

# **WATER AUTHORITY, SOCIAL SERVICES, AND PARKS COMMITTEE**

**Council of the County of Maui**

## **MINUTES**

**November 27, 2023**

**Online via BlueJeans**

**CONVENE:** 9:01 a.m.

**PRESENT:** VOTING MEMBERS:

Councilmember Shane M. Sinenci, Chair  
Councilmember Gabe Johnson, Vice-Chair  
Councilmember Tom Cook, Member  
Councilmember Tasha Kama, Member (In 10:36)  
Councilmember Alice L. Lee, Member  
Councilmember Tamara Paltin, Member (In 9:03)  
Councilmember Keani N.W. Rawlins-Fernandez, Member (In 10:31)  
Councilmember Yuki Lei K. Sugimura, Member (In 9:02)  
Councilmember Nohelani U'u-Hodgins, Member (In 10:32)

**STAFF:**

Clarissa MacDonald, Legislative Analyst  
Jarret Pascual, Legislative Analyst  
Carla Nakata, Legislative Attorney  
Stacey Vinoray, Committee Secretary  
Lei Dinneen, Council Services Assistant Clerk  
Jean Pokipala, Council Services Assistant Clerk

Executive Assistants to Councilmember Shane M. Sinenci:

Dawn Lono  
Gina Young  
Don Atay

Executive Assistants to Councilmember Gabe Johnson:

Kate Griffiths  
Axel Beers  
Roxanne Morita

Executive Assistant to Councilmember Tom Cook:

Jared Sam Agtunong

Executive Assistant to Councilmember Tasha Kama:

Evan Dust

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Executive Assistant to Councilmember Tamara Paltin:  
Angela Lucero

Executive Assistant to Councilmember Rawlins-Fernandez:  
Sarah Sexton

Executive Assistants to Councilmember Nohelani U'u-Hodgins:  
Susan Clements  
Laura McDowell

Zhantell Lindo, Council Aide, Moloka'i Residency Area Office  
Roxanne Morita, Council Aide, Lāna'i Residency Area Office  
Mavis Oliveira, Council Aide, East Maui Residency Area Office  
William "Bill" Snipes, Council Aide, South Maui Residency Area Office  
Jade Rojas-Letisi, Council Aide, Makawao-Ha'ikū-Pā'ia Residency Area Office

**ADMIN.:** Mariana Lowy-Gerstmar, Deputy Corporation Counsel, Department of the Corporation Counsel

**OTHERS:** Debbie Kim Morikawa, Deputy Director of Health Resources Administration, Department of Health  
Robert Lau, Emergency Medical Services and Injury Prevention System Branch Data Manager, Department of Health

David Kingdon, Maui Emergency Medical Services (*resource*)  
Speedy Bailey, Executive Director, American Medical Response (*resource*)

Jamie Maddock-Pagan  
Mary Kahana  
Kahau Ritte-Camara  
Donovan Keliipuleole, President, Maui County Paramedics Association

Additional attendees (7)

**PRESS:** *Akakū: Maui Community Television, Inc.*

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**ITEM 1(8): DEPARTMENT OF HEALTH'S NEW PROCUREMENT  
PROCESS FOR EMERGENCY-MEDICAL SERVICES IN THE  
COUNTY OF MAUI (RULE 7B)**

CHAIR SINENCI: . . .(*gavel*). . . Aloha kakahiaka kākou. Good morning and welcome to the WASSP Committee meeting of Monday, November 27, 2023. It is now 9:01. I'm Shane Sinenci, your Committee Chair. Mahalo, Members, for taking the time to attend this meeting. And as a reminder for members of the public to please silence your cell phones and noise-making devices. Members, in accordance with the Sunshine Law, if you are not in the Council Chamber, please identify by name who, if anyone, is in the

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room, vehicle, or workspace with you today. Minors do not need to be identified. And also, please see the last page of the agenda for information on meeting connectivity. Joining us today, we have Council...Committee Vice-Chair Gabe Johnson. Aloha.

VICE-CHAIR JOHNSON: Aloha, Chair. . . .*(inaudible)*. . .

CHAIR SINENCI: Mahalo. Joining us in the Chambers this morning we have Committee Member...Councilmember Tom Cook. Aloha and good morning.

COUNCILMEMBER COOK: Aloha and good morning, Chair.

CHAIR SINENCI: Also joining us in the Chamber, we have Pro Tem Tasha Kama. Aloha.

COUNCILMEMBER KAMA: Aloha kakahiaka, Chair, and aloha to everyone else.

CHAIR SINENCI: Okay. I'm jumping around. We'll go to Chair Lee, are you on? Yeah.

COUNCILMEMBER LEE: Yes, I am.

CHAIR SINENCI: Aloha.

COUNCILMEMBER LEE: Aloha kākou, Chair. Looking forward to your meeting.

CHAIR SINENCI: Thank you. Also joining us online is Member Paltin. Aloha kakahiaka.

COUNCILMEMBER PALTIN: Aloha kakahiaka kākou. Streaming live and direct from Nāpili. And I have one pocket pit bull, his name is King, and that's it. Thank you.

CHAIR SINENCI: Also joining us virtually from Molokaʻi, I...yeah...is Member Rawlins-Fernandez. Aloha and good morning.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha kakahiaka kākou--aloha, King--mai Molokaʻi nui Ahina. I'm at the Molokaʻi District Office, alone here on my side of the office, and there are currently no testifiers. Mahalo, Chair.

CHAIR SINENCI: Mahalo for joining us this morning. And also joining us this morning in the Chambers is Member Yuki Lei Sugimura. Aloha.

COUNCILMEMBER SUGIMURA: Good morning. I was trying to log in still yet. But good morning, everybody. What a beautiful display of Christmas. Every day we come in there's more.

CHAIR SINENCI: It's beginning to look like Christmas, right.

COUNCILMEMBER SUGIMURA: More and more, right. Thank you, Arthur Suyama.

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CHAIR SINENCI: Okay. And finally, we have Councilmember Nohelani U'u-Hodgins. Aloha and good morning.

COUNCILMEMBER U'U-HODGINS: Good morning, Chair. Good morning, everyone.

CHAIR SINENCI: Okay. And then from the Administration today we have Ms. Lowy-Gerstmar from the Corporation Counsel. Aloha and good morning. Our Committee Staff joining us, we have Ms. Stacey Vinoray. Aloha.

MS. VINORAY: Aloha, Chair, and Members.

CHAIR SINENCI: Also with us, we have Ms. Clarissa MacDonald. Aloha.

MS. MACDONALD: Aloha, Chair.

CHAIR SINENCI: Joining us we have Mr. Jarret Pascual, our Legislative Analyst. Aloha.

MR. PASCUAL: Good morning, Chair.

CHAIR SINENCI: And we also have Ms. Carla Nakata, Ms. Lei Dinneen, and Ms. Jean Pokipala. Aloha, everybody.

MS. NAKATA: Aloha, Chair.

CHAIR SINENCI: Okay. Members, on today's agenda, we are taking up WASSP Item 1(8), a 7(B) presentation on the State Department of Health's New Procurement Process for Emergency-Medical Services in the County of Maui. As you all recall, at our last meeting on October 16, we discuss Resolution 23-201, which was then passed at our October 20th Council meeting. The Resolution's title, Urging the State Department of Health to Cancel the RFP Number HTH-730-2-23, and to rebid the contract to provide the same, or a better level of emergency medical services, including MedEvac. On October 23rd, the Department of Health announced the cancellation of the ground ambulance services procurement for Maui and Kaua'i Counties. I would like to thank the Department of Health for recognizing the need to redo the process, and I hope they are open today to receiving our community's input as we move forward. I have included both Resolution 23-201 and the DOH press release on the cancel...and the cancellation in Granicus. To help us understand the new process, we have with us today Department of Health Deputy Director Ms. Debbie Morikawa, and Mr. Robert Lau, of...the Data Manager for the DOH Emergency Medical Services and Injury Prevention System Branch. I like to designate them as resource people under Rule 18(A) of the Rules of the Council if there are no objections, Members.

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

CHAIR SINENCI: Thank you. Staff, do we have testifiers for the beginning of the meeting?

MR. PASCUAL: Chair, there's currently no one signed up wishing to testify.

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CHAIR SINENCI: Okay, I see Mister...the other Mr. Lau [sic] coming down. Okay. Wait, let me read...let's begin with public testimony...oral testimony. Because...I'll say this because we'll also have testimony after the presentation, okay. Oral testimony via phone and video conference will be accepted. Please note that if you're signed in, you're on the list to testify even if you did not request to testify. Please let Staff know in chat if you're signed on and do not intend to testify. In accordance with the Sunshine Law, testimony can occur at the beginning of the meeting, but cannot be limited to the start of the meeting. The Chair will receive oral testimony for agenda items at the beginning of the meeting, and as the item is called up on the agenda. When testifiers sign up to testify, they must let Staff know whether they wish to testify at the beginning of the meeting or before an agenda item, otherwise, Staff will be...Staff will assume the testifier will testify at the beginning of the meeting. Testifiers wanting to provide video or audio testimony should have joined the online meeting via the BlueJeans link or phone number noted on today's agenda. Written testimony is highly encouraged, and can be submitted via the eComment link at [mauicounty.us/agendas](https://mauicounty.us/agendas). Oral testimony is limited to three minutes per item, and will be accepted at the beginning of the meeting and prior to the Committee's deliberation on each item on the agenda. If you're still testifying beyond the time, I'll kindly ask you to complete your testimony. We ask that you state your full name and...and the organization you represent, but if you prefer to testify anonymously, Staff who identify and refer to you as a "Testifier" and assign you a number. Please also indicate the agenda item or items you are testifying on. I also want to acknowledge that testifiers may have questions on this process, and those questions are important. And while we cannot address testifier questions during the testimony portion of the meeting, I can take note of your questions and try to get them answered later in the deliberations portion of the meeting. Please be courteous to others by turning off your video and muting your microphone while waiting for your turn to testify. Once you're done testifying and if you do not wish to testify, you can view the meeting on *Akakū* Channel 53, Facebook Live, or [mauicounty.us/agendas](https://mauicounty.us/agendas). Again, thank you for your cooperation. The Chair will be maintaining decorum at all times. And so, Committee Members, I'll now proceed with oral testimony. Staff?

MR. PASCUAL: Chair, we only have one testifiers signed up at the beginning of the meeting, and it's Jaycee Law.

CHAIR SINENCI: Mr. Law.

MR. LAW: Aloha kakahiaka everybody.

CHAIR SINENCI: Aloha.

MR. LAW: Aloha Monday. Name...I didn't sign up, and I wanted to...I would prefer to be in the...on the record as kanaka haleole. The Hawaiian word of the day is hooleia. Well...yeah, haole, yeah. And that means Americanized to have adopted the ways of the white man. So, Mr. Chair, I would ask you, as...speaking about decorum and all at the...at the meetings, I would ask you not to use that Americanized word for people

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that don't have a home. And this is relevant to the meeting subject matter because I'm pretty sure the ambulance gets called a lot of times for the people that are laying on the side of the road. And I give the rest of my time to Hawaiians.

