



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Hawaii County Subarea Health Planning Council

DRAFT
Meeting Minutes

June 5, 2026

1:00 PM | Hawaii Time

Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Tamia McKeague, Hannah Preston-Pita, Stacy Haumea, Allen Novak, Roxie Rowe
 MEMBERS ABSENT: Evelyn Kaneshiro, Amy Feeley-Austin
 GUESTS: Peter Tui Silva (Kumukai Health & Wellness), Sanoë Kauhane (Benioff Hilo Hospital)
 SHPDA: Jack Lewin, Terry Visperas

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	3/18/2025	4/18/2025	07/15/2025	09/16/2025	10/21/2025	11/18/2025	3/6/2026	4/30/2026	6/5/2026
Amy Feeley-Austin	-		-	X	X	X	X	X	0
Stacy Haumea**	X	0	X	X	X	X	X	0	X
Sanoë Kauhane	-	-	X	0	0	X	0	X	X
Tamia McKeague*	X	X	X	X	X	X	X	X	X
Allen Novak			X	0	X	X	X	X	X
Hannah Preston-Pita	X	0	X	X	X	0	X	X	X
Roxanne Rowe	X	X	X	X	X	X	X	X	X

Legend: X=Present; O=Absent /=No Meeting *-Chair, **-Vice Chair

Meeting Recording:

https://www.zoomgov.com/rec/share/FbmriucR-nz-73sZd3kZNL1ttDoT_jO_Yy_iZwLb2Bib7LQ2S1GchGLDUhOOSctW.D5vPEgVJMpeY4iIA

Passcode:1+hhtv7F

TOPIC	DISCUSSION	ACTION
<p>Call to Order</p> <p>Roll Call</p>	<p>The meeting was called to order at 1:05 p.m. with T. McKeague, Chair, HCSAC presiding.</p> <p>Member and staff roll call.</p>	
<p>Meeting Minutes</p> <p>Administrator’s Report</p> <p>State Health Planning and Development Agency (SHPDA) Updates</p>	<p>Chair asked for approval of the minutes from the meeting of March 6, 2026. Unanimous approval.</p> <p>Public testimony. None.</p> <p>J. Lewin, Administrator, SHPDA provided an update:</p> <p>Overview of Legislative Activity</p> <ul style="list-style-type: none"> • An unprecedented number of healthcare bills were supported this session. • 30 pieces of legislation were successfully passed. • Some bills were attached to SHPTA for funding. <p>Reproductive Rights Legislation</p> <ul style="list-style-type: none"> • Multiple reproductive rights bills were supported and passed. • Fertility preservation must be covered for women undergoing chemotherapy or radiation. • Protections enacted to prevent individuals from blocking clinic entrances (e.g., Planned Parenthood). • Emphasis on patient access and balancing free-speech concerns. <p>Immigrant Rights</p> <ul style="list-style-type: none"> • Full support was provided for immigrant rights bills. • Collaboration occurred with the Hawaii Coalition for Immigrants’ Rights and other groups. 	

SHPDA Statute Modernization

- SHPDA’s original statute was updated after 50 years.
- Dental and long-term care are now officially recognized as healthcare.
- Role strengthened to coordinate siloed state agencies, including:
 - MedQuest
 - Department of Health
 - DCCA
 - University of Hawaii
 - Hawaii Health Services Corporation
 - Corrections, Transportation, Education
- Expanded collaboration with private healthcare sectors.

SHPDA’s Advisory Role

- SHPDA’s input directly influences legislative efforts and certificate-of-need decisions for hospitals, clinics, hospices, and new healthcare services.
- Council members now have two new responsibilities:
 - Consumer representatives for the federal AHEAD grant.
 - Consumer advisory group for the Rural Health Transformation Program.

AHEAD Grant Preparation

- Official start: January 2028; planning already underway.
- State spending \$2–3 million annually to prepare.
- Potential to bring \$200 million in incentives to Hawaii.
- Hawaii faces a major Medicare reimbursement deficit:
 - Hawaii: approx. \$9,000 per beneficiary
 - National average: approx. \$13,000
- All Hawaii hospitals currently lose money on Medicare patients.
- Medicare rate impacts Medicaid and VA reimbursement as well.
- Work underway with UC Berkeley economists to justify raising Hawaii’s Medicare benchmark.

