



6301 Pali Highway  
Kaneohe, HI 96744-5224



HAWAII CATHOLIC CONFERENCE  
6301 Pali Highway  
Kaneohe, HI 96744-5224

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A JOINT LEGISLATIVE EFFORT

**LATE**

**TESTIMONY**  
**SB 424, Relating to Health**  
**Senate Committee on Health**  
**Senator David Ige, Chair**  
**Wednesday, February 11, 2009, 3:00 p.m.**  
**Conference Room 016**

Chair Ige, Vice Chair Dr. Green and Members of the Committee on Health. I am Dennis Arakaki, representing both the Hawaii Family Forum and the Roman Catholic Church in Hawaii. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. The Roman Catholic Church in Hawaii, under the leadership of Bishop Larry Silva, represents over 220,000 Catholics in Hawaii.

I am in strong support for SB 424, creating the Hawaii Health Authority. Hawaii has long been known as the "Health State". Hawaii led the way in being the first state to guarantee health insurance coverage for all employees working 20 hours or more a week in the 1970s through the passage of the Hawaii Prepaid Health Act. As one of the original authors and introducer of the Universal Health Bill in the House, I know that the concept of this landmark bill was due in no small part to the tireless efforts of the recently deceased community organizer and University of Hawaii Regent Ah Quon McElrath, one of the architects of the current bill. Ah Quon recognized that the economy has changed, and the Hawaii Prepaid Health Act is no longer enough. I suggest and request that you include language in the findings of this bill to honor the tireless effort and dedication of A.Q. McElrath.

While unemployment levels are below the rest of the country, Hawaii has the highest rate of involuntary part-time employment. The current health care system is a poorly woven patchwork quilt, with little to show from its high costs in population health indicators. The United States is one of the only developed countries where health indicators have *fallen* in recent years. The health care system in the U.S. drastically needs reform, but politicians in Washington D.C. are offering the same tired ideas in response to the crisis. As the case of Massachusetts has regrettably shown, attempting to achieve health care for all through complicated additions to an already broken system does not work. The great state of Hawaii needs to lead by example by providing health care to all its residents through a comprehensive state health plan.

The creation of the Hawaii Health Authority is an essential step toward creating a rational plan for comprehensive health care services that lowers cost while expanding access to health services to everyone. While there is great hope with President Obama that we will soon have universal health for all of America's citizens, we have the opportunity to stay ahead of the curve and prepare for that day. Let us not be forced into accepting a lower standard of health care by upholding our already superior health care system.

Thank you for the opportunity to testify.



**Testimony in Support of SB 424**

Wednesday, February 11, 2009

Conference Room 016

TO: Senator David Ige, Chair  
And Members of the Committee on Health

Re: Support of SB 424.

For fifteen years I was a primary care physician who observed that more and more of my time shifted from patient care to administrative duties. Duties having little to do with quality of care, but rather to third party efforts to deny payment for services.

I left patient care and went into health service research, concerned with health disparities among Native Hawaiians. Disparities which have only broadened since the Native Hawaiian Health Care Improvement Act of 1988.

Ironically, I became one of the millions of displaced workers without health insurance when our research program lost federal funding. Through COBRA, I now pay \$1200 per month to insure my family of three, an amount which represents 28% of my former, PRE-tax salary. This is not sustainable; I have sold my home and am depleting my savings in order to pay rent and maintain coverage.

Lacking insurance, many forego preventive and chronic care, and end up with more advanced disease, requiring more costly and less effective intervention. As a result, our nation has the most costly health care yet ranks 37<sup>th</sup> of 119 developed nations in quality of health. Universal health care must be addressed as an economic priority in this legislative session.

We cannot afford "incremental" reform. That is no solution, but a perpetuation of the problem. "Incremental" reform is a blatant attempt to placate powerful interests. You wouldn't trust the tobacco industry to dictate health policy, why do you allow the health insurance and pharmaceutical industries to do so?

It is unacceptable that up to one third of our premium payments are consumed by administrative costs, which includes lobbying and public relations. In contrast, administrative costs for Medicare amount to 3% of our health care dollars. The substantial savings in administrative costs would more than offset the costs of risk-pooling. It would also reduce costs by improving health outcomes and health care quality through increased access to care.

Please support SB 424.

Yours respectfully,

Carol H. Titcomb  
2094 Mauna Place  
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**LATE**

To: The Senate Committee on Health  
The Hon. David Y. Ige, Chair  
The Hon. Josh Green, MD, Vice Chair  
Testimony in Support of Senate Bill 424  
Relating to Health  
Submitted by Virginia Aycock  
February 13, 2009, 2:40 p.m. agenda, Room 016

Thank you, Chair Ige, Vice-Chair Green, Senators, for permitting me to present testimony regarding Senate Bill 424 relating to Universal Health Care. The attached amendment seeks to include spiritual health care services within the scope of services to be paid by the authority as reimbursable. This inclusion would make sure that a choice of cost effective religious non-medical health care is available to the public that desires that form of care.

A second attachment gives back-up documentation in support of this request, and illustrates that spiritual treatment and/or care is provided in four Federal government employee insurance packages, in TRICARE for military, and also through private insurance companies. Additionally, religious non-medical nursing services are covered under the Medicare and Medicaid programs.

This proposal would be consistent with current provisions in the Hawaii Revised Statutes that make it mandatory that motor vehicle insurance coverage include non-medical spiritual care as "... rendered in accordance with the teachings, faith, or belief of any group which relies upon spiritual means through prayer for healing; ..." -- HRS Section 431-10C-302 (a) (10) (2003).