CHAIR SINENCI: Mahalo, Mr. Lau [sic]. Members, any questions for the testifier? Seeing none. Thank you. Okay, Members, we'll proceed with our agenda item for today. On the agenda, again, Members, today we have...we are discussing the emergency medical services for our residents. This is an important issue that affects all of us, personally--our families, our Staff--and all the residents and visitors to Maui County. As we begin, I want to remind us of our State Constitution, Article 9, the Public Health and Welfare section reminds us that it is our kuleana, not just a moral duty, to provide for the protection and promotion of public health. It is also the mission of the Department of Health to protect and improve the health and environment for all people in Hawai'i. Health is a right and responsibility of all of our people. And while this responsibility lies in the hands of the State, it is our responsibility, as Councilmembers, to provide a voice for our community, and to ensure that we understand this process, and that it serves us in the best manner possible. I would like to acknowledge the rural communities of Maui County and their unique emergency service needs. Hāna, Lāna'i, Moloka'i, rely heavily upon air-medical services, and the cross-coverage and coordination of ground and air paramedic personnel is critical for the day and for the care they receive. In Resolution 23-209, this Council echoed the community's desire to have ground and air paramedic services in the same contract as it has done now. This is working very well for our community. I am also thankful for Ms. Morikawa and Mr. Lau for attending this meeting today to provide information, and to also listen to us, and our questions today. To facilitate our discussion, I sent a letter with questions to Ms. Morikawa so that she can help address those up front. I've also included my letter in Granicus, Members. So we can go ahead and start with Ms. Morikawa, if you have any opening statements, and you want to explain the new process, and maybe address some of the questions that we have asked prior. Okay. Hold on. Are you--is she unmuted, Staff?

MS. MORIKAWA: Okay. Can you hear me now?

CHAIR SINENCI: Yes, we can. Okay.

MS. MORIKAWA: Okay, apologize for that. I always forget to unmute myself. Okay. Chair, thank you for the opportunity to address your County Council Committee on Water Authority, Social Services, and Parks. I would like to just kind of start out with just the general procurement process...just so...an understanding. Because there have been many people who have asked if...you know, why we have to go through this. And so, under Chapter 103(F), purchases of Health and Human Services, it requires us to...any time there's any expenditure of public money or public contracts, they shall be made in accordance with the law under the governance of expenditure of public funds. And so, the purpose of the rules is to promote economy, efficiency, and effectiveness in the procurement of health and human services. It ensures fair and equitable treatment of all providers who deal with the procurement system. It provides increased economy in procurement activities, and maximizing to the fullest extent

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practicable--I'm just kind of reading from the...this...the rules--that the purchasing of and value of public funds fostering effective, broad-based competition within the free enterprise system, and providing safeguards for the maintenance of procurement system that has quality and integrity. So, I just pulled out the ones that really were applicable to why we have to go through this procurement process. Under Chapter 103F, it talks about the method of selection, and that method is this competitive purchase of services, which is the RFP, where we start out with a request for proposals. We solicit proposals from the public, and through this process we are able to entertain bids that address all of the services that we've identified in the scope of services in the RFP. There is like somewhat of an exemption, which is...falls under the restrictive purchase of services because we were asked, you know, if...if we can always just use one provider. But that is very limited, and it's limited based on the need for the service in a geographic area that's available from only one provider. So only one provider can provide that service, and no other provider. And that the need for service is...has a unique and cultural approach designed for a limited, targeted group that only one provider can provide. And when only one provider satisfies the limitations imposed by the source of funds for the procurement, that's when we can use a restrictive purchase of services, which would allow us to just go out to that one provider. We did request it for the current provider, and we were denied it. So, I do want to, you know, let you know that I know everyone has talked about wanting to stay with the current provider, and why do we have to go out for a request for proposals if you're satisfied with this one provider, and this is the reason, because we do have to follow the procurement rules. Now, one of the reasons why this last procurement was canceled, there was a lot of misinformation out there, but the main reason for the cancellation was that the head of the procurement agency, which is Kenny Fink, our director, did not believe that...that he felt that there was a change in the services, or...or that would warrant an RFI. And an RFI was waived in the last round. We, as the branch, did not believe that there was actually a change in the services, or any of the level of services that was being provided. What we did acknowledge was that we did change the format in which the...the services were going to be solicited. And that was considered a significant change for the community. So, we understand that process and we, therefore, am going through the RFI process because we did separate out air ambulance services from ground services. There was also a confusion with the level of services that was being requested. For some reason there was misinformation out there that basically said that we were lowering the level of services. In reality, if you read through the RFP, on page 2-6, it said all ground ambulance units at all times must be equipped and staffed to operate at the advanced life support or ALS, or BLS level for all 911 emergency calls. So, that's where I think some of the confusion arose. But where it referred to vehicles...so, it was a little...I guess it...it...it wasn't stated in the typical way in an RFP. It did indicate that the provider...the provider's vehicle and vehicle plan shall meet or exceed the current model. And the current model...and...and I'm going to talk about what was required. So, the current model on Maui is 8...911...ALS 911 ambulance services, one rapid response unit, and that's for the Island of Maui. Two ALS 911 ambulance units on the Island of Moloka'i. And one 911 ambulance unit on the Island of Lāna'i. All units will operate 24 hours per day, seven days a week, 365 days of the year. So, there was never any intent to change the current level of service. If anything, the intent was to

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encourage a new solicitor...or all solicitors to enhance the current level of services. Okay. Let me go through my notes. Okay. So, with the request for information, we are going to go to an RFI. And I'm going to go through the questions that you actually submitted to us. So, your first question was whether or not we got an extension. So, that was a process that we had to go through where we needed to request for an exemption to be able to extend the contract. We were able to get approval for an extended contract. It is only until September 30th of 2024. We are still going to try to see if we can get an additional contract extension to allow more time for a more thorough RFP process, as well as in the event there was...that was one of your other questions. In the event that another provider does get selected, that there was sufficient time for that provider to ramp up to be able to provide adequate services for the County. Okay. And then the next question was...oh, that you were asking about why we decided to separate air medical ambulance transport services. Well, we're really committed to providing the highest quality of services. And so, when we looked at air medical services, we actually did an RFI earlier in June, and that's where we solicited, basically, information about how air ambulance services would work. And we did get two providers who submitted recommendations and suggestions for how an air ambulance operation should be operated on Maui. Some of the recommendations that came out of that, which was one...were...were some of the critical reasons why we had opted to separate it out in this previous RFP, was that we wanted to make sure that there would be two onsite aircraft dedicated to Maui County, that there were two qualified staff, an RN and a paramedic, for all transports, which is considered best practice standards for staffing ALS air ambulances right now across the nation. That we would be able to ensure that there would be night transports available, as well as the ability to transport bariatric and pediatric patients. Under our current model, that...this doesn't consistently happen, there are some limitations. And so, we wanted to see whether or not there was any possibility that we could ensure that these services at this level of staffing would be available at all times. So that was the reason for us considering separating out the contracts. There was a concern about whether or not that separating it out, there would be issues with communication. But currently, collaboration and coordination is already required and occurs for fixed-wing transport. So, the need to coordination...to coordinate services is still within the scope of services expected by a contractor. So we don't anticipate that there would be any issues with the collaboration, coordination, and communication. Okay. You had a question about the scope of services. So, the general scope of services will remain the same. As I mentioned earlier, there will be all ALS ambulance required, at least at the same level that's in existence. If a provider wants to provide more than that level of service, we would welcome that. But they must, at least, maintain the current level of service. We are also in the process of writing a new RFP, and in that process there will be no third-party contractor. So, it will be our branch that will be drafting the RFP, and it will be based on the information that we're collecting now, as well as officially through the formal request for information process. That is anticipated to be released next week, and some of it will include some of the things that may come out of this meeting. But essentially, the RFI process is the mechanism for public input for recommendations, suggestions, concerns about the service level that's required in your counties. The changes that are being considered, as I mentioned earlier, are the separation of air medical and ground ambulance services. We're looking at additional



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reporting requirements to ensure transparency of costs, the ability to evaluate effectiveness and efficiency of services, as well as a greater emphasis on quality and performance improvements. The...excuse me. We are also (*audio interference*) --

CHAIR SINENCI: Oh, you...Debbie, you froze for a --

MS. MORIKAWA: Yes.

CHAIR SINENCI: -- little bit. Maybe the --

MS. MORIKAWA: Okay, where did I --

CHAIR SINENCI: -- the last -- when you said, we also, then you froze.

MS. MORIKAWA: Okay. I talked about the additional requirements. Did...did you catch the additional reporting requirements?

CHAIR SINENCI: Yes.

MS. MORIKAWA: Okay. So, we're also considering looking at how can a provider better support continuing education of their staff to be able to maintain or improve their skills, as well as to help them with their ongoing certification. We recognize that it is a challenge to staff...to maintain adequate workforce on the neighbor islands. So, this is something that we're hoping to be able to achieve through our next provider, whether it's a existing provider or the...a new provider. But we're asking whoever the bidder is...the successful bidder, that they take this into consideration in their...in their services that they're providing. And then any additional recommendations or suggestions that would come through the RFI process. So, that's going to be an open public process. There will be on-island opportunities for the public, as well as providers to be able to give input, as well as yourselves if you choose...find that there are other things that come up. We will also be accepting written recommendations, and there will be a process for you to submit those. Another question was whether the Department will have a review panel, and, yes, it will be the same process as is required by rules and statute--I can't remember which it's required under, I think it's rules--and that proposals will be reviewed by a panel with ideally, a minimum of two employees at the State. That's a requirement, that they're...they have to be employed by the State, and we have to have two. Our plan is that we...and...and they have to have subject-matter expertise. But our plan is ideally to seek two emergency medical...medicine physicians, one from the neighbor islands, and one employee with extensive experience in reviewing RFPs. So, ideally, we'll have two emergency medical physicians, at least one of them will be from the neighbor islands. Hopefully, we'll be able to achieve this. Again, some of the challenge is their availability, but that is our goal. If a different emergency medical service provider is awarded the contract--that was another one of your questions--the solicitation, if it results in a different provider, we will be looking at trying to extend the contract with the existing provider, and hopefully the...if this does happen, that the provider will be willing to extend their services until the new provider has sufficient time to ramp up and begin appropriate

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services for the County. Okay. I'm going to stop there and open it up for any questions. I hope I answered all the questions, I tried to.

CHAIR SINENCI: Okay, yeah. And before...before we get to that, we'll have--Mr. Lau, did you want to go ahead and...and provide comments to the process? Not at this time. Okay.

MR. LAU: No, thank...no, thank you.