Medicaid Funding Challenges (HR 1)

- HR 1 prohibits states from paying Medicaid rates above 100% of Medicare.

- Hawaii currently pays about 120%, with plans to reach 150% in 2027—now prohibited.
- This creates a required 20% rate cut by 2028 unless corrected.
- SHPDA plans to seek a congressional amendment like Alaska’s exemption.

Rural Health Transformation Funds

- Hawaii received \$189 million in rural health transformation funding—one of the highest per-capita allocations.
- SHPDA oversees the largest portion: roughly \$70 million.
- Funds must be encumbered before September 30 of the first grant year.

Key focus areas:

- SHPDA IT modernization.
- AHEAD readiness work.

Rural Health Information Networks Initiative

- Funding for electronic health records (EHR) and upgrades, including major platforms like Epic.
- Creation of interfaces and data-sharing infrastructure.
- Statewide quality-of-care platform built in partnership with the Health Information Exchange (HIE).
- APCD currently includes 70% of Hawaii residents; expected to become 100% within two years.
- Support for social-determinants-of-health programs and high-risk populations (aged, blind, disabled, dual eligibles).
- Consultants will analyze claims and clinical data to measure improvements in population health.

Rural Health Value Initiative

- CMS awarded an additional \$25 million per year for AHEAD preparation.
- Funds will support:
 - Every hospital (global budget readiness).
 - Community health centers.
 - Individual providers and practices.
- A statewide clinically integrated network will distribute funds and support

provider participation.

- Funding will help practices hire care coordinators, CHWs, and other support staff.

National Funding Context

- HR 1 cut \$1 trillion from Medicaid and national healthcare over 10 years.
- The rural health allocation (\$50 billion) covers only about 5% of the cuts.
- Hawaii must maximize available funds despite the national cuts.

HMSA–HPH Partnership Proposal ("One Health Hawaii")

- A major proposal requires SHPDA review and approval before proceeding.
- Not a certificate-of-need issue, but a special permission process.
- SHPDA must consider fairness to other providers and communities statewide.
- The proposal is under review by SHPDA and the Attorney General.
- DOJ has been slow to act after reviewing the proposal for six months.
- Antitrust risks, monopoly concerns, and potential contingencies must be evaluated.
- SHPDA has significant authority, including imposing conditions or revoking licensure (though highly disruptive).

Broader System Challenges and Opportunities

- The merger proposal reflects severe financial pressures in Hawaii’s healthcare system.
- SHPDA encourages a statewide, collaborative solution rather than isolated organizational actions.
- Key priorities for Hawaii’s healthcare future include:
 - Increasing Medicare reimbursement.
 - Reducing administrative waste.
 - Aligning with a shared long-term strategy.

Role of Council Members

- Council members represent their islands and communities.
- Encouraged to meet with legislators, local officials, and community leaders.
- SHPDA will facilitate meetings with legislators to gather input and share

