. Russo for funding strategies.

The Task Force noted the need to look forward and to begin to build support by engaging the legislature as well as the administration.

Virginia Pressler made a motion to recommend to the Legislature that a comprehensive provider map be funded. The map would include an analysis of existing data on the availability of physician and non-physician providers by specialty, including all doctors, nurses, dentists, mental and behavioral health providers, nutritionists, educators, and other health care professionals; and focus on workforce needs. John Radcliffe seconded and the Task Force voted unanimously to approve the motion.

The Task Force discussed that it did not want the burden of the study to fall on the shoulders of health care providers.

The Task Force briefly noted that the “skinny plan” concept has not been successful in all cases, especially when there is a requirement that the uninsured make a contribution. A lack of incentive and the fact that the plans don’t necessarily provide the specific services that are needed was mentioned.

Further, a comment was made that the current structure of the health insurance system is already ineffective as a result of duplication of efforts and demanding administrative requirements.

The Task Force discussed a partnership with the community health system as a “natural” way to reach the broad community with both primary and preventive care and specialty care (which are under-represented). Members noted that preventive care reduces costs in the long run by minimizing urgent and preventable illness and suggested that an analysis of the costs and benefits of the community health centers may be helpful to policymakers. A suggestion was made that the Task Force consider whether the community health centers should specialize in certain problems pervasive in the community, i.e., crystal methamphetamine problem, obesity, chronic care.

John Radcliffe suggested that the Task Force look into the feasibility of providing free health screenings and immunizations to every child in Hawai`i.

A model of health care in place in Asheville, N.C., was mentioned as worthy of further study. The Hawai`i Uninsured Project was asked to distribute information on the Asheville model to the Task Force.

## **VIII. Future Meetings**

The Task Force will meet again on November 16, 2005. At that time it will be determined whether a meeting on December 5, 2005 is needed.

**IX. Adjournment**

Chairperson Josh Green adjourned the Task Force meeting at 6:00 PM.