CHAIR SINENCI: All right. So, next, Member...then we'll go back to public testimony.

**. . . BEGIN PUBLIC TESTIMONY . . .**

CHAIR SINENCI: At this time, if there is anyone wishing to testify on this item, please unmute and identify your set...yourself. Staff, can you call the first testifier?

MR. PASCUAL: Chair., the first testifier is Dawn Lono, followed by D. Kingdom [sic], Maui EMS.

CHAIR SINENCI: Aloha, Ms. Lono.

MS. LONO: Good morning. Aloha. Can you hear me?

CHAIR SINENCI: Yes, we can hear you.

MS. LONO: Aloha kakahiaka. Good morning, Committee Chair Sinenci, and Committee Members. My name is Dawn Lono, and I am speaking on my own behalf this morning on this agenda item. It is critical (*audio interference*) in Maui County that emergency air service be available when needed. My personal experience happened earlier this year when I had a very serious heart A-fib situation here in Hāna. The medics felt I should be flown out to Maui Memorial, as my heart was beating at about 180 beats per minute, and I was losing consciousness. An air ambulance was not available, as all of the pilots had timed out and no pilots were available. I had to be taken to Hāna Medical Center and treated as best they could to slow my heartbeat, and then driven out by ambulance to Maui Memorial. This is a more than two-hour journey on the windy road, and very difficult for the patient as the journey in the back of the ambulance made me very sick, and I'm sure other patients as well. It is also difficult for the medics. I could have died as a result of this lack of emergency air services, and continue to be grateful to the medics for their treatment and service. Please be sure that air emergency services are provided as part of the emergency contract. This is essential, and not having a service is life threatening. Our community has many kūpuna, and its remote location makes it critical to have these emergency transport services. And East Maui has many visitors, and there are often rescues with life-threatening injuries that need emergency air transport services. It is important to coordinate air and ground care for our communities. It is important to have more medics under the same company so there is cross-coverage, which can be critical in

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life-threatening emergency situations. I appreciate the opportunity to share this testimony with you all.

CHAIR SINENCI: Mahalo, Ms. Lono, for your testimony. Members, any questions for the testifier? Seeing none. Thank you.

MR. PASCUAL: Chair, the next testifiers, D. Kingdon, Maui EMS, followed by Speedy Bailey.

CHAIR SINENCI: Aloha, Mr. Kingdom--Kingdon...Kingdon.

MR. PASCUAL: Chair, he's unmuted, but he might need to adjust his audio settings in BlueJeans.

UNIDENTIFIED SPEAKER: You calling on her?

UNIDENTIFIED SPEAKER: . . .*(inaudible)*. . . --

UNIDENTIFIED SPEAKER: Oh, there. Oh.

MR. KINGDON: How about now, can you hear me?

CHAIR SINENCI: Yes, we can...we can hear you. Go ahead.

MR. KINGDON: Okay, sorry about that. Wrong microphone, I guess. So, my name is David Kingdon. I'm just representing myself as a concerned citizen today. However, for background, I'll let you know that I'm a paramedic with Maui County EMS. I supervise our Special Response Unit, and I also teach emergency services in the University of Hawai'i system. I also want to mention, because it comes up in regards to the MedEvac program, that prior to happily settling in Maui, and working the last two decades of my career here, the previous decade was in a few different states in the mainland. And I'll reference a couple of those in my testimony, when I worked for a City of Austin, Travis County in Texas, as well as when I was in graduate school and worked in Orange County, North Carolina. I want to briefly mention that while I appreciate the DOH representatives participating in today's meeting, and seeming to be receptive to feedback now, I don't actually agree with sort of the rosy picture of the EMS and Injury Prevention Branch, nor of the RFP process. I've been very involved at the State level over the years, and in the past it's been a very collaborative environment in all of these different capacities, whether field, or training, or research. The last few years have not been such. The EMS branch is the EMS and Injury Prevention Branch. Even though it's not the purview of this meeting, I wanted to mention that there has been a real dereliction of duty on both sides of the branch, not just EMS, but particularly Injury Prevention. So, the...so, the subject at hand, the RS...the RFP process was certainly very flawed, and the call-outs to these flaws were not misinformation. They were quoting directly from the branch's own dialog, both in the RFP process, and in the questions and answers from and to respective bidders. And that included--and this is pretty much a direct quote--the Branch saying that the State had no position and no preference as to the ratio of basic life support,

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ambulance versus advanced life support ambulance configuration. So, if they're alleging now that this was just a misunderstanding, and that other community advocates were spreading misinformation, this is absolutely untrue, and really an unacceptable and offensive position. Now, regarding the specific concerns in Maui County as to one of the other major issues with the RFP, and that was the cleaving off of Maui MedEvac. First of all, an EMS system is more than just ambulances. It needs to be a dynamic system to reflect the dynamic needs of the community. That includes special response units and helicopters. In Maui in particular, because of our challenging geography, a helicopter is essential. And I've worked in both systems where the helicopter was integrated in the EMS system, obviously here, and also in Austin, Texas. I've also worked where it was separated out. When I worked in North Carolina, the...the helicopter was not part of the EMS system. We had to rely on outside helicopters from UNC Air Care or Duke Life Flight. In comparison, Maui system and Austin system are much, much more efficient and integrated in terms of the operational and the clinical aspects. And my...in my experience, when those things were cleaved off, it was much more cumbersome, it was much more inefficient. And although, you know, those two helicopter providers, you know, provided admirable service, it was not nearly as effective for the Orange County community itself.

CHAIR SINENCI: Mr. Kingdon, can you just conclude your testimony?

MR. KINGDON: Sure. Sure. The last thing I just wanted to say is the nurse medic configuration is not necessarily best practice. The Deputy Director Morioka [sic] had quoted that, but there's nothing published, in terms of evidence-based medicine, that supports that. There are a number of different configurations, particularly for a public safety-oriented helicopter like ours. And I thank you for the time. And if you have any questions for me, I'd be happy to address those now or later in writing.

CHAIR SINENCI: Mahalo, Mr. Kingdon. Members, any questions for Mr. Kingdon? We have a question for you from Committee Vice-Chair Johnson. Go ahead.

VICE-CHAIR JOHNSON: Thank you, Chair. Good morning, Mr. Kingdon. Thank you for your testimony. Just a clarification on that last portion. You mentioned that there's...you're saying in the helicopter, a RN and a...a paramedic is what they're asking, but that's not the standard. Can you clarify what you meant, that last section?

MR. KINGDON: Sure. Can you still hear me, Councilmember Johnson?

VICE-CHAIR JOHNSON: Loud and clear.

MR. KINGDON: Great. So there are a number of different configurations across the country. The...a paramedic or critical care paramedic, a nurse...you know, a flight nurse may be a common one, but it's certainly not the only. And particularly when it comes to more a public safety 911 scene-oriented helicopter, which is what ours is, and should be. Ours is not primarily intended for critical care or inner-facility transports. It's

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primarily intended for public safety, 9-1-1 scene response. And particularly in those situations, it's not uncommon to necessarily have, you know, two paramedics who are, you know, special operations and are flight credentialed. It's not even uncommon to necessarily have one paramedic, as we occasionally have deployed. And just by way of one of several examples, in the State of Maryland, the Maryland State Police ran a program called the Trooper/Medic Program. And for over four decades, they actually ran it with a law enforcement pilot, and then a dual-trained law enforcement and paramedic flight medic, and that was it. It was a very streamlined system, it worked very well. And so, ours deploying with one or two paramedics, and a well-qualified pilot, you know, in a really good airframe would reach. Everything else, you know, in that system is...is pretty decent. It's not to say that our system shouldn't improve. It could, and it's actually underway with those improvements right now, but it's a solid system, and it's a solid model in...in general.

VICE-CHAIR JOHNSON: Thank you so much for that clarification. Thank you, Chair.

MR. KINGDON: Thank you.

CHAIR SINENCI: Okay. Any other questions for Mr. Kingdon?

COUNCILMEMBER RAWLINS-FERNANDEZ: Member Paltin?

CHAIR SINENCI: Okay, I don't--Member Paltin, go ahead.

COUNCILMEMBER PALTIN: Thank you, Chair. I would like to request, if Mr. Kingdon is available, if he could be a resource for us, given his expertise, especially with the Maui AMR system.

CHAIR SINENCI: Members, any objections to having Mr. Kingdon?

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

CHAIR SINENCI: Okay. No objections. Okay. Mr. Kingdon, are you available when we get to discussion period?

MR. KINGDON: I just have teaching obligations at 12:30. So, I don't know what your agenda is, but other than that, yes.

CHAIR SINENCI: Oh, yeah, should be done by then. Okay. Thank you. Okay. Mr. Pascual.

MR. KINGDON: Thank you.

COUNCILMEMBER PALTIN: Thank you.

MR. PASCUAL: Chair, the next testifier is Speedy Bailey, followed by Jamie Maddock.

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MR. BAILEY: Good morning. Speedy Bailey, Regional Director with AMR. Thank you, Chair Sinenci, Members, and community. Thank you, DOH, for your attendance. We certainly, in EMS, appreciate...appreciate the...the transparency and discussion on this very important issue, so mahalo for that. I'll be very brief. You know, just wanted to express those thanks and this...this dialog, this discussion, is...is...is very important and I'm...I'm here as a resource or for questions. Thank you.

CHAIR SINENCI: Hold on, Mister...or Speedy. I'm going to...just a couple questions for you. Does AMR provide other services to the community that are not included in the current contract, or the...the...this...the new RFP?

MR. BAILEY: Yes, sir. I think I spoke last month. You know, American Medical Response is Statewide. We provide 911 services to Maui County and Kaua'i County, but we also provide inter-facility services throughout the State, which includes a network of private ambulances, ALS and BLS as needed. We also have air company, Hawai'i Life Flight, and provide inter-facility critical care transports for patients that are in need of services inter-island, and going into tertiary care on O'ahu. We also provide long-range services for patients that need to be repatriated from Hawai'i to California, or...or wherever they need treatment on the mainland. But we also provide standby services throughout the...throughout the...the State. One of the largest events that's coming up is the Honolulu Marathon. We do that in entirety. We contain five to six ambulances as needed on...on the course. We do that for all the events that are needed throughout the State. So, in addition to those standby services, we're not...which are not part of the 911 contracts, we also do training in the community in first aid, CPR. And these are all part of the system that we believe is EMS, in total, and very unique also in our...in our Island-State because of the resources that may or may not be available. But the system is what we worked for 40 years to help develop in collaboration with the State and with the communities in terms of meeting the needs of all services. So, you know, for example, you know, we had the...we had the disaster in Lāhainā. We had critical patients that were taken to Maui Memorial that had to be repatriated to Straub Burn Center [sic]. That's all part of the system that was delivered with on time, on point. And...and...and...and those patients were...were the beneficiaries of...of that service. So, it's a system that we've been part of, and look forward to being part of in the future. Thank you.

