YOUR HUB FOR HEALTH

At Hawai‘i Public Health Institute, we’re working to make Hawai‘i the healthiest place on Earth. Our success is based, in part, on what happens in local and state government. We believe that by bringing community-based organizations, government, academia, foundations and business together, we will be able to better identify solutions that improve the quality of life for the people of Hawai‘i.

Our 2017 Legislative Recap was created to help advocates and other Hawai‘i residents understand the major health issues discussed this legislative session and how these policies may affect them. With nearly 3,000 bills introduced this year, staying informed can be an overwhelming task. We hope you find this piece helpful and that it inspires you to be an engaged, active participant in the legislative process.
Congress passed the American Health Care Act (AHCA), also known as the Republican’s Obamacare repeal bill, on May 4, 2017. The AHCA would repeal the individual mandate, allow insurers to charge higher premiums based on age and gaps in coverage, and allow states to opt out of providing certain essential health benefits such as maternity care and emergency services.

The repeal bill guts the Prevention and Public Health Fund and eliminates Medicaid expansion, cutting more than $880 billion by 2026. This legislation and the current political climate threatens the health of tens of millions of children, seniors, people with disabilities, and other adults who rely on the ACA and Medicaid.

What the ACA repeal will mean for Hawai‘i:

- **32,000**
  - who gained coverage since the ACA was implemented will lose coverage

- **107,500**
  - individuals covered by the ACA’s Medicaid expansion stand to lose coverage

- **209,000**
  - individuals with pre-existing conditions could be charged higher premiums if there is a gap in their coverage

- **743,500**
  - will lose access to free preventive services such as flu shots and cancer screenings

- **867,300**
  - individuals with Hawaii’s employer-sponsored health insurance are at risk of losing important consumer protections like the prohibition on annual and lifetime limits and protection against unfair policy rescissions
President Trump’s proposed federal budget cuts could be devastating for Hawai’i. On the chopping block are education, health care and public health, consumer protection, housing, environmental regulation, and public broadcasting.

About 20 percent of the state’s budget comes from federal dollars, approximately $3.2 billion in FY 2017. A little more than $200 million of Hawaii’s Department of Health’s budget relies on federal grants and contracts — cuts to federal funding could impact programs designed to prevent expensive chronic diseases, promote immunizations, and tackle disease outbreaks.

Although Hawaii’s lawmakers took action this year to retain ACA’s protections in state law, work is still needed to ensure that prevention programs are not halted or eliminated. Failure to preserve prevention programs will place Hawai’i residents at risk for deadly infections and diseases, with added costs being passed on to consumers, health care providers, and hospitals.
Hawai‘i media headlined that the 29th legislature was the worst in recent history. Closing day of the 2017 legislative session was particularly dramatic, with the House and Senate remaining divided on how to fund rail — the state’s largest infrastructure project — and culminated in leadership changes in both the House and the Senate.

Hawaii’s legislature is one of only six states with a Democratic ‘trifecta’ where one political party holds the governorship and a majority in the House and the Senate. Despite this one-party system, only eight percent of bills were passed into law out of the 2,918 that were introduced in 2017.
LEADERSHIP CHANGES IN HAWAII’S LEGISLATURE

Failure to agree on rail funding and internal power dynamics resulted in several changes during the 2017 session.

Sen. Jill Tokuda was ousted as Chair of the powerful Ways and Means Committee on the last day of session. Sen. Tokuda opposed the Senate’s plan to extend the half-percent excise tax on rail for another 10 years.

Former House Speaker Joe Souki resigned on the last day of session as Speaker of the House, a position he has held since 2013. In his resignation letter, he detailed how the legislature failed “to do the work of the people.”

Rep. Angus McKelvey was removed as the Chair of the Consumer Protection and Commerce Committee with reports saying his removal was prompted by political maneuvering on a pesticide regulation bill.