Action Items & Next Steps	<p>priorities.</p> <ul style="list-style-type: none">• Council participation is essential for accurate community representation.• A question was raised about \$3 million that was pulled, requiring clarification. <p>Legislative Session Outcomes</p> <ul style="list-style-type: none">• 30 healthcare-related bills passed, including reproductive rights protections and immigrant rights support.• Fertility preservation is now required for patients undergoing chemotherapy or radiation. Cited: <i>“Women... have the right to have fertility preservation before their treatment.”</i>• Protections for clinic access (e.g., Planned Parenthood).• Continuous glucose monitors are now covered by insurance.• Biomarker testing for cancer approved.• EMS enhancements and Kupuna Aloha home-support program funded. <p>SHPDA Statute Modernization</p> <ul style="list-style-type: none">• Dental and long-term care are formally recognized as healthcare.• SHPDA tasked with coordinating siloed state agencies (DOH, Med-QUEST, UH, HHSC, etc.) toward a shared statewide health vision. Cited: <i>“Imagine if we all were out of the silos, working in a more coordinated fashion.”</i> <p>New Responsibilities for SAC Members</p> <ul style="list-style-type: none">• Consumer Representatives for the Federal AHEAD Grant<ul style="list-style-type: none">• SAC may be consulted by federal agencies on spending effectiveness.• Program begins in January 2028.• Consumer Advisory Group for Rural Health Transformation Funds<ul style="list-style-type: none">• SAC officially recognized in the Governor’s proposal. Cited: <i>“You are named, officially, as the Consumer Advisory group for the Rural Health Transformation Program.”</i> <p>AHEAD Grant Preparation</p>	
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- Hawaii could receive up to \$200M in incentive payments if statewide participation is achieved.
- Major challenge: Hawaii receives 35–40% less Medicare funding than national average. Cited: *“We have... about \$9,000 per Medicare beneficiary... national average is around 13,000.”*
- Efforts underway with UC Berkeley economists to build a case for increasing Hawaii’s Medicare benchmark.

Rural Health Transformation Funding

- Hawaii awarded \$189M, highest per-capita among states.
- Funds support:
 - Electronic health record (EHR) upgrades (including Epic)
 - Health Information Exchange (HIE) quality platform
 - Social needs coordination
 - Support for aged, blind, disabled populations
 - Claims and clinical data integration Cited: *“We have the money to provide electronic health records... including even the most expensive ones, like Epic.”*

Hospital Global Budgets

- Hospitals will receive incentives for reducing avoidable ED visits and unnecessary hospitalizations. Cited: *“Hospitals get a bonus payment when they reduce avoidable ED use.”*

For SAC Members

- Identify 1–2 Hawaii Island legislators to invite to future meetings for policy discussion. Cited: *“We’d like to make sure... we meet with one or two legislators from your island.”*
- Prepare to serve as consumer advisors for:
 - AHEAD Grant (starting 2028)
 - Rural Health Transformation Program (active now)

For SHPDA

- Continue legislative analysis and implementation.
- Begin distribution of EHR upgrade funds this summer.
- Advance Medicare benchmark advocacy with UC Berkeley economists.
- Launch statewide quality and data-integration platforms.

Medicaid Fraud Oversight

- MedQuest conducts its own ongoing fraud audits and frequently identifies problematic vendors.
- The federally funded Medicaid fraud unit within the Attorney General's office had not been fully operational for some time.
- Because the fraud unit was under-functioning, it failed to report fraud cases to federal authorities.
- The Attorney General's office is now restructuring and staffing the unit to bring it up to full operation.
- Despite allegations, there is no evidence of widespread fraud occurring in Hawaii's Medicaid program.

Federal Certification Concerns

- A concern was raised about whether Hawaii could risk losing Medicaid funding if its fraud unit is not federally certified.
- MedQuest leadership recently met directly with the director of the Centers for Medicaid and CHIP Services during an inspection.
- Federal officials left with a very positive impression of Hawaii's programs.
- There is no data supporting claims of large-scale fraud.
- Dr. Lewin does not expect punitive federal action, especially during an election year.

Rural Health Transformation Grant — Status Update

- The Rural Health Transformation grant is already in effect.
- Although federal approval occurred in October, state accounts did not receive funds until March.
- The state must go through procurement before money can be deployed.
- SHPDA plans to issue roughly ten large grants to pass funds through to implementing organizations.

- All funds must be encumbered by September 30.
- Funds then must be spent by the following September 30.
- The next year's proposal is due on October 1.
- One grant has already been issued; scopes of work for nine additional grants are drafted.

AHEAD Grant Timeline

- AHEAD implementation begins January 2028.
- Significant preparation work is required leading up to that date.