CHAIR SINENCI: Thank you. Sorry, Members --

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair?

CHAIR SINENCI: -- did you want to designate him as a resource, Member Rawlins-Fernandez?

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, no, I was just going to say, like, I know you're the Chair of this Committee and everything, but if you would like --

CHAIR SINENCI: Yeah.

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COUNCILMEMBER RAWLINS-FERNANDEZ: -- to hold off on these nonclarifying questions  
(audio interference) --

CHAIR SINENCI: Right. Let's go ahead....if...got it. If (audio interference) objections to designating Speedy as a resource persons for later, if we have any questions for him?

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

CHAIR SINENCI: Okay. Thank you.

MR. BAILEY: Okay. Thank you.

COUNCILMEMBER RAWLINS-FERNANDEZ: I...I don't have any objections, Chair, but I also --

CHAIR SINENCI: Yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- question the appropriateness of it because they're one of the bidders, so...I don't know. Perhaps when we close public testimony, we can discuss that. Mahalo, Chair.

CHAIR SINENCI: Thank you for that, Member Rawlins-Fernandez. Did anybody else have any questions for Speedy? Okay. Well, we can ask later. Mr. Pascual.

MR. PASCUAL: Chair, the next testifier is Jamie Maddock, followed by Mary Kahana.

MS. MADDOCK: Hi. You guys can hear me okay?

CHAIR SINENCI: Yes, we can hear you.

MS. MADDOCK: Hi. My name is Jamie Maddock Pagan. I work for Maui EMS AMR for the last 20 years as a paramedic. I've also been part of the MedEvac program since its inception about 18, 19 years ago. I've also been flying on the MedEvac, and part of the MedEvac since the crash back in December, pretty regularly. And I've come to understand that the Department of Health has the RFIs. And that...I do understand that they've been submitted by pretty much mainland-based programs. And I just want to speak a little bit to that from what I heard earlier. Regarding the bariatric transport of patients, we just need to understand that rotorcraft is always going to have limitations that fixed-wings are not going to have for bariatric. So, to add --

CHAIR SINENCI: Oh, Ms. Maddock, you froze on us. Do you mind maybe turning off your video for...you froze the last 30 seconds.

MS. MADDOCK: Okay. And where did I leave off then?

CHAIR SINENCI: Maybe the last two sentences.

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MS. MADDOCK: Can you guys hear me now?

COUNCILMEMBER PALTIN: Bariatric.

MS. MADDOCK: Yeah.

COUNCILMEMBER PALTIN: Bariatric (*audio interference*) --

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah, where are you left off, the fixed-wing and the rotor, yeah.

MS. MADDOCK: Okay. So, yeah, just the difference is that the fixed-wing is just going to have a little bit more flexibility on the bariatric side. So, getting a bigger, better helicopter does not necessarily mean we can transport all of our bariatric patients via rotorcraft. Regarding the pediatric, which I think is a bigger thing for us, we've always limited the pediatric and the pregnancy that we can transport...the pregnant patients on our helicopter. And I have had the privilege of working with many of the mainland representatives that came over after the crash, and they also question why we do not necessarily fly so many pregnant individuals. And it came to an understanding that in the mainland, they can...for emergency childbirth, they can prepare multiple landing areas. But we cannot necessarily do that here in Hawai'i because we would be flying over water. So that would still restrict and...and enable us to necessarily like transport the pediatric and the pregnant patients that we're looking at right now. Also, regarding night flying, we do have NVGs, and we are currently using them, and we can fly night flights. I've done many, just another one last month, so we're flying those on a regular basis. And lastly, just regarding the integrated helicopter and the ground that Mr. Kingdon was speaking of, it does allow us for a better continuation of care. And right now, on the ground and the helicopter, we communicate on a regular basis. I know these providers, we share the same equipment. And so, that has made it a quicker and a better response for our patients. That's pretty much all I have to say on that. Do you guys have questions?

CHAIR SINENCI: Mahalo, Ms. Maddock. Members, any questions for the testifier? We have one from Member Paltin, and then Member Johnson.

COUNCILMEMBER PALTIN: Thank you, Chair. I just wanted to clarify, when you're talking about the bariatric patient, it looks like with, like, the bends or something, like from diving, they came up too fast, or...or I guess if you could clarify.

MS. MADDOCK: No, we're talking about patients who are usually over 300 pounds. Like that is our limit right now on the helicopter we have. And there is one that is a little bit bigger, and so it would allow for a little bit larger, but I cannot say. And just one more thing regarding all of our obstetric patients, that we would be...it's...it's really difficult for us, and that's why we have to do the emergency landing if there was going to be an emergency childbirth because we cannot get from...to the patient from below the waist. And that's why they set up and have those emergency landing spots in case you need to pull the patient off.



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COUNCILMEMBER PALTIN: So, the difficulty is with overweight patients, as well as pregnant patients with the size helicopter that we're using now?

MS. MADDOCK: That's just in all helicopters, overall, it's...it's just limiting compared to fixed-wing. So, sometimes fixed-wing is going to be better than a rotorcraft. A rotorcraft is much better for an emergency situation and flying from, let's say, Hāna to Maui Memorial, possibly Lānaʻi to Maui...such...it's over the water, that's very unique for Hawaiʻi.

COUNCILMEMBER PALTIN: Okay. Got it. Thank you.

CHAIR SINENCI: Okay. Next, we have a question from Member Johnson.

VICE-CHAIR JOHNSON: Thank you, Chair. Thank you for your testimony, Ms. Paddock [sic]. So, just to follow up on some of those questions. You know, the big concern that I have is, here on Lānaʻi, women cannot give birth...we don't have a pregnant...pregnant center for them...a birthing center for them. So, the...it was always about the Inter-Island transport. So, your...but I want to clarify your statement that flying over...over water is a no-go. But some of the research I did was with the Aleutian Islands up in Alaska and how they were addressing it, but they seem to be doing it. So, I...that's the part I want to clarify with your...the idea that in a helicopter, you...it's you can't transport, or it's difficult to transport emergency births, whereas a fixed plane you can. Is that...is that what you're...you're stating?

MS. MADDOCK: I think maybe it's just...maybe the way I spoke is a little bit misrepresented. Over short...you know, you have to just think of if they're in active birth, we...we aren't going to be able...and even a fixed-wing isn't going to be able...at some point there's a cutoff to fly, whether it's fixed-wing or rotor-wing. Most of these are pre-term, they're not in active labor. The farther we have to fly over water, for...say, from Maui to Oʻahu is much farther, right, it...and so, from Maui to Lānaʻi isn't quite as far. So, you have to take all of that into consideration. Currently...like even the fixed-wing program has a cut off when they're actively in labor, so we would have the same. Does that clarify?

VICE-CHAIR JOHNSON: So, it's a timing concern, is that --

MS. MADDOCK: Yes.

VICE-CHAIR JOHNSON: -- *(audio interference)* okay. And --

MS. MADDOCK: Yes, anybody in active labor, whether it's fixed-wing or rotor-wing, most likely is not going to be able to get on that, and be transported.

VICE-CHAIR JOHNSON: So, if I could give you a hypothetical? Let's say a pregnant woman on Lānaʻi needs to go to Maui Memorial. But you're saying that because there...it's not land, and there...you can land anywhere and it's over water, would...that's why they don't do it, is it...is that what you're saying?

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MS. MADDOCK: How far along is she in the pregnancy, I guess, is the question. Is she in active labor? Yeah.

VICE-CHAIR JOHNSON: Right.

MS. MADDOCK: And that's the thing. If she is 36 weeks along but not in active labor, then that's still transportable. It's --

VICE-CHAIR JOHNSON: So, active labor is the key thing. Okay.

MS. MADDOCK: Yes, active labor.

VICE-CHAIR JOHNSON: Okay. Thank you for clarifying. Thank you, Chair.

CHAIR SINENCI: The...next, we have a question from Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair.

UNIDENTIFIED SPEAKER: . . .*(Inaudible)*. . .

COUNCILMEMBER RAWLINS-FERNANDEZ: I guess you have a walkie-talkie with you, Ms. Maddock. Mahalo for your testimony. I...so, on Moloka'i, we...we can give birth here. We do have a...a birthing center, but it's just midwives. I gave birth here. However, those that have like high-risk pregnancies, or that would prefer epidural, or Pitocin, or, you know, any kind of medical intervention would have to go to...most of the people here will choose to go to O'ahu over Maui to have their babies. And then...but...but if they start off giving birth on Moloka'i, and ends up, you know, needing medical intervention, like a emergency C-section, then they will be transported. So, I...I guess my clarifying question is, are you talking about active labor as in a choice and not an emergency situation? Because in an emergency situation, they are transported. They're not going to just be left on Moloka'i to die.

CHAIR SINENCI: Ms. Maddock.

UNIDENTIFIED SPEAKER That's a really . . .*(inaudible)*. . . --

MS. MADDOCK: Oh, sorry. Is it unmuted? Okay.

CHAIR SINENCI: Yes.

MS. MADDOCK: That's a really difficult question. Again, it...it goes back to like if you're...if you're actively in labor, there's...there's parts that are like...on the medical side of like how far along you're dilated and effaced are the things that they're looking at. When you're going to be transported *(audio interference)* --

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COUNCILMEMBER RAWLINS-FERNANDEZ: So, in...in my...in my scenario that I...that I outlined, it was like an emergency C-section. So, if...if something like that had to happen, and it's not...it's an emergency, it's not just giving birth without any emergency happening, like the baby's heart rate is not dropping or anything like that.

MS. MADDOCK: Well, we transport (*audio interference*) --

COUNCILMEMBER RAWLINS-FERNANDEZ: I guess, I answered my own question. When it's an emergency, they will be transported. Mahalo.

MS. MADDOCK: Yeah, exactly. I was going to say, yeah. And I think the fixed-wing was already doing that a lot. And, again, it just kind of comes down to where they are. So, the helicopter can and could possibly do the transports of those. It doesn't still need to be a bigger helicopter, I guess, is the point I was making, because that's been some of the things that I've seen from DOH, is they're trying to look at different vehicles for transport, different rotor-wings. And I'm just trying to say, like the one we have is perfectly acceptable for all of the situations. We just need to be careful when we're thinking that we want a bigger and better one for these obstetric (*audio interference*) patients because that's not necessarily going to get you those two things. Does that make sense?

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah. So, my clarifying question was on like your response to Member Johnson's about, you know, giving birth. And then, I...I guess, you know, on Moloka'i, we do have bigger people too, that, you know, our...our hospital--anyway, a larger way to...a...a rotor-wing that can transport larger people from Moloka'i is beneficial, I guess is my point. Mahalo for...for your comments.

MS. MADDOCK: Yeah, thank you. Thank you for your time.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair.

CHAIR SINENCI: Mahalo, Member Rawlins (*audio interference*). Ms. Maddock, for those flights into Hāna, are they able to come at night?

