

SB 1178



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

SENATE COMMITTEE ON HEALTH

SB1178, RELATING TO HEALTH

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

**February 11, 2009
3:00 p.m.**

1 **Department's Position:** The department appreciates the intent of this bill, but must respectfully oppose
2 it as unnecessary.

3 **Fiscal Implications:** Unquantified, although staff time and resources would be required to develop and
4 promulgate rules, develop a survey tool and monitoring program, and hire staff to conduct the surveys to
5 enforce this requirement.

6 **Purpose and Justification:** Several large and small dialysis facilities already have backup power so
7 their patients would not be immediately endangered. At other facilities without backup power other
8 procedures are followed in case a patient's treatment has to be delayed for any reason. These include
9 fluid and diet self-management in order to prevent the build-up of waste in the blood and extend the time
10 between dialysis treatments. Medicare has a publicly available guide booklet that recommends action
11 steps for dialysis patients to prepare for an emergency and it also suggests a meal and fluid plan to
12 follow. Also, the Centers for Medicare and Medicaid Services (CMS) is in the process of determining
13 whether to require life safety measures that may include having backup generators. Most or all dialysis
14 facilities are federally certified by CMS for participation in the Medicare and Medicaid programs. A
15 decision from CMS is pending.

1 Water is another important component of dialysis services. However, a private emergency
2 power generator would will not pump water or maintain water pressure if the county is unable to pump
3 water during a massive power outage.

4 Finally, it may be cost prohibitive for some facilities to have an emergency generator with
5 sufficient fuel to sustain operations for at least forty-eight hours. Larger facilities would likely have a
6 larger and more costly fuel storage capacity and have more stringent environmental and fire safety
7 requirements to satisfy and smaller facilities may find the added costs difficult to absorb.

8 Thank you for the opportunity to testify.

February 10, 2009

Senator Ige, Chair
Senator Green, Vice Chair
Committee on Health
Hawaii State Capitol
Honolulu, HI 96813

Re: SB 1178

Dear Chairman Ige, Vice Chair Green and Members of the Senate Committee on Health:

Thank you for the opportunity to present the views of Liberty Dialysis Hawai'i as they pertain to SB 1178 and the proposed requirement that all dialysis centers in Hawai'i have back-up generators. On behalf of Liberty Dialysis I would like to express support for the intent of the legislation however I believe that Liberty Dialysis has prepared well for events such as blackouts and other disasters. Having said that, Liberty Dialysis also believes that a more comprehensive solution is the best option for insuring that all dialysis patients in the state continue to receive care during disasters.....both large and small in scope.

The recent island wide blackout was an opportunity for us to use our emergency plan and we were successful in the implementation; no patient who required dialysis went without dialysis during the time of the blackout. As part of our emergency plan we contact the Hawaii State Civil Defense who disseminates information to patients via radio broadcasts, and our patients also know to begin using their emergency diets; this worked very well for Liberty's patients when it was implemented in Dec 2008.

On Oahu we have generator power at the following clinics: Leeward-24 stations (Ewa Beach), Siemens-48 stations (town), Sullivan-16 stations (HMC West basement), Renal Annex-5 stations (4th floor HMC West). Our Kaimuki facility does not have a generator and the patients were integrated into the Siemens and Sullivan clinics. Our Waianae clinic patients were integrated into the Leeward clinic for continued care.

Liberty Dialysis has a clinic in West Kauai with generator power; The Big Island has generator power in our North Hawaii clinic and we are planning a generator for our Hilo clinic at the time of relocation. We are ready to go for permit for a generator to support our 48 station clinic in Wailuku, Maui but I want to make it known that due to the size requirements as well as the noise ordinances this generator project is coming in at \$200,000....a very large capital investment.