Workforce, Training, and Telemedicine Infrastructure

- JABSOM received \$28 million and is moving its funds quickly.
- Funds will expand training programs for physicians, nurses, CHWs, and other health disciplines.
- Incentive programs will help recruit providers to rural areas with substantial retention bonuses.
- The Piliola telemedicine backbone is being built statewide to ensure telehealth access everywhere.
- DOH is investing heavily in EMS improvements, including air transport and IT systems for paramedicine.

Respite Facilities and Care Coordination

- DHS is building respite facilities for individuals who cannot be discharged from hospitals.
- These facilities will help divert inappropriate hospital utilization.
- Additional respite housing will support medically complex individuals who do not require acute care.

Expanding Rural Health Infrastructure

- Numerous rural health centers need inclusion in planning and EHR support.
- Additional providers and facilities (e.g., cancer centers) require connectivity to electronic health records and the statewide network.
- SHPDA aims to connect as many entities as possible while funding is available.

Electronic Health Records and Interoperability

- Practices are encouraged to submit needs related to lab, pathology, and genetic testing interfaces.
- Funds will support interoperability improvements, including costly EPIC interfaces.
- Proposals for EHR connectivity can be submitted to SHPDA for review and routing.

Support for Practice Transformation

- Specialty clinics transitioning into primary-care-based medical homes may be eligible for support.
- Funding may flow through:
 - the clinically integrated network now being built,
 - affiliated hospitals, or
 - community health centers.
- SHPDA staff will help route requests to the appropriate funding channel once proposals are received.

Dr. Lewin outlined the official definition used for Medicaid and AHEAD:

Medically frail populations include:

- Individuals with disabling mental disorders (including children with serious emotional disturbance and adults with serious mental illness).
- Individuals with serious and complex medical conditions.
- Individuals with physical, intellectual, or developmental disabilities affecting activities of daily living.
- Individuals qualifying for disability under Social Security criteria.
- Individuals receiving institutional-level care in nursing facilities, intermediate care facilities, or similar settings.

These populations:

- Remain fully eligible for Medicaid regardless of work requirements.
- Are prioritized within the AHEAD program due to their complex needs.

Closing Notes

Announcements	<ul style="list-style-type: none">Acknowledgment that Hawai'i's severely mentally ill population has historically been underserved, and improvements are needed. Dr. Lewin confirmed these populations are formally prioritized under current policy. <p>Will lean to scheduling next HCSAC meeting in August most likely the 7th at 1PM and in October. Additional meetings will be added as needed for CON and other SHPDA needs.</p> <p>Public Testimony: None received.</p>	
Adjournment	The meeting was adjourned at 2:01 p.m.	

2026 Legislative Highlights

191 total bills tracked
33 bills or 17% passed

Bill Name	Summary
HB 1973	<ul style="list-style-type: none">• Establish a one-year KupunAloha Pilot Program within the SHPDA.• Provide in-home health care and support services for people who do not qualify for existing government programs• Appropriation amount of \$2,000,000
HB 1974	<ul style="list-style-type: none">• SHPDA to develop and publish a comprehensive state plan on hearing loss• Appropriation amount of \$100,000
HB 2319	<ul style="list-style-type: none">• Amend the functions and responsibilities of the SHPDA.• Add a new definition of "health care" for the purposes of health planning and resource development and health care cost control.• Increase the certificate of need exemption threshold for bed changes to up to thirty percent of existing licensed beds.• Exempt health care facilities or services operated by the Department of Health from certificate of need requirements
HB 1853	<ul style="list-style-type: none">• Create the Hānai Memory Network Program to improve dementia care and support.• It would help with early detection, care coordination, public education, and long-term support for people with dementia and their caregivers.• Appropriation amount of \$3,000,000
HB 1804	<ul style="list-style-type: none">• Require the Executive Office on Aging to plan a study on how Hawai'i could pay for long-term care services and supports• Appropriation amount of \$100,000
SB 3045	<ul style="list-style-type: none">• Require health plans, including Medicaid managed care plans, to cover continuous glucose monitors and related supplies for eligible patients.
SB 847	<ul style="list-style-type: none">• Create a three-year pilot program on Kaua'i allowing certain trained psychologists, under psychiatrist supervision, to prescribe some mental health medications for adults ages 18 to 65• Require employers involved in the pilot program to report information to SHPDA, including patient outcomes, adverse events, and when cases need to be escalated for higher-level care.