MS. MADDOCK: Yes. The last three or four I've done have all been at night with the NVGs. We're capable of flying over to Lāna'i at night, Moloka'i at night, and Hāna, and --

CHAIR SINENCI: Okay.

MS. MADDOCK: -- including...we actually did a Kapalua at night not too long ago.

CHAIR SINENCI: (*Audio interference*) for your testimony. Did we have Ms. Kahana next?

MR. PASCUAL: Yes, Chair. Mary Kahana is next on the list to testify from the Hāna Residency Area Office, followed by Kahaku [*sic*] Ritte-Camara.

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MS. KAHANA: Good morning. Thank you for having me, Councilmembers. I am one of the Hāna resident lineal descendent of Hāna. I'm also retired military flight nurse. I have close to 20 years of flight nursing from leadership down to flight nurse. Just to elaborate a little bit about the OB situation, I just thought I'd share with you all that the patient (*audio interference*) be fit to fly, so...meaning it's a case-by-case scenario, depending on the patient's history, depending if it's safe for us to fly them, to make sure we have the right airframe, we have the right personnel to move the patient. Because it's...it's unsafe to be in...on air...in air, then we will not fly that patient. That's pretty much how the scenario goes. And the MDs should know that because they provide oversight for us, or the personnel who's flying, or the aircrew who's flying the patient. I'm here to support AMR for ground transport because I haven't found any gaps with Hāna. And if there was any gaps for the air transport for Hāna, I was not given the...the findings. There's a lot of moving parts. So, I just thought I share with you all regarding air transport. You know, making sure like we have the...the best fit for personnel. Like what's his name, Kingston [*sic*] stated that, you know, there's several mix. You have the RN, the paramedic. You can have an RN, three...two...three EMTs, and then two paramedics if they're trained up. I've worked with paramedics, they're highly trained, and...and...and they're ready to support the patient. . . .(*timer sounds*). . . Our goal is...in air vac is ensuring...ensuring the patient is fit to fly. And obviously, we're, you know, looking at other parts too, with the weather conditions, if we can fly. We looking at the wind, you know, and the flight plan, itself. So, a lot of coordination with just, you know, one flight. Ensuring that, you know, we have all the pieces to package the patient, and then bring back the patient to a higher echelon of care. My goal here is to ensure that there's no deficiency with Hāna because we're way out here, and there's no ER nearby. And I have to ensure that we have good air transport and ground transport for our people here of Hāna. Mahalo.

CHAIR SINENCI: Ms. Kahana, we have a question from Chair Lee.

COUNCILMEMBER LEE: Thank you. Thank you for your testimony. Just wondered if it's sometimes easier to fly the...the physician to the patient?

MS. KAHANA: Usually that's not the case because the...we feel that the level of expertise, a paramedic and a nurse, is enough to air vac the patient. And if we feel--like I said, it's case-by-case that the flight doc needs to be on the team, then yes, we would pull the flight doc. But majority of the time they're just on call for us to reach out. And we're out in the field transporting --

COUNCILMEMBER LEE: Okay.

MS. KAHANA: -- the patient.

COUNCILMEMBER LEE: Thank you.

CHAIR SINENCI: Mahalo, Chair Lee. Any other questions for Ms. Kahana? Seeing none. Thank you for your testimony.

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MS. KAHANA: Mahalo.

CHAIR SINENCI: Mr. Pascual?

MR. PASCUAL: Chair, the next testifier is Kahuku [sic] Ritte-Camara, followed by Donovan Keliipuleole.

CHAIR SINENCI: Aloha. Good morning.

MR. PASCUAL: Chair, she's unmuted on our end. I believe she would have to unmute herself on BlueJeans. Oh, there she is.

CHAIR SINENCI: Oh. Still muted, or...

MR. PASCUAL: Chair, looks like she's...she's unable to unmute herself. I believe she has to hit star-4 if she's testifying from a phone.

CHAIR SINENCI: Kahaku [sic], star-4. Okay. Can we go on, and then we'll come back to her?

MR. PASCUAL: Yes, Chair, we can circle back to her. The next testifier would be Donovan Keliipuleole.

MR. KELIIPULEOLE: Aloha kākou. My name is Donovan Keliipuleole. I'm the Maui County Paramedics Association President. And thank you, first and foremost, for having this platform to have this conversation. You know, I think one of the big things we want to pour our...pour out is...is a thank you to each and every one of you Councilmembers. During this time, you folks really stood up for us community members, which make up the workforce, and all your kind words, we wanted to say thank you, first and foremost, to that. As far as the Department of Health is concerned in this RFP process as it involves the MedEvac, I think, you know, we can only hope that we obtain a platform to speak towards our concerns as they write these new RFIs and RFPs, to avoid any kind of confusions moving forward in the future. And aside from saying thank you and hoping that we get a platform, that's kind of all I have to say. You guys have any questions for me?

CHAIR SINENCI: Any questions for the testifier, Members? We have one from Member Sugimura.

COUNCILMEMBER SUGIMURA: Thank you. Thank you for being here. So, what...what do you mean by providing you a platform?

MR. KELIIPULEOLE: I think just to have a...more of a in-depth platform, whether it be during the public forum portion, or at any time. During this last time the RFP was released, and it was at that point that we kind of had to say something and express our concerns. We're hoping to have some kind of input or say prior to something

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being released, or at least having, again, an open...or a platform, or...or a stage to voice our concerns to the appropriate avenues as to avoid confusion on our end, or...or for the community that we serve.

COUNCILMEMBER SUGIMURA: Okay. I...I thought that when we had Department of Health on that they were going to have a public process once they issued the RFI. But I'll get that clarified. That's what you're talking about, right?

MR. KELIIPULEOLE: Yeah, more...more...more so. And...and I've heard them say that as well. So, I just wanted to tell you folks thank you, and hopefully when that portion comes up, we can have a say in the situation as well.

COUNCILMEMBER SUGIMURA: Okay. Thank you.

CHAIR SINENCI: Donovan, did you mean...I know that Ms. Morikawa said that there was going to be...she just said one representative from the outer islands. But would you want to see at least one from Maui?

MR. KELIIPULEOLE: I think that'll be ideal. You know, given the situation, Maui County in and of itself is very unique, as opposed to other counties, that there's three islands that make up our county. And the...and the bodies of water that separate us really proposes a lot of struggles or...or difficulties in...in providing this 911-type emergency care, whether it be for our community members or even for our workforces to get to these other islands, given the current circumstances of everything going on. But, yeah, I think that'll be ideal situation.

CHAIR SINENCI: Okay. Mahalo for that. Any other questions, Members? Seeing none. Thank you for your testimony.

MR. KELIIPULEOLE: Thank you.

CHAIR SINENCI: Mr. Pascual.

MR. PASCUAL: Chair, we'll circle back to Kaha...Kahaku [sic] Ritt...Ritte-Camara.

CHAIR SINENCI: Aloha, Ms. Ritte-Camara.

MS. RITTE-CAMARA: Aloha kakahiaka.

CHAIR SINENCI: Hi. We can hear you.

MS. RITTE-CAMARA: Yay. Oh, so sorry. Aloha kakahiaka, Chair, Councilmembers. Mahalo for holding this hālāwai, this meeting. I would be testifying on the emergency air transport for Moloka'i. So sorry. In May of this year, my dad died in Honolulu. It took about three to four hours for an emergency medical transport to reach Moloka'i, to get to the Moloka'i General Hospital and transport him to Queen's Medical Center. I'm not sure the standard operating procedures, or what is the...what...what call needs

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to be made to have an emergency transport to Moloka'i immediately. What is a life-or-death situation to have a helicopter land in Moloka'i and transport someone directly to Queen's? What will it take to help guarantee emergency care for Moloka'i? I understand Hāna and Lāna'i as well. Oh, so sorry. I'm not sure if it's the communication between the hospital, grounds transport, and the emergency medical team. I'm not sure if it's no one's available as far as personnel or a aircraft wasn't available. 6:00 a.m., my dad checked into Moloka'i General Hospital. He passed away at 11:44. He made it to the OR, but he was waiting so long that he...he couldn't handle, and he didn't make it through the surgery. So, for our family...we have...we have nine kids. We have 33 grandkids. And we don't have my dad anymore. I just would like to know how we can get the emergency care that is needed, especially in emergency situations, life-or-death situations. There was other situations in Moloka'i where a helicopter landed and that person is alive. How can we guarantee care? How can we guarantee emergency transport services for a life-or-death situation on the...on Moloka'i, Hāna, and Lāna'i? I'm...I'm not sure if I asking the right people, but we need that. No one should go through this. Every life should matter. No 'ohana should go through this trauma of depending on emergency care and not getting it in a timely manner. Mahalo. That's all I have for today. Mahalo nui.

CHAIR SINENCI: Mahalo, Kahaku [sic] for your testimony. Appreciate you coming on, sharing your mana'o. Members, any questions for Kahaku [sic]? Again, mahalo nui. Mr. Pascual?

MR. PASCUAL: Chair, there is actually currently no one else signed up to testify. If you'd like, I can do a final call. If there's anyone out there in the audience or in the...in BlueJeans that would like to testify, please come up to the mic or unmute yourself on BlueJeans now. The countdown is three, two, one. Seeing none. Chair, no one else is wishing to testify.

CHAIR SINENCI: There's any objections to closing testimony?

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

CHAIR SINENCI: Okay. Great. Thank you.

**. . . END PUBLIC TESTIMONY . . .**

CHAIR SINENCI: Before we go on to questions, maybe...is there a need to take a quick break? Okay. But we need to do...I did have a question for Mariana. Member Rawlins-Fernandez had some...had an inquiry about...I know I did designate Speedy as a resource, but him being a part of the bidding process, is that a...we just wanted some--is that your question, Member Rawlins-Fernandez?

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair, for clarifying the question that I had. So, I don't think it's a legal question, and that's our attorneys. Although, if they have an opinion, I'm...I would...I would love to hear it. The reason I said

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appropriateness and not legality is because it's not necessarily against the law. It's just, perhaps, we can provide better guidance in limiting how the discussion is had with a representative from an organization that is bidding on this RFP so that it's not one party is advocating on behalf of their organization, and instead, providing parameters that the discussion will be on what services should be provided for, you know, our people, and the...the...the process of how, you know, the RFP was...was posted, or...or et cetera. So, that we're not talking about which bidder is better, if you...if you understand what I'm saying. So...because I...I don't think that is appropriate, to have one party here advocating on their own behalf, and not the other party. That doesn't seem right--not legal, just...you know, fair.

CHAIR SINENCI: *(Audio interference)* Lowy-Gerstmar.

COUNCILMEMBER RAWLINS-FERNANDEZ: So, if you want to ask Ms. Mariana, yeah.

MS. LOWY-GERSTMAR: Thank you, Chair. I do not have an answer. I think she...she said it correctly. So, I...I...I agree with Ms. Rawlin-Fernandez [sic] at this time. Thank you.