Current House Speaker Scott Saiki was nominated by resolution on the last day of session as the new House Speaker. Several House members opposed this leadership change.

Rep. Beth Fukumoto was ousted as House Minority Leader and resigned from the Republican Party in March, seeking membership in the Democratic Party.
The 2017-2018 Budget

The Council on Revenues announced just before Hawaii’s legislature opened in January that state revenues were less than what was earlier projected from a rate of 5.5% to 3%. This resulted in various cuts of $155 million out of Governor David Ige’s proposed budget.

HB100, referred to as the “budget bill”, was heard and deliberated by House and Senate members led by House Finance Chair Sylvia Luke and Senate Ways and Means Chair Jill Tokuda. Each chairwoman hammered out the differences between their versions of the budget bill, passing out a general fund appropriation of $7.2 billion for fiscal year 2017-18.

HB100’s appropriations by program area category, totaling $7.2 billion for FY 2017-18 in general funds, not including federal funds.
# THE BUDGET: WHAT MADE THE CUT & WHAT DIDN’T

A snapshot of funding cuts based on our analysis of the budget.

### FUNDED
- Funding for housing, outreach, and legal services for homeless individuals and families
- Funding for homeless individuals with behavioral health challenges and substance abuse disorders
- Funding operations for Maui Health System (Maui Memorial Medical Center, Kula Hospital & Clinic, and Lāna‘i Community Hospital are transferring operations to Kaiser)
- Funding for the Kupuna Caregivers Program
- Funding to combat rat lungworm disease
- Funding for loan repayment for physicians that work in underserved areas in Hawai‘i
- Funding for pesticide regulation and studies
- Funding to expand public preschool and support early learning

### NOT FUNDED
- Funding to reinstate basic adult dental benefits for Medicaid enrollees other than emergency-only services
- Funding for Hepatitis C treatment in jails
- Costs incurred with transitioning Maui Health System to Kaiser
- Rental subsidies for the homeless
- Payments for vacation payout for state employees
- Increased payments due for Hawaii’s $12 billion unfunded liability for public pensions
- Payments for public union salary increases
- Funding for CPR education in high schools
- Funding for the repair and maintenance of school sidewalks
- Funding for Resources for Enrichment, Athletics, Culture and - Health (REACH) Program for In-Community Youth
legislation

series of laws: proposed new emissions. (b) the process of will be difficult and take legislative
2017 Health Legislation

The Hawai‘i Public Health Institute (HIPHI) began the 29th session with a list of legislative priorities: regulating electronic smoking devices to decrease youth use, protecting minors from secondhand smoke in vehicles, imposing a fee and requiring warning labels on sugar-sweetened beverages, and reinstating P.E. and health in middle schools.

HIPHI also supported: paid family leave, increasing the minimum wage, insurance coverage for Native-Hawaiian culture-based activities, repair and maintenance of school sidewalks, defending the Affordable Care Act (ACA), restoring adult dental benefits for Medicaid, expanding HPV vaccine access, and funding for farm-to-school programs.

In this next section, we provide an analysis of health legislation, including statistics relating to health bills introduced and where they died, and write-ups of select bills, not including companion bills, and their status.
Of the nearly 3,000 bills introduced, only 7.9% of the bills passed. While this percentage may seem low, it is comparable to last year’s passage rate of 8.2%. Among health-related bills, only 26 of the 392 (6.6%) passed. A little more than half of the bills died in a health committee, but the House health committee killed nearly twice as many health bills (62%) as the Senate (32%).
Top committees where health bills died.

1. **House Committee on Health**: 133 bills

2. **Senate Committee on Consumer Protection, Commerce and Health**: 70 bills

3. **Senate Committee on Ways and Means**: 34 bills

4. **House Committee on Finance**: 27 bills
Tobacco use remains one of the leading causes of preventable death and disease in the state – and costs Hawai‘i $526 million in annual healthcare costs and lost productivity. To decrease the burden of tobacco on Hawai‘i residents, laws were proposed to prevent youth from using tobacco products and reduce secondhand smoke exposure. Hawai‘i made headlines across the nation when it became the first state to raise the age of sale of tobacco products – including e-cigarettes – to 21. Despite this, youth are able to bypass this law and purchase e-cigarettes online due to ineffective age verification requirements.