Community Voice

Legislative Session Ended Strong For Kūpuna-Related Bills

They include a measure to temporarily provide in-home health care and support services to eligible participants.

By Kevin Y. Kawamoto

May 25, 2026 - 1 min read



About the Author



Kevin Y. Kawamoto

Kevin Y. Kawamoto, MSW, Ph.D., is gerontological social worker. He currently works at the University of Hawaii at Manoa Center on Aging.



Despite working with a lean state budget, Hawai'i legislators passed a handful of kūpuna-related bills this year that should help enhance the well-being of older adults in a state where their life expectancy, on average, surpasses the rest of the nation. More than 20% of the total population of Hawai'i is age 65 and over, and that number is expected to climb in the coming years.

Three of the five bills submitted as part of the **Kūpuna Caucus** package passed final reading and were transmitted to the governor's office. **House Bill 1973** establishes a one-year pilot program within the Department of Health called KupunAloha that will provide in-home health care and support services to eligible participants who do not otherwise qualify for government assistance for these services. An appropriation of \$2 million is being made for the pilot year.

House Bill 1974 requires the state Health Planning and Development Agency to develop a comprehensive state plan on hearing loss. The plan will be focused on improving access, affordability, awareness, and early detection of hearing loss in collaboration with community

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"Office on Aging" to develop the framework and scope of work for a proposed study - a one-year pilot program - plan will be focused on...

jessept - 2 days ago

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<https://www.civilbeat.org/2026/05/legislative-session-ended-strong-for-kupuna-related-bills/>

BYLAWS OF THE HAWAII COUNTY SUBAREA HEALTH PLANNING COUNCIL

ARTICLE I

NAME AND BOUNDARIES

Section 1. Name. The name of this Council shall be the Hawaii County Subarea Health Planning Council, hereinafter referred to as Council or Hawaii SAC.

Section 2. Boundaries. The geographic boundaries are the County of Hawaii. The Census Tracts are C.T. 201 through 219.

ARTICLE II

PURPOSE AND FUNCTIONS

Section 1. Purpose. The purpose of the Council is to ensure public participation in health planning and to provide a permanent vehicle for consumer and provider input into the State of Hawaii's health planning process, so that the total health planning program of the State will be based on informed decision-making.

Section 2. Functions.

- a. The functions of the Council are specified in Chapter 323D-22 of the Hawaii Revised Statutes. The functions shall be amended automatically to conform with any amendments and/or new laws passed by the State Legislature.
- b. In the furtherance of its purpose, the Council shall:
 - (1) Actively seek input from the community on health problems and concerns.
 - (2) Plan for and recommend to the State Health Planning and Development Agency, health service needs identified by Hawaii County residents.
 - (3) Provide input to the Health Services and Facilities Plan for the State of Hawaii based on objective analysis and study of long-range health problems in the community.
 - (4) Inform the community of the activities and policies of the Council.

- (5) Identify health service provider and consumer agencies, organizations and individuals in Hawaii County and offer linkages between these parties and health policy makers.

ARTICLE III

MEMBERSHIP

Section 1. Membership in the Council shall be broadly representative of the geographical area covered by the Council, including, but not limited to, a mixture of consumers, providers, age, sex, and ethnic backgrounds.

Section 2. The Appointed members of the Subarea Health Planning Council shall be appointed by the Governor, subject to Section 26-34. Nominations for appointment shall be solicited from health-related and other interested organizations, and agencies, including health planning councils, providers of health care within the appropriate subarea, and other interested persons. The members of the subarea health planning council shall not be compensated for their services but shall be reimbursed for reasonable expenses necessary to the performance of their function. [Hawaii Revised Statutes (Chapter 323D-23)]

- a. The number of members necessary to constitute a quorum to do business shall consist of a majority of all appointed members who have accepted nomination to the Council, and have been confirmed and qualified as members of the council. When a quorum is in attendance, the concurrence of a majority of the members in attendance shall make any action of the Council valid. Hawaii Revised Statutes [(Chapter 323D-22(b))]
- b. The chairperson of the subarea health planning council shall not be employed by or married to a health care provider.