CHAIR SINENCI: Okay. And we can refer to the Members if...if you guys have any objections to having Speedy be a resource. He does come with expertise, and that's why I asked for him. Member Paltin.

COUNCILMEMBER PALTIN: Thank you. I just wanted to clarify, I...I believe, and I'm clarifying, Ms. Rawlins-Fernandez's concern was about him not advocating for AMR, but just speaking to the process of someone who has gone through a bid in the previous bids, or how it's been run in the past; is that...is that correct? Like we're just speaking about the bidding process and not necessarily about AMR; is that correct?

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair?

CHAIR SINENCI: Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Mahalo, Member Paltin, for the question. Yeah, so speaking to, like, the contents of the RFP, the fairness of how it was put together, the fairness of the...the...the length of time that it was posted...so, just that process. I don't...I don't know if Mr. Bailey has any, you know, thoughts or feedback on any of that, but I just...so, the process and then the service. So, my understanding is that DOH separated the air ambulance service and ground ambulance service. So, instead of it being together--and I remember that was part of the discussion because that's concerning for our three rural districts, Moloka'i, Lāna'i, and Hāna. And so, you know, just like talking about, like, that, and not how AMR is better than Falck.

CHAIR SINENCI: Okay. Thank you. Thank you for that. We will...if we have any questions for Mr. Bailey, we'll keep it at just factual statements about services, yeah.



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COUNCILMEMBER RAWLINS-FERNANDEZ: Well, I mean, I'm not saying that what he's saying is not factual. I...I *(audio interference)* I mean, just...I mean, I guess it could be opinion-based, but it could also be factual. But just, you know, on...on --

CHAIR SINENCI: Yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- what services should be provided, and if those services were accurately depicted in the RFP, or if it could have been, you know, written better so that we are ensuring the best service for our people.

CHAIR SINENCI: Okay. Thank you for that. And we'll keep--Staff, you can go ahead and monitor the meeting moving forward. Okay. Thank you. Does that constitute a discussion before our break?

UNIDENTIFIED SPEAKER: Yeah.

CHAIR SINENCI: Yeah? Okay. With that, Members, we'll go ahead and take...we'll come back at 10:30. We'll round up. Okay. This WASSP Committee of Monday, November 27th is now in recess. . . .*(gavel)*. . .

**RECESS:** 10:16 a.m.

**RECONVENE:** 10:30 a.m. (Excused: TK, KRF, NUH)

CHAIR SINENCI: . . .*(gavel)*. . . Aloha, and welcome back to the WASSP Committee of Monday, November 27th. It is 10:30 a.m. Okay. Members, I would like to open the floor for questions and comments. We'll propose two rounds, each Member will have three minutes for each round. We'll go ahead and start with Committee Vice-Chair Johnson.

VICE-CHAIR JOHNSON: Thank you, Chair. My first question is for Mr. Kingdon. He mentioned something in the chat. Can he clarify what he was speaking to in the chat?

CHAIR SINENCI: Mr. Kingdon?

MR. KINGDON: Sure. Can you hear me all right?

VICE-CHAIR JOHNSON: Loud and clear.

CHAIR SINENCI: Yes.

MR. KINGDON: Okay. I just wanted to say that there...in some of the anecdotes we heard, whether it was regarding obstetric flights, pediatric flights, and also with real condolences to the woman who joined us from Moloka'i who lost her father. There is a...a substantial difference between the calls that we encounter in the field, and that our field paramedics can really be the semiautonomous decision-makers on in terms of, you know, launching Maui MedEvac, utilizing Maui MedEvac, et cetera, compared

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to situations where the patient is at a hospital or a clinic, whether that's, you know, Hāna Health, or whether that's Lānaʻi, or whether that's Molokaʻi General. So, in those kind of situations, the decision-maker is the ER physician, or whomever is the attending physician, in terms of whether they want to utilize Maui MedEvac helicopter, whether they want to use a fixed-wing resource, whether they just want to try to take care of business themselves and not send the patient out. So, now, that's not to say that's...that...that, you know, I'm recusing EMS of any responsibility in this. You know, that's one of the things we could try to continuously improve, is those kind of, you know, inter-departmental communications, and processes, and things. But I did think it was important to clarify that. So, if an obstetric patient is not flown out or is flown out from Lānaʻi, you know, if they do it with a helicopter, or with a fixed-wing, or whatever, in the case of that woman's father, you know, the decision to...you know, how and when to evacuate him to Oʻahu for more definitive care, you know, the...the reality for us is that that's actually not our call compared to when we encounter those patients in the field.

VICE-CHAIR JOHNSON: Okay. Thank you for that clarification, Mr. Kingdon. So, my next question is for Ms. Morikawa. Thank you so much for joining us today. In...in your opening comments, you mentioned that...that you were considering separating the contracts out, or was it a final decision for separating air...air flight out? . . .*(inaudible)*. . . you guys decided you will be separating it?

MS. MORIKAWA: So, based on a lot of the feedback, we are still considering it at this point, and the decision will be made after the RFI process as to whether or not the two contracts will be separate. So, we did conduct the RFI just because we wanted to see, again, what is the best practice across the United States in terms of air medical services or MedEvac services. And that kind of gave us a better understanding of what the expectations are. Given all of that, given the things that we're hearing today, those are the things we would take into consideration in determining what is the best for Maui County. Is it best to have one contractor, or a separate contractor that is dedicated to air transport services?

VICE-CHAIR JOHNSON: So, when . . .*(timer sounds)*. . . when--okay. I'll do the second round. Thank you. Thank you, Ms. Morikawa.

CHAIR SINENCI: Go...go ahead and...I know we asked you to ask Mr. Kingdon for clarification, so go ahead and ask that last question.

VICE-CHAIR JOHNSON: Oh. Thank...thank you so much, Chair. So, if you decide to go with the contract, separate it out, that could...you know, it seems to me that...I don't know how hard you are on...or how...how important it is to have only two life flights for three islands. Can we rotate the basis for Lānaʻi and we at least get included coverage sometimes where...because it's quite often the...the...the healthcare providers here...the hospitals say, we are...we...we can't do much more than we're already doing because we don't have a life flight on the island. It means that like if there is an emergency, Maui has to come pick up a patient and send them to Oʻahu. Or Oʻahu...you know, that if we had somebody on island, it would allow our...our

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hospitals and our healthcare providers to do more. But they're not doing that because of that reason. So, if we're only getting two flights, that's my concern. We...we kind of gimping (*phonetic*) our...our community here on Lānaʻi. And I don't...I don't want to see that happen. Can you respond, Ms. Morikawa?

MS. MORIKAWA: I'm not sure I...I understand, and I might have to ask Robert to...to clarify. When you say two flights, are you referring to two service providers, or you're limited to two flights if you have two patients at the same?

VICE-CHAIR JOHNSON: Maybe that was me just taking notes. I...it said two onsite aircrafts. Now, if we have two (*audio interference*) --

MS. MORIKAWA: Right. So, we wanted to ensure that there are two aircrafts dedicated to Maui because our understanding is that's not the case right now.

VICE-CHAIR JOHNSON: Okay. So, two dedicated to Maui.

MS. MORIKAWA: They're not in Maui.

VICE-CHAIR JOHNSON: How about the other islands, Molokaʻi (*audio interference*) --

MS. MORIKAWA: No. So...so Maui, meaning Maui County, sorry.

VICE-CHAIR JOHNSON: Oh, okay.

MS. MORIKAWA: For Maui County.

VICE-CHAIR JOHNSON: So, I guess --

MS. MORIKAWA: Now, where the...where those...those aircraft are located, that would again be part of the process of looking at, okay, you know, I think we would really like to understand where are the limitations, where are their service needs. So, that would be something that would be really good to bring up in the RFI --

VICE-CHAIR JOHNSON: Okay.

MS. MORIKAWA: -- process. You know, it's like --

VICE-CHAIR JOHNSON: Okay.

MS. MORIKAWA: -- where are we not meeting the needs of the...your particular island.

VICE-CHAIR JOHNSON: Right. Certainly, please consider that for Lānaʻi. That the...the hospitals are telling us we're not going to improve our...our care until we get a life flight on this island that we could leave if there was an emergency. So, that's...that's one of the reasons why they're saying we don't want to expand our services. The other thing I want to add, Ms. Morikawa, is that we...we...our airport is going under...to

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renovations. We are expanding our...our runway. It should be more room, if you...they ever were going to decide to keep a plane or a chopper on this island, we should have space, just letting you know. And my time's probably up, so we'll move on to someone else. Thank you so much, Chair.

CHAIR SINENCI: Mahalo, Member Johnson. Next, we have Member *(audio interference)* followed by Pro Tem Kama.

COUNCILMEMBER COOK: Thank you, Chair. I'm...oh, good, maybe I got...rebooting my computer.

CHAIR SINENCI: Okay, we'll *(audio interference)* --

COUNCILMEMBER COOK: Okay, I'm back.

CHAIR SINENCI: Oh, go ahead.

COUNCILMEMBER COOK: Thank you. Thank you, Chair. My question is for Ms. Morikawa. Regarding the RFP competitive process, I understand RFP from my background in construction, et cetera. I'm curious if you list the values used to assess? Like...because, basically, competitiveness often is...evolves around the price of service. But then there's also varying criteria, and for this particular one, very complex and...and diverse. So, could you kind of give me a thumbnail sketch, from a layperson's perspective, of the...when you have an RFP, and multiple people are responding to that request for proposal, what listing some of the values that you take, and what the hierarchy is, and the selection process. Thank you.

CHAIR SINENCI: Ms. Morikawa?

MS. MORIKAWA: I think...yes. I think, you know, as you mentioned, it is very complex. And so all the factors need to be taken into consideration. It's not just...for us, for emergency medical services, it is not about cost. Although, you know, we do have a budget and have to stay within that budget but, you know, when we do have cost overruns, which we do almost every year, we have to just go back to the legislature and ask for an emergency appropriation. So for us, the...the cost factor is...is not the primary concern. The primary concern is the quality of services, which is including the response times, the staffing levels, appropriateness of care outcomes. And so, one of the things we do want to look at, moving forward, is just making sure that there's adequate reporting so that we can evaluate all of the situations, and make sure that we are providing the best service possible. Response times, again, you know, sometimes it's beyond the control of the provider. You know, you never know when you're going to have multiple responses at the same time. However, we want to be able to evaluate better, to look at, are there things that we can do? And that's one of the reasons we did approach...or we did issue an RFI because we wanted to look at...we had heard that response times for air ambulance services is much more limited, and that there are times when people have had to wait. Trying to understand, is there a way that we could address those issues? That's not our primary area of

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expertise, so looking at the people that do it for a living, wanting to get that kind of feedback. Getting feedback from the community, what have your issues been? During the RFI process, that would be a perfect opportunity to tell us all of those different scenarios that we may not have been aware of because you didn't get transported, and we wouldn't...we didn't really hear about it. So, again, it...it...it is very complex. I don't think that we look at one particular factor. We're looking at the comprehensiveness of the proposal. Did they include all of the different factors for consideration? Did they initiate or offer solutions to things that we might not even have thought about? So we're, again, looking for someone who is coming into this with the intent of providing the best possible services for Maui County, and looking at it from all perspectives, not just about what's currently being provided, but what could be improved about the system to provide a better services to . . .(timer sounds). . . -- better service to Maui County. Thank you.