In order to address this online loophole, HB1495 (FAILED) would have prohibited all online sales of e-cigarettes to Hawai‘i except to licensed sellers of tobacco products. SB404 (FAILED) would require retailers to obtain a tobacco permit (which is necessary to conduct education and enforcement with retailers) and establish a tax on e-cigarettes. Legislation was proposed to prohibit smoking in vehicles when a minor is present (SB261, FAILED) and on all University of Hawai‘i campuses (SB134, FAILED).

SB104 (FAILED) and SB151 (FAILED) attempted to address secondhand smoke in condominiums and apartments, where secondhand smoke can impact neighbors due to the close proximity of units.
Marijuana was a hot topic this year. Nearly 50 bills related to marijuana were introduced, mostly to update current medical marijuana laws or to legalize for personal use. Medical marijuana has been legal for 17 years in Hawai’i, but access has remained an issue, as it previously required patients or their caregivers to grow their own supply.

In 2015, Hawaii’s legislature attempted to improve access by creating a dispensary licensure program to sell marijuana and marijuana products, but the program has been plagued by delays. To address the delays and other problems with current medical marijuana laws, an omnibus bill (HB1488, PASSED) was passed to change the deadlines for dispensary system implementation and amend testing requirements.

It also added qualifying conditions for medical marijuana prescriptions, increased the number of plants a patient or caregiver can possess, authorized the Department of Health to have an alternate tracking system, and established requirements for security video retention.
Legislation on alcohol primarily revolved around repeat offenders that drive under the influence. One option (HB306, PASSED) allows repeat offenders and those awaiting trial to wear a continuous alcohol monitoring (CAM) device, which would measure alcohol levels at set intervals throughout the day.

In comparison to an ignition interlock system, which prevent drivers from starting a car if the breath alcohol concentration exceeds the legal limit, CAM devices are more expensive to operate per day and don’t prevent an intoxicated person from driving. They merely inform if alcohol was consumed. Supporters argued that it could be used in conjunction with an ignition interlock system and is important for pre-trial prevention of alcohol consumption. A more restrictive bill (HB1568, FAILED) was introduced in the House that would prohibit any person convicted of driving under the influence from purchasing alcohol for three years after the offense by adding a “liquor restricted” notation on their driver’s license - it was never heard.
MEASURES TO PROTECT KEIKI FROM SECONDHAND SMOKE IN VEHICLES AND TO PROHIBIT THE PURCHASE OF ALCOHOL FOR THREE YEARS AFTER A DUI CONVICTION WERE UNSUCCESSFUL.
Concerned about recent reports of death and injuries in child care facilities, parents advocated for several measures to regulate the industry and keep children safe. This included licensing child care facilities to have liability insurance (HB674, PASSED) and for Department of Human Services (DHS) to post inspection reports on its website in a timely manner (HB673, FAILED/ SB511, FAILED).

In 2013, the legislature was moving a bill that would require childcare providers to implement safe sleep policies. DHS opposed the bill, explaining that they could implement this through their administrative rules rather than legislatively. Four years and at least one infant death later, DHS failed to establish a safe sleep policy in their administrative rules. Upset by the department’s inaction, legislators introduced many new bills to require safe sleep policies in child care facilities (HB387, HB684, SB20, SB368, SB522 - ALL FAILED). In late February, DHS finally adopted safe sleep provisions into their administrative rules.
Allocates funds to the Hawai‘i Keiki program to expand its services to additional complex areas. The Hawai‘i Keiki Program was created in 2014 as a partnership between the UH Mānoa Nursing and Department of Education to provide school-based health services. The Program’s goal is to help public school children stay healthy and ready to learn by placing school health nurses in five DOE complex areas. While the two bills that would place the program into statute failed (HB672, FAILED/ SB510, FAILED), funding for the program was included in the state budget (HB100, PASSED) - $2.8 million in general and federal funds for FY 2018.