Section 3. Associate/Interested Persons. Any consumer or health service provider or agency, organization or individuals, located in Hawaii County may become an Associate member of the Council by registering with the Agency staff assigned to the SAC.

Associate/Interested Persons shall be entitled to receive meeting notices, minutes of the meetings which they attend, have access to important Council publications and participate in Council meetings.

Section 4. SAC Representative to the Hawaii Statewide Health Coordinating Council. [Hawaii Revised Statutes, (Chapter 323D-22(8))]

- a. The Council shall submit a list of nominees to the Governor for his consideration of appointment of an appointed Hawaii SAC member to be its representative on the Hawaii Statewide Health Coordinating Council (HSHCC).

Section 5. Selection Process for SAC Membership.

- a. The Council shall solicit members for its Council from various community organizations---voluntary, public and private, and facilities concerned with health.
- b. The Council shall recommend annually a slate of nominees to the Governor, for his consideration for appointment to the Hawaii County Subarea Health Planning Council.

Section 6. Vacancies. The Council shall submit to the Governor, nominee(s) to fill vacancies.

Section 7. Attendance. The minutes of the Council will reflect members' attendance or non-attendance. The minutes shall show the number of meetings an appointed member has been present or absent. After three consecutive absences, the Hawaii County Subarea Health Planning Council Chairperson shall notify the member by letter of the Council's concern regarding non-attendance.

Section 8. Resignation. A member may resign by giving written notice to the Governor.

ARTICLE IV

OFFICERS

Section 1. Number of Officers. There shall be two officers: a Chairperson and a Vice Chairperson from among the appointed members of the Council.

Section 2. Selection of Officers.

- a. This selection shall be determined from a slate of nominees presented by the Nominating Committee and additional nominations may be made from the floor.
- b. Election shall be in accordance with provisions of Article VI, "Voting".

- c. The Nominating Committee shall notify the appointed membership of the proposed slate no later than ten days prior to the election. This same information shall be circulated to the associate members for their information.

Section 3. Term of Office. (a) The officers will be elected annually for a one-year term. (b) The term of office will begin July 1 and end June 30. (c) Officers should not serve more than two consecutive years in the same office.

Section 4. Vacancies. A vacancy in any office shall be filled by election of an appointed member to serve for the balance of the unexpired term.

Section 5. Duties of the Chairperson. It shall be the Chairperson's responsibility to:

- a. perform all such duties as are incident to his office and such other duties as may be required by law, by these rules, or which may be prescribed from time to time by the Council.
- b. preside at meetings of the Council.
- c. appoint all committees and committee chairpersons subject to the approval of the Council, except as otherwise provided in these rules.
- d. serve as a member of all standing and ad hoc committees, except the Nominating Committee.
- e. present at the first regular meeting of each fiscal year, a statement of plans for the coming year.
- f. have such other powers and perform such other duties as may be assigned from time to time by the Council.

Section 6. Duties of the Vice Chairperson. It shall be the Vice Chairperson's responsibility to:

- a. assist the Chairperson in the performance of duties and have all the powers of the Chairperson in the absence or disability of the Chairperson.

Section 7. Compensation. Officers and appointed members shall serve without compensation for their services but shall be reimbursed for travel expenses necessary to the performance of their function.

ARTICLE V

MEETINGS

Section 1. Council meetings shall be held at least quarterly, or as often as the membership deems necessary.

Section 2. All meetings shall be open to the public and guided by the State of Hawaii "Sunshine Law", Hawaii Revised Statutes, Chapter 92.

Section 3. Attendance at all meetings shall be recorded.

Section 4. Notice of Meetings

a. The notice of a regular meeting shall be guided by the State's "Sunshine Law", Hawaii Revised Statutes, Chapter 92.

b. Minutes of all meetings shall be recorded and circulated to Council members and other interested agencies, organizations, and individuals.