COUNCILMEMBER COOK: Thank you, Chair.

CHAIR SINENCI: Okay. Mahalo, Members. We have Pro Tem Kama, followed by Chair Lee.

COUNCILMEMBER KAMA: Chair, I have no questions. Thank you.

CHAIR SINENCI: Thank you, Pro Tem. Chair Lee.

COUNCILMEMBER LEE: Thank you, Missus...Ms. Morikawa, you mentioned something about asking the bidder to provide additional reporting with regard to staff training...ongoing staff training. Is this something that you don't require right now?

MS. MORIKAWA: So, my understanding under the current contract--and, Robert, please chime in if I'm...I'm...I'm misstating this--is that there is no requirement under our current contract for the provider providing...paying for training for their employees. So, their employees are required to engage in a training program at their own expense. So, really looking at the employers being responsible for developing a training program to make sure that --

COUNCILMEMBER LEE: Okay. Thank you.

MS. MORIKAWA: -- they maintain the level.

COUNCILMEMBER LEE: Okay. Thank you. We are...we're all timed here. So, I have to --

MS. MORIKAWA: Okay, sorry.

COUNCILMEMBER LEE: -- kind of rush through my questions. So (audio interference) of course, it was very disturbing to hear the testimony from the woman from Moloka'i who lost her dad. And so, right now, is only one aircraft allocated? Or are you asking for two in the future to prevent these types of --

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MS. MORIKAWA: Robert, can you clarify what the current contract is? What...what's required under contract?

MR. LAU: New contract. It's a single...it's a single airframe, Councilwoman. So, the...the second one is a backup that would be --

COUNCILMEMBER LEE: The second.

MR. LAU: -- would...would...would ensure, you know, performance so that missions could be flown within 15 to 20 minutes of being --

COUNCILMEMBER LEE: Okay.

MR. LAU: -- called upon.

COUNCILMEMBER LEE: So, this other situation is highly concerning, you know, when somebody calls at 6:30 in the morning, generally, there's not a whole lot of competition at that time, I would think. But...unless the plane was...you know, there were mechanical problems, would you happen to know of that particular instance?

MR. LAU: No, but we'd be more than willing...be...we're more than willing to research it if you give it to us. Keep in mind that the Hawai'i Life Flight is a private entity. If they called for Maui MedEvac, we'd know about it because that's our State asset.

COUNCILMEMBER LEE: I mean, *(audio interference)* I think...I think that's very --

MR. LAU: So, we can research and we can *(audio interference)* --

COUNCILMEMBER LEE: -- and in...an occurrence that needs to be checked on because I think, you know, this is something we want --

MR. LAU: Okay.

COUNCILMEMBER LEE: -- to avoid in the future. Thank you. That's all I have *(audio interference)* --

MR. LAU: Sure *(audio interference)* --

MS. MORIKAWA: If you can provide us with the information, we can...we can look to see whether or not it will...it...it came into our system.

COUNCILMEMBER LEE: I'll ask the Chair if he doesn't mind asking our Staff to get more information to provide to DOH. Okay. Thank you. And thank you for answer...answering my questions.

CHAIR SINENCI: Okay. Next we have Member Paltin, followed by Member Rawlins-Fernandez.

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COUNCILMEMBER PALTIN: Thank you, Chair. My first question...you know, when you initially decided to separate the contract, my big question is, why weren't the two contracts put out to bid at the same time? That was a big question mark on a lot of people's mind, that you had awarded the ground transportation to Falck, but you never put out a bid for the air component.

MS. MORIKAWA: I'm going to let Robert respond to that. I don't --

MR. LAU: Okay. So, yeah, that...that...that had...that had a lot to do with...the...the *(audio interference)* --

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair. Sorry. Chair.

CHAIR SINENCI: Hold on, Mister *(audio interference)* we'll mute the other participants so we don't get feedback.

MR. LAU: Okay.

CHAIR SINENCI: Yeah.

MR. LAU: Okay.

CHAIR SINENCI: Go ahead.

MR. LAU: Okay. It...it sounds --

CHAIR SINENCI: Go ahead.

MR. LAU: -- okay now. Okay. So, because we originally started with both contracts, or the helicopter integrated with the ground, we had to time it so that, you know, it would come...you know, that both would be executed about...you know, at about the same time. And we had an extension on the existing ground, which included the helicopter, so it was held off. So...and...and the helicopter RFP is a lot more simpler, so that it didn't require as much time, you know, in terms of a transition. So, that's the reason why it was put off. And as the ground award ran into issues, we just stopped it. We have it written already. We just couldn't issue it.

COUNCILMEMBER PALTIN: Okay. I don't know if that makes sense, but the next question that I have is, in the past, was the review panel composed of Maui and a Kaua'i representative, as it affects both counties? It...it doesn't affect O'ahu, but it...a Maui and a Kaua'i rep would understand the nature of multi-island jurisdictions. So, in the past, has that *(audio interference)* and will it continue to be the way it is going forward? Because I think each county would like their own representation *(audio interference)* be more O'ahu centric.

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MS. MORIKAWA: Thank you for that question. So, the challenge that we have with having someone on the review panel from the neighbor islands is that it does have to be a State employee. That's the requirement. That's the State law. And so, to find someone who is actually at the level who could provide that expertise, that is from Maui, that is a State employee, is challenging. So, as an example, in the last panel, Dr. Vaughn (*phonetic*) was our Medical Director for Maui. He has since left the State service. And the position is currently being covered by Dr. Jones (*phonetic*) from Big Island. We don't have a State employee at this point in time, on Maui, that would have that level of expertise that could sit on the panel. Robert . . .(*timer sounds*). . . did I get that correct?

COUNCILMEMBER PALTIN: Okay, that's also concerning.

MR. LAU: Got it a little bit twisted (*audio interference*) --

COUNCILMEMBER PALTIN: My next (*audio interference*) --

MR. LAU: -- Dr. Vaughn from Kaua'i?

MS. MORIKAWA: Oh, I'm sorry. Sorry. You're right.

MR. LAU: Yeah, there's Dr. Vaughn from Kaua'i and Dr. Jone [*sic*] and Doctor...yeah, William (*phonetic*) left.

MS. MORIKAWA: Right. Yeah, so, we didn't have someone on...on Maui.

MR. LAU: And...and then to answer the historical question, back in 2016, '17, the review panel was on two members of Branch, and another doctor that was locally here on O'ahu...back in 2016 and '17.

CHAIR SINENCI: Member Paltin, you froze up on us. We'll go to Member Rawlins-Fernandez next.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Oh, go ahead, Member Paltin.

CHAIR SINENCI: Member Paltin, you're still frozen on our end.

COUNCILMEMBER RAWLINS-FERNANDEZ: I think when it freezes, there's like a delay. So, that might have been a delay...audio delayed. Okay. (*Audio interference*) that distracted me. Now, I don't--oh, there. Member Paltin's not frozen anymore. Okay. So, I think I wanted to --

COUNCILMEMBER PALTIN: (*Audio interference*) hear Mr. Lau's answer. Sorry, I think my Internet is --

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay, I remember.



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COUNCILMEMBER PALTIN: -- bad.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay.

MS. MORIKAWA: So --

COUNCILMEMBER RAWLINS-FERNANDEZ: So, it --

MS. MORIKAWA: Does she want us to (*audio interference*) --

CHAIR SINENCI: Member Paltin --

MS. MORIKAWA: She didn't hear --

CHAIR SINENCI: -- we'll --

MS. MORIKAWA: -- Robert's response.

CHAIR SINENCI: We didn't hear...you just came online. We'll...we'll come back to you, Member Paltin. We didn't hear the whole question. Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. And...and Mr. Lau is also not having good us...connection either right now but --

COUNCILMEMBER PALTIN: So...okay.

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, there. He's back. Okay. All right. So, I'm...it's...it's good to...you know, I...I mahalo Ms. Ritte-Camara for expressing the struggle that a lot of us on Moloka'i experience. I think we have all experienced a delay in service that results in a death that seems like it could have been avoidable...that it could have been avoided, or long-term damage, such as when someone, you know, has like a stroke, or something. And if they're not tended to immediately, then there's like long-term consequences of, you know, a part of them that will never recover because they waited for hours to be taken to a doctor, or to a facility that can, you know, really address that. So, what I...what I heard is that there's one aircraft that services all of Maui County now. My understanding is when there's an emergency at one of...you know, Moloka'i, Lāna'i, or Hāna...oh...or anywhere else that needs to be transported, the patient that has the most severe situation will be transported first. So, I don't know if you'd be able to explain how patients are chosen. And then if you could share like how we can improve that when putting the contract out for bid.

MS. MORIKAWA: Are you asking me about that? Or...I...I...I . . . (*inaudible*). . . selection.

COUNCILMEMBER RAWLINS-FERNANDEZ: Department of Health.

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MS. MORIKAWA: I think it's...yeah, I think, you know, in terms of determining the priority, that would be the service provider to...you know, based on their experience and the...the circumstances on scene. With respect to the . . .*(inaudible)*. . . aircraft, I thought this past legislative session that they actually did provide funding for a rotor on Moloka'i. I have to go back and double check what the status is of that. But I...I...I thought they did, that your Legislator did appropriate funds for that. How that works, again, I...I'm not...I think Robert dropped off the call. I'm not sure *(audio interference)* --

MR. LAU: No, I'm here.

MS. MORIKAWA: Okay. Robert, can you respond to...to that question...her question?

MR. LAU: No. Right now there is only the Maui MedEvac. That...that secondary asset on Moloka'i was another ambulance.

MS. MORIKAWA: Oh, it was an ambulance. Okay.

MR. LAU: It was an ambulance. So, we're --

MS. MORIKAWA: Okay.

MR. LAU: -- still, you know, in the process of, you know, making the Maui MedEvac work for County.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. So is --

MS. MORIKAWA: . . .*(inaudible)*. . . or is that the provider?

COUNCILMEMBER RAWLINS-FERNANDEZ: -- your answer --

MS. MORIKAWA: Robert.

MR. LAU: What...what was that?

MS. MORIKAWA: So, Councilmember Rawlins-Fernandez was asking about how they prioritize who gets transported. And my response had been that it's the...that the question would be more appropriately addressed by the provider.