Christian Science care, as a form of spiritual care, has been integral to the health of Hawaii residents for one and a quarter centuries and it is important that access to this completely non-medical form of care not be overlooked.

Please contact my office for any questions you may have.

With best regards,

Virginia Aycock



Enclosure: Proposed Amendment



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Proposed Amendment Language – SB424 (2009)

Hearing 1/13/09 Rm 016 at 2:40 p.m.

Amend subsection (-2) of Section (1) of the bill to provide as follows:

“§ -2 Hawaii health authority; duties and responsibilities. . . .

(a)The authority shall ...

(b)The authority shall develop a comprehensive health care plan for all individuals in the state that includes: (1) ... (2) Establishment of the scope of reimbursable services to be paid by the authority, including coverage of spiritual care consistent with the care provided in Haw. Rev. Stat. § 431:10C-302(a)(10) which states: An insurer shall make available optional coverage for ... treatment rendered in accordance with the teachings, faith, or belief of any group which relies upon spiritual means through prayer for healing; ....”





# ACCESS TO SPIRITUAL CARE

## Recommendations for Health Care Reform Legislation

As the Hawaii legislature considers health care reform, it is important that any new framework includes spiritual care. Prayer-based healing has been a mainstay in American life for years. Despite the progress in medical science, many Americans continue to rely on prayer as their primary means of health care for one simple reason: they trust its effectiveness, its completeness and its reliability. For millions of other Americans, the issue at hand is, in some ways, more fundamental: having the option to choose the method of health care that is most effective for them.

Everyone deserves access to reliable and cost-effective health care. This should be one of the primary goals of health care reform. Because spiritual care is reliable and cost-effective, it should be part of the solution in addressing the health care challenges facing our nation.

Christian Science is a method of spiritual care that is available to everyone. For over a century, individuals from many different faith traditions have found Christian Science to be reliable and effective in addressing the challenges posed by injury, illness, and disease. For this reason, they will often choose religious nonmedical health care in lieu of medical care. The practice of Christian Science includes assistance from Christian Science practitioners (individuals who have been recognized as having demonstrated the ability to help others achieve healing through prayer), as well as from Christian Science nurses (individuals who provide physical assistance for the patient's daily needs while the patient prays for healing).

We have identified two areas where statutory provisions may be needed to achieve public access to spiritual care within the context of health care reform legislation, and make the following two recommendations:

### **Recommendation # 1: Provide Public Access to Spiritual Care.**

Health care reform legislation should provide the public with access to spiritual care. Existing law contains numerous examples of programs that offer benefits for spiritual care, including:

- ◆ Four plans under the Federal Employees Health Benefits Program (FEHBP) cover religious nonmedical nursing care and/or Christian Science practitioner services:
  - Government Employees' Health Association (GEHA)
  - Mail Handlers Benefit Plan
  - Special Agents Mutual Benefit Association
  - Association Benefit Plan
- ◆ Religious nonmedical nursing services are covered under the Medicare and Medicaid programs (see 42 U.S.C. §§ 1395x(ss) and 1395i-5).
- ◆ TRICARE (for military dependents) – Covers care in Christian Science nursing facilities, Christian Science nursing services, and Christian Science practitioner services.
- ◆ Under Section 223 of the Internal Revenue Code ("IRC"), funds contained in a Health Savings Account may be used to pay for spiritual care. Section 223 references the definition of

“medical expenses” in Section 213(d) of the IRC, which has been interpreted to include Christian Science practitioner services and Christian Science nursing care.

- A number of States (e.g., California, Colorado, Illinois, Kansas, Missouri, Oklahoma, Oregon, Texas) include coverage of spiritual treatment through prayer in their governmental employees’ health insurance plans.

### **Recommendation # 2: Application of Nonmedical Requirements for Quality Assurance**

Statutory provisions that require insurers to make determinations of “medical necessity” and to provide medical oversight for services rendered serve as important patient protections in the context of medical care. However, patients choosing spiritual care in lieu of medical care do not want medical requirements applied to the services they receive. In addition, spiritual care providers do not diagnose disease or provide any form of medical intervention or treatment. For these reasons, the application of medical requirements to spiritual care providers can limit patient access to care. While accommodation from medical criteria may be necessary, we support the application of nonmedical safeguards to ensure that funds are spent appropriately. Some examples of existing laws that contain this type of accommodation are:

- The federal Medicare law accommodates patients in religious nonmedical health care institutions from being required to have a medical diagnosis and from the activities of peer review organizations, but requires religious nonmedical health care institutions (RNHCIs) to meet detailed requirements designed to protect patient health and safety. 42 U.S.C. §§ 1395x(ss)(3)(A); 42 U.S.C. § 1320c-11; and (B); 42 C.F.R. § 403.700, et seq.
- Some states’ insurance laws specifically accommodate health plans that include religious nonmedical providers by allowing the plans not to apply medical requirements that would limit patient access to religious nonmedical care. (see, e.g., Alaska Stat. Ann. § 21.07.080 and Me. Rev. Stat. tit. 24-A, § 4307(4)); Mass. Gen. Laws Ann. 176O, § 11; Wash. Rev. Code Ann. § 48.43.520

Thank you for considering these important issues. We offer to act as a resource regarding spiritual care, and would appreciate being included in future health care reform discussions and stakeholder meetings.

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