SB501 (PASSED) requires Limited Service Pregnancy Centers (LSPCs) to provide information about public programs that offer free or low-cost family planning services and creates rules for disclosure and protection of patient records. LSPCs, often part of faith-based organizations, are clinics that provide family planning and other pregnancy-related services, but are not a health care facility and are not obligated to comply with HIPAA.

SB513 (PASSED) increases access to contraceptives by allowing pharmacists to prescribe and dispense hormonal contraceptives to patients after completing a self-screening assessment. In order to prescribe, pharmacists must complete an accreditation course and refer the patient back to their primary care provider or advise them to consult a licensed physician.
LEGISLATION: LONG-TERM CARE

SB1129 (FAILED), medical aid in dying, was one of the most controversial health issues this year. The bill would allow patients with terminal illnesses to end their lives using self-administered medications. A 2016 survey found that 80% of Hawai‘i residents support the idea of medical aid in dying, but legislators struggled with concerns about safeguards and enforcement. The Senate passed this bill, however the House Health committee deferred the bill, which means that no further action will be taken on the measure, shelving it for this session.

HB607 (PASSED) established a Kupuna Caregivers Program to help community members stay in the workforce while caring for elders. The program offers vouchers for qualifying caregivers to use towards costs such as adult day care. It was appropriated $600,000 for FY 2018 to establish and implement the program. Hawai‘i is the only state to offer this type of program.
Although Hawaii’s obesity rate is among the lowest in the nation, more than half of the adult population is overweight or obese - and at risk or suffering from chronic diseases associated with it. To encourage healthy eating, bills focused on reducing consumption of sugar-sweetened beverages (SSBs) and improving school lunches through a Farm to School program. Legislators proposed to add warning labels to SSBs to inform consumers about the potential health effects (HB1209/SB307 - FAILED) and add a one-cent-per-ounce fee to reduce consumption and raise money for public health programs (HB1210/SB375 and SB837 - FAILED). None were successful. In response, a resolution was introduced to study the effects of an SSB fee in Hawai‘i, but this also failed to gain support. Another resolution (SR58), to reinstate Physical Education and Health courses in Middle School, passed but the concurrent resolution failed (SCR137).

SB807 (FAILED) would have established and funded a Farm to School grant program to improve fruit and vegetable consumption as well as support local farmers. HB491 (FAILED) offered a pilot program to improve sidewalks near schools, making it safer for children to walk or bike to school, but this also never found its footing.
Hawaii’s children have the highest rate of tooth decay in the nation. Medicaid also does not provide any preventive oral healthcare for adults, only emergency services. HB264/SB125 (FAILED) would have added fluoride to the state’s public water supply by 2019, but this measure wasn’t heard in the House or the Senate. Studies have shown community water fluoridation as a safe and cost-effective way to reduce tooth decay and improve oral health. Proposals to restore coverage of basic adult dental benefits to Medicaid enrollees also died (HB843/SB27 - FAILED). A measure to expand access to oral healthcare did pass this year. HB563 (PASSED) allows dental hygienists to provide oral health services under general, rather than direct, supervision of a licensed dentist. Current law requires that dentists are physically present for dental hygienists to provide treatment services, a practice that has made it challenging to fulfill increasing patient needs.