The requirement for a generator at each facility does not speak to the need for fuel to power the generator nor does it address the need for access to water. Both fuel and water will be difficult to obtain in a major disaster and it is arguably better to have certain clinics in the state designated as disaster prepared clinics so that resources are directed to pre-determined facilities as part of an overall emergency plan, and patients are educated to report to be treated at the clinics which have power. When hurricane Katrina hit the mainland the biggest problem

was not the lack of generators, it was the lack of water that could be used for dialysis. The answer was to select key clinics which were supplied with water via water tanker trucks; there were just not enough resources to allocate to every clinic.

Liberty Dialysis is not in support of mandating that every clinic be equipped with an emergency generator however we champion a comprehensive statewide plan that defines which clinics will continue to provide service via generator provided power, and where water resources should be directed. This statewide plan could build on the CMS mandated agreements that dialysis providers already have in place with hospitals and with each other.

On behalf of Liberty Dialysis I want to thank the authors of this bill, and this committee, for their concern for all patients in the state of Hawai'i who require life-sustaining dialysis services. We share your concern but believe strongly that a better outcome for all will be realized with a comprehensive statewide emergency plan for dialysis services.

Thank you for the opportunity to testify this afternoon.

Jane Gibbons
Executive Vice President
Liberty Dialysis Hawai'i

From: Darlene Tsukazaki
Sent: Tuesday, February 10, 2009 3:31 PM
To: HTHTestimony
Subject: FW: SB1178

Categories: Green Category, Blue Category

From: Joann Medeiros [mailto:jo_medeiros@hotmail.com]
Sent: Tuesday, February 10, 2009 3:29 PM
To: hthtestimony@capital.hawaii.gov; Darlene Tsukazaki
Subject: SB1178

I am a mother of a 36 year old son who has been on dialysis for the past 6 years. He has end stage renal failure and goes to the Windward Dialysis Center 3 times a week at 10:30 a.m. for 4 1/2 hours each treatment.

Last December, when we were hit with bad weather and power outages, it became clear to us how important it is for the centers to have back up generators. My son went down one morning and was greeted with a sign on the door that said they were closed, no power. My son was not able to get his treatment in a timely manner. He was not able to get his treatment until late in the evening and because the techs were so back logged when the lights finally came on he was only able to go for about 2 hours. This treatment is so important because the longer they go without treatment the more fluid the patient puts on and may end up with congested heart failure. For that evening, the 2 hours were better than none at all.

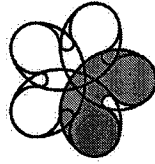
This bill not only concerns my son, but the thousands of dialysis patients island wide. We were fortunate that the storms in December were not worst. My greatest fear is that one day we will get hit with a major storm or hurricane, that would cause major injuries and longer power outages. What would happen to the thousands of dialysis patients? Where would they go for their life saving treatments? The hospitals would not be able to accomodate these patients in additions to storm related injuries. Most hospitals have only a few dialysis machines. Not enough to accomodate the thousands who now face heart failure and death. Are you willing to risk all these lives? We are on an island and cannot send these patients to another county or state for treatment.

I urge you to please pass this bill before another major storm hits and help save the lives of my son, and perhaps a relative, friend or neighbor of yours.

Thank you for your time.

Joann Medeiros
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Kaneohe, Hi 96744
Phone 235-3791

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National Kidney Foundation™

of HAWAII

February 9, 2009

Senator Ige, Chair
Senator Green, Vice Chair
Committee on Health
Hawaii State Capitol
Conference Room 016
Honolulu, HI 96813

RE: S.B. No. 1178 – Relating to Health

Dear Chairman Ige, Vice Chair Green and members of the Senate Committee on Health:

Thank you for the opportunity to present the National Kidney Foundation of Hawaii (NKFH) views on S.B. 1178 requiring that all dialysis centers in Hawaii have back-up generators. On behalf of NKFH, we would like to express support for the intent of the legislation but believe that a more comprehensive solution is necessary for dialysis patients receiving treatment in the State of Hawaii.

As we have experienced over the last ten years, emergencies can be minor or major, local, national or worldwide but they share a few things in common – they disrupt our lives, are usually unpredictable, and may cause great loss of life, damage or hardship.