Section 5. Rules of Order. Robert's Rules of Order, as most recently revised, shall be the reference document for the conduct of Council business, except as these are superceded by provisions of the Hawaii Revised Statutes.

ARTICLE VI

VOTING

Section 1. Every appointed member shall have one (1) vote. There shall be no voting by proxy.

Section 2. The presence of a simple majority of the appointed members of the Hawaii SAC shall constitute a quorum for the transaction of business.

Section 3. Concurrence of a simple majority of all appointed members present shall be necessary to make any action valid.

Section 4. Voting shall be by a recorded show of hands. Upon request, a secret ballot can be cast for the election of Council officers.

Section 5. Associate members shall be granted voting privileges as members of Standing Committees or Ad Hoc Committees of the Council.

Section 6. An Advisory vote may be taken of Associate members for purposes of providing consensus or community opinion to the appointed members.

ARTICLE VII

COMMITTEES

Section 1. Establishment of Committees. The Council may establish committees and task forces as needed to assist in carrying out its responsibilities.

Section 2. Committee Membership.

- a. Members of the committees shall not be required to be appointed members of the Council, but shall include consumers and providers within the area of concern.
- b. No person providing staff support shall serve as a member of the committee.
- c. The Chairperson of all Council committees shall be an appointed member of the Council.

Section 3. Standing Committees.

- a. Executive Committee: There shall be an Executive Committee consisting of officers of the Council and the Chairpersons and Vice Chairpersons of the Standing Committees.
- b. Review Committee: This committee shall have responsibilities pursuant to Hawaii Revised Statutes, Section 323D-22(4), Certificate of Need review program. The primary responsibility shall be the review and recommended approval/disapproval of CON application to the Council.
- c. Plan Development Committee: This committee shall have responsibilities pursuant to Hawaii Revised Statutes, Section 323D-22(1), (2), and (3). The primary responsibility is to provide subarea input into the planning process of the State.

- d. Nominations/Communications Committee: This committee shall have the following responsibilities:
- (1) to submit a slate of nominees, for appointed membership on the Council, to be submitted to and approved by the Council, carrying out this process pursuant to Article III, Section 6, "Selection Process".
 - (2) prepare a slate of nominees for the officers of the Council.
 - (3) submit a list of nominees for membership to the Hawaii Statewide Health Coordinating Council subject to the approval of the Council pursuant to Article III, Section 6, "Selection Process".
 - (4) plan and implement Council outreach activities.
- e. Continuing Educating Committee: This committee shall develop, coordinate and monitor an overall continuing education program for the Council.

ARTICLE VIII

GENERAL PROVISIONS

Section 1. These bylaws may be amended by a majority of the appointed members present, provided that all the appointed members have received a written notice of the proposed amendments, not less than ten working days before adoption. Amendments shall not be in conflict with the Hawaii Revised Statutes.

Section 2. No member shall vote on a question in which he/she is in conflict of interest. Criteria for conflicts of interest, as established by the State Ethics Commission (Hawaii Revised Statutes 84-14), shall be followed.

Section 3. Staff Personnel. State Health Planning and Development Agency shall provide staff personnel who will serve for the Council as provided for in Section 323D-12(a)(2).

Section 4. Definitions.

- a. Consumer is an individual not employed by or not married to a health care provider.

- b. Health care provider is an individual who is a direct provider of health care (including a physician, dentist, nurse, podiatrist, optometrist, physician assistant, or ancillary personnel employed under the supervision of a physician) in that the individual's primary current activity is the provision of health care to individuals or the administration of facilities or institutions (including hospitals, long-term care facilities, rehabilitation facilities, alcohol and drug abuse treatment facilities, outpatient facilities, and health maintenance organizations) in which such care is provided and, when required by State law, the individual has received professional training in the provision of such care or in such administration and is licensed or certified for such provision or administration.

Adopted by the Hawaii SAC
Date: July 8, 1987

Article IV, Section 3(b) revised by Hawaii SAC
Date: February 7, 1990