VACCINATIONS

SB514 (PASSED) increases access to the human papillomavirus (HPV) vaccine by allowing pharmacists to administer vaccines to adolescents between the age of 11 - 17. The HPV vaccine is able to protect against certain strains of the virus that can cause cancer. The bill also allows pharmacists to administer meningococcal, influenza, and Tdap vaccines to this age group.
Media coverage of rat lungworm disease and its frightening symptoms captured the public’s attention earlier this year as the rare disease spread from the Big Island to Maui. The disease, which affects the brain and spinal cord, is transmitted by the ingestion of infected slugs. In response to this health threat, two bills (HB474/SB272 - FAILED) were introduced that would have appropriated funds to a UH Hilo laboratory to conduct research and public education on the disease. Both bills failed. Instead, the state Department of Health was allocated $1 million in the budget bill (HB100, PASSED) for mitigation and prevention.

Concerns about pesticide exposure prompted legislation, though none of these bills succeeded. SB29 (FAILED) would have created buffer zones near sensitive areas, such as schools and homes, while HB790 (FAILED) would have required large-scale, commercial operations to disclose and notify the public when restricted use pesticides are used in sensitive areas. Another bill (HB253, FAILED) would have banned the pesticide chlorpyrifos in Hawai‘i, after the EPA failed to ban it despite a report that confirmed there are no safe uses for this pesticide.
LEGISLATION: BEHAVIORAL HEALTH & HOMELESSNESS

**SB384 (FAILED)** would have given psychologists who meet certain requirements the ability to meet the overwhelming demand for mental health services. Psychiatrists were in strong opposition, citing that the training received would be insufficient to safely prescribe psychotropic medication.

**HB912 (PASSED)** would allow Advance Practice Registered Nurses to prepare and submit an order for assisted community treatment (ACT) services to design treatment plans for those in the community with severe mental illness and/or substance use disorders. This would expand the pool of health providers involved in ACT orders, currently limited to psychiatrists.

**HB1272/SB1155 (FAILED)** would have allowed for Medicaid coverage of telehealth psychiatric services, increasing access to care. It is based on the collaborative care model, which integrates mental health care for patients in a primary care setting. This approach improves access, outcomes and satisfaction, while reducing costs.

**SB2 (FAILED)** would have classified homelessness as a medical condition and require health plans to cover treatment costs. The bill was later amended to instead study the impact of this proposed coverage. **SB7 (FAILED)** would have utilized Medicaid to provide and expand supportive housing services. **HB527/SB347 (FAILED)** would have funded two mobile clinics to serve the homeless population.
LEGISLATION: ECONOMIC JUSTICE

It is expensive to live in “paradise”. Hawai‘i has one of the highest costs of living in the nation, and wages have not kept up, making it difficult for many families to afford living in the state. Adding to this problem is the lack of affordable housing, which also contributes to Hawaii’s homeless crisis.

Recognizing that this is a priority issue, many legislators introduced bills to help working individuals and families improve their economic security. Health and economic status are closely intertwined, so it’s crucial to address this when working to improve health and reduce disparities.
OF THE ELEVEN MINIMUM WAGE BILLS, ONLY FOUR RECEIVED HEARINGS AND NONE ULTIMATELY PASSED.

The current minimum wage is not adequate to survive in our expensive state. Legislators proposed several bills to increase the minimum wage at varying rates, some even indexing the rate to keep up with inflation (SB14, SB107, SB544, HB5, HB441, HB1433 - ALL FAILED). Others allowed counties to set minimum wages higher than the state (HB441, HB442, SB1165 - ALL FAILED). Businesses strongly opposed these bills, citing the difficulties in running a profitable business and the possibility of job reduction.

HB932 (FAILED) would have gradually increased the credit amounts of the current refundable food/excise tax credit. This would decrease the burden of Hawaii’s general excise tax on food purchases for low-income families.

HB209 (PASSED) helps low-income workers keep more of their paycheck through a state earned income tax credit and removes the sunset date on the refundable food/excise tax credit. To fund these benefits, higher tax rates for high-income earners would be reinstated. The original bill also adjusted the renters’ tax credits to keep up with inflation.
The U.S. is one of the few nations that does not have a paid family leave program, even though these policies are good for employees and employers. Federal and state family leave programs offer unpaid leave with job protection, but not all workers qualify for these programs and eligible employees may struggle to maintain economic security while on leave. Attempts to provide Hawai’i families paid leave were made this year.