Dialysis patients are at particular risk since they rely on a life sustaining treatment, and that treatment and the machines used depend on power and water, the very utilities that often go down in an emergency. The communication systems we use, telephones, faxes, computers, television, etc. also rely on power, and so patients have a tendency to feel isolated and frightened when they cannot communicate with their usual caregivers. Another "run in circles" development during emergencies is that people want to go to the closest hospital emergency room (ER), whether or not their medical problems are major or minor. Hospitals and emergency rooms will be burdened with very serious cases (such as crush or burn victims) and will most likely turn away anyone who does not need immediate

attention. Civil defense and emergency agencies as a rule do not include dialysis clinics and dialysis patients in their plans.

In response to the various emergencies we have experienced over the past decade, there are resources for available for patients to help prepare for an emergency. These are available through CMS, Centers for Medicare and Medicaid Services. As a general rule for emergency planning, the plan makes the assumption that critical services are restored within 72 hours.

Federal regulations require every dialysis clinic to have an emergency plan and that staff and patients are informed about the plan. They are also required to have periodic drills. However, that in an area wide major emergency, all medical care institutions may be damaged. This is another good reason dialysis patients need to know how to manage themselves for a couple of days if they cannot get to dialysis.

There is a common misunderstanding about emergency generators in dialysis clinics. Except for dialysis clinics located inside hospitals, there is at this time no federal requirement to have an emergency generator. Generators are expensive and require large amounts of space and ongoing maintenance. It is up to each clinic to decide whether or not to own one or to rent one during an emergency.

As we all know, the geography of our islands makes Hawaii a unique state. We believe that instead of mandating dialysis facilities to retrofit their clinics to accommodate a power generator, that the State develop a comprehensive plan that insures all patients needing dialysis have access to dialysis treatments during an emergency. This should include agreements between every dialysis provider and area hospitals that details the exchange of staff, equipment and supplies, protection of medical records, reimbursement for services and how to identify and record services to patients from other clinics.

Goals could include:

- * To develop a disaster plan for each island that insures that all patients needing dialysis will receive treatment throughout the State of Hawaii;
- * To identify the role and responsibilities of each of the agencies and organizations in carrying out the disaster plan;
- * To insure that power and water is provided to designated island dialysis facilities during emergency situations.

To achieve these goals and develop the emergency plan, the following agencies could be asked to participate:

- Hawaii Civil Defense
- Red Cross
- Department of Health
- Network #17
- National Kidney Foundation of Hawaii
- FMC (Fresenius Medical Care Hawaii) - dialysis provider
- Liberty Dialysis - dialysis provider
- FEMA
- State Department of Defense

The NKFH thank the Committee's concern that all patients have access to dialysis during an emergency. However, we believe that a more comprehensive approach is necessary to achieve this goal.

Thank you for the opportunity to testify this afternoon.

TO: COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, MD, Vice Chair

FROM: Eudice R. Schick
PABEA (Policy Advisory Board for Elder Affairs)

SUBJECT: SB 1178 RELATING TO HEALTH

HEARING: Wednesday, February 11, 2009 3:00 p.m. rm 016

POSITION: Support Intent of SB 1178

I am offering testimony on behalf of PABEA, the Policy Advisory Board for Elder Affairs, which is an appointed Board tasked with advising the Executive Office on Aging (EOA). My testimony does not represent the views of the EOA but of the Board.

The intent of bill SB1178 certainly explains the great need of having ALL Dialysis centers equipped with back up generators and proper water pressure. I agree that this would reassure a patient that their treatment will be available to him/her in case of a power outage. The question remains as how are these centers supposed to pay for the cost of the installation? It could very well put some of our centers out of business. Is the state willing to help support this installation? Currently we are in a financial crunch so we cannot expect that. Could we consider offering an incentive to the centers, i.e. a tax credit or some type of tax relief to help compensate the centers?

Please consider an amendment that some how helps the centers pay for the cost of SB 1178.

Thank you for your consideration of this testimony.

Eudice R. Schick,
Chair PABEA Legislative Committee