HB4/SB425 (FAILED) would require employers with a certain number of employees to provide paid leave when the employee or a family member is sick. To be eligible, employees must also work a minimum number of hours and earn less than a certain amount over minimum wage. The employer has control over how employees use the leave.

HB213 (PASSED) amends current Hawai’i Family Leave Law to allow employees to use family leave to care for a sibling with a serious health condition.

HB683/SB521 (FAILED) would allow government employees to take six weeks of leave upon birth, adoption, or foster placement of a child.
Each year, measures are introduced to extend commercial insurance benefits. **SB1315 (FAILED)** would have required health plans to include coverage for Native Hawaiian culture-based activities such as canoe paddling, hula, and lua. **HB664/SB502 (FAILED)** would have provided equal access to in-vitro fertilization for surrogates, including same-sex couples and all women, regardless of marital status.

Health plans expressed concerns on **HB407 (FAILED)**, which would have allowed employer-sponsored high deductible health plans in conjunction with a Health Savings Account (HSA). Higher-deductible health plans are popular because it allows consumers to choose a lower premium and decide on how to spend his or her health care expenses. However, opponents were concerned that HB407 would threaten the Prepaid Health Care Act’s ability to provide coverage, resulting in employees absorbing higher costs and healthier employees opting out of Prepaid.
A measure to require that commercial insurers have “network adequacy” (SB387, PASSED) finally passed this year. Network Adequacy means insurers maintain a network that includes sufficient numbers of appropriate types of providers to ensure that covered persons have access to covered services.

**PRESERVING OBAMACARE:** Hawai‘i legislators introduced SB403 (FAILED) and HB552 (PASSED) to retain the ten essential health benefits and preserve the individual mandate in state law. A limited state budget did not allow for the measure to provide tax credits to help individuals and families pay for health insurance premiums. Although both started off as identical bills, SB403 cleared the Senate but was not heard in the House. HB552 passed, but the bill was changed to instead form a legislative workgroup to develop a state response if Congress proceeded with the repeal.

**HEALTHCARE WORKFORCE SHORTAGE:** In an effort to decrease shortages of primary care health providers — especially in rural and medically underserved areas — lawmakers introduced several bills to fund a loan repayment program (HB916, PASSED/SB735, FAILED).

Through the program, providers receive loan repayment assistance in exchange for work in underserved areas. Ultimately, the legislature appropriated $250,000 for the next two fiscal years to fund the program (HB916, PASSED).
Looking Forward

With so much uncertainty surrounding the future of public health, the responsibility has now shifted to individual states to ensure that essential programs and services are sustained. Hawai‘i continues to rank as one of the healthiest states in the nation, a direct result of passing progressive laws that protect our health and the environment. While our state scores well on many measures, we must remember that health disparities still exist and some population groups are not always captured in the data.

Although a majority of health bills did not pass this year, each new session is an opportunity to advance critical issues in public health. Equally important is the public’s ability to engage with our local, state and national policy leaders, and hold them accountable for decisions that impact our communities. HIPHI will continue to focus on improving the health of our keiki and residents and ensuring that everyone has the opportunity to live a full and healthy life.
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Hawaii Public Health Institute is a non-profit hub for health, bringing community-based organizations, government, academia, foundations and business together to advance policy and systems change to reduce disparities and improve the health of Hawaii residents.

We work towards building healthier communities through collaboration on a variety of issues that impact health, including transportation, education, access to healthy food, and economic opportunities.

HIPHI is home to Coalition for a Tobacco-Free Hawaii, Healthy Eating + Active Living island coalitions, and the Obesity Prevention Task Force.

Learn more about HIPHI at hiphionline.org.