MR. LAU: Correct. It's...it's actually more...yes, it belongs with the provider right now. So, yeah, we...we do *(audio interference)* --

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. And then the...my follow-up question to that was, how does that get improved? And it sounds like --

MR. LAU: Yes.

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COUNCILMEMBER RAWLINS-FERNANDEZ: -- with a...with a...yeah, with a rotary-wing. And then --

MS. MORIKAWA: So, there are helicopters that are larger . . .*(timer sounds)*. . . that can accommodate *(audio interference)* types of patients.

MR. LAU: So, what...what I believe the representative is asking is how would we improve...further improve coordination. And there have been suggestions by NHTSA in the past about a centralized dispatch. I think that's what she's looking for. We haven't been able to explore that in-depth yet, but there has been recommendations made.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. So, my...my understanding...and is in improving the system so that we can avoid further harm, and we can provide service more immediate to Moloka'i, Hāna, and Lāna'i is two ways. One, a centralized dispatching...dispatcher; and two, having another aircraft.

MR. LAU: Well, having the primary...remember now, we can't supplant private enterprise. So, we have Hawai'i Life Flight that does the inter-facility transfers, correct? Right. So, you know...and...and then when...and in an emergency, when...when the situation becomes an emergency, right, then they have the option of using the Maui MedEvac. So, the whole goal is to get that asset as prepared as possible, right. Right sizing it, right, making sure it's as prepared as possible and can fly within 15 to 20 minutes. That's the goal.

CHAIR SINENCI: Okay. We're going to --

UNIDENTIFIED SPEAKER: Okay.

COUNCILMEMBER RAWLINS-FERNANDEZ: I have follow-up questions --

CHAIR SINENCI: Yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- but I'll...I heard the timer.

CHAIR SINENCI: Next round.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair.

CHAIR SINENCI: Yeah. Next, we have Member Sugimura, followed by Member U'u-Hodgins.

COUNCILMEMBER SUGIMURA: Thank you. I think my questions have been asked, and think I have no further questions. I'll just wait. Yeah.

CHAIR SINENCI: Okay. Member U'u-Hodgins?

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COUNCILMEMBER U'U-HODGINS: Thank you, Chair. This is for Ms. Morikawa. So, how come the State only pays for Maui County and Kaua'i County's EMS service? What happens to Hawai'i County, and then the City and County of Honolulu?

MS. MORIKAWA: I'm going to let Robert explain that...that...those are different models.

CHAIR SINENCI: Mr. Lau?

MR. LAU: Okay. Okay. So, each county has the option to...to run EMS. So, for the City and County of Honolulu, they not only run it, but they became their own jurisdiction. For Big Island, the County took it and decided to use the fire model. For Maui and Kaua'i, you folks decided not to take it. And you guys...and...and we've collaboratively just deployed the contractor model. So, you know, it...the County has the option of also taking over the contract itself, right. So, it depends on what you guys want to do. We're here to serve you.

COUNCILMEMBER U'U-HODGINS: Okay (*audio interference*). And then how much is...how much does our service cost now?

MR. LAU: Oh. Okay. I...it's...it's roughly --

UNIDENTIFIED SPEAKER: I know.

MR. LAU: Oh, you know what? I only know Kaua'i for some reason. I don't have it. I would have to run into the other room. Do you want me to get that right now? As...I...I can come back with that answer, if you want it.

COUNCILMEMBER U'U-HODGINS: Yeah, maybe (*audio interference*) get it later. Thank you.

MR. LAU: Okay.

COUNCILMEMBER U'U-HODGINS: Oh, you don't have to run away right (*audio interference*). I appreciate it. Thank you so much. Thank you, Chair.

CHAIR SINENCI: Mahalo, Member U'u-Hodgins.

MR. LAU: Let me go quick.

CHAIR SINENCI: And then we can wait until he...he gets back. But in the meantime, I'll ask a couple of questions. Just a follow up, Ms. Morikawa, on Member Paltin's question. So, if the air medical contract is to include additional requirements, would it be more prudent to have that process be done before the ground contract is issued so that we ensure that there is a company that can provide the additional services?

MR. LAU: . . .(*inaudible*). . . --

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MS. MORIKAWA: I...I believe that the air solution--Robert--was--I apologize, Chair, could you...you repeat the question for Robert just so I don't misstate it?

CHAIR SINENCI: Yeah. If the air medical contract includes additional services, should we have the...have that being done before the ground contract so that whichever company applies, that they're able to provide all of those services?

MR. LAU: That would be very difficult because right now the extension involves the ground, and the air is all wrapped up in one --

MS. MORIKAWA: Oh, that's right.

MR. LAU: -- so we couldn't do anything with it. Does that *(audio interference)* --

MS. MORIKAWA: Okay. So let me just explain that. Remember, we...we had to do a contract extension because the RFP was canceled, and the...the current contractor's contract ended...or provider's contract ended at the end of December. So, in order to continue that contract, which includes air medical services right now, we...we had to go in for a procurement exemption, which they gave us until September of next year. So, it's an extension of an existing contract which includes the air medical services...the ground...the MedEvac services with the ground ambulance. So, that contract is in place until September of next year. And if we need more time, again, for whatever reason, and we have to extend, it would be very difficult to try to extend to...to just bring in the air ambulance service separate from that. So, as we move along, it is going to get a little tricky. So, as we move along in this process, timing is going to be really critical. And the things that we cannot predict is when a provider protests, then, you know, that kind of throws...you know, it throws us all off in terms of timing. So --

CHAIR SINENCI: And, Ms. Morikawa, just to be clear, did AMR accept the extension?

MS. MORIKAWA: No, not yet.

CHAIR SINENCI: Not yet.

MS. MORIKAWA: We have not provided it to them yet. We just got the approval. It's going through our State process to get cleared so that we can then issue the modification. But I have been in discussions with Mr. Bailey about it, he is aware. We...we recognize also that the nine months that...that was what they allotted us was not a lot of time. We are looking at trying to get an extension at some point, but currently, all we've gotten approval for is nine months.

CHAIR SINENCI: And then can the Department of Health ensure that if a new provider is chosen, that they will only start when they have the ability to operate at 100 percent staffing?

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MS. MORIKAWA: Again, we are somewhat at the . . .*(timer sounds)*. . . constraints of the current provider. We will...we are able to continue to extend the contract for emergency purposes because this is a significant service that could result in harm if it was not kept in place. So, under our emergency procurement laws, we are able to continue it, but it's going to be subject to the provider accepting it.

CHAIR SINENCI: Okay. Okay, Members, that was our first round. And we'll go in reverse order, so I'll punt it back to Ms. U'u-Hodgins, and we'll have Mr. Lau...if he has that information for her.

COUNCILMEMBER U'U-HODGINS: Thank you, Chair. I think he's getting it now.

MR. LAU: . . .*(inaudible)*. . . --okay. It's...the current amount...the current yearly amount is roughly 20.2 million.

COUNCILMEMBER U'U-HODGINS: For Maui County, it's 20.2 million?

MR. LAU: Yes. Yes, for Maui County.

COUNCILMEMBER U'U-HODGINS: Annually, obviously.

MR. LAU: Annually.

COUNCILMEMBER U'U-HODGINS: Okay. Thank you.

CHAIR SINENCI: Okay, for your second round? Okay, Member Yuki Lei Sugimura, followed by Member Rawlins-Fernandez.

COUNCILMEMBER SUGIMURA: So, just clarification on what you said, Mr. Lau. The 20.2 million is what the State currently allocates to provide us with our ground and air...air...air service...air ambulance service?

MR. LAU: Correct.

COUNCILMEMBER SUGIMURA: It is. And the other --

MR. LAU: Yes, correct.

COUNCILMEMBER SUGIMURA: -- countries that opted to do it on their own. Do you know why they opted to do it on their own? Did they add more services that the State could not?

MR. LAU: It...it...it's...it's preference in terms of how they would like their service model delivered.

COUNCILMEMBER SUGIMURA: And dispatching, I don't know who commented. Maybe Ms. Morikawa *(audio interference)* --

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MR. LAU: No, each country uses their police department for dispatch.

COUNCILMEMBER SUGIMURA: Oh, okay. So, there is that dispatching services available, but in this case, the contract doesn't use it?

MR. LAU: No, you're mixing the air versus the ground. I thought you were talking about ground. The ground, it's the police department. For the air, there is no centralized dispatch right now.

COUNCILMEMBER SUGIMURA: Oh, so *(audio interference)* new RFI, you would include that?

CHAIR SINENCI: Mr. Lau?

COUNCILMEMBER SUGIMURA: He's frozen.

CHAIR SINENCI: *(Audio interference)* --

MS. MORIKAWA: Oh, he's frozen.

CHAIR SINENCI: He froze too.

COUNCILMEMBER SUGIMURA: Maybe, Ms. Morikawa, have that.

MS. MORIKAWA: *(Audio interference)* sorry, that's...that's above . . .*(laughing)*. . . ...that's not my subject-matter expertise.

COUNCILMEMBER SUGIMURA: Oh, okay. Oh, okay.

MS. MORIKAWA: Sorry. We have to wait until he comes back.

COUNCILMEMBER SUGIMURA: *(Audio interference)* yeah.

CHAIR SINENCI: Okay. In the meantime *(audio interference)* Member Rawlins-Fernandez. Unless...unless it's for Mr. Lau. It is. Okay. Members, we'll give Mr. Lau some time to come back. Member Rawlins-Fernandez?

COUNCILMEMBER RAWLINS-FERNANDEZ: *(Audio interference)* Chair, I...I guess I can ask Deputy Chair Morikawa a question while we wait for Mr. Lau --

CHAIR SINENCI: Okay.

COUNCILMEMBER RAWLINS-FERNANDEZ: -- to restore his connection. I guess...you know, we're...we're kind of in a...for everyone, in a precarious situation right now with the uncertainty of service continuing. AMR would have to accept that nine...nine-month extension. When...when did Department of Health decide that it

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was going to put out its...not...I think it was the RFP for this one, right, that they bid on, and then you canceled?

MS. MORIKAWA: Yes. So, the RFP...essentially the contract that is in existence with AMR was supposed to have ended, I believe, last year. And again, Robert is one who would have the details. I...I don't remember the dates. But essentially the RFP was delayed. Part of that was because of staffing. We...we...they...the staff were having challenges putting together a new RFP. An RFP for this comes out like every six years. So, typically, they've been...they put in an RFP, and then they do contract extensions. So, the...but the contract extensions can only go out six years under just the existing contract. After that, we have to do procurement exemptions to extend. And so, we had to extend. And so, that was the reason why, you know, we've been going through multiple extensions is the protest, again, delayed the process and pushed us out even further. So, we had to go in for another contract extension. But the decision to do an RFP is required by law because the contract was ending.

COUNCILMEMBER RAWLINS-FERNANDEZ: It's in the...considering whether to renew the contract in the last six years, that was mandated to decide on whether to put out a contract...or put out an RFP again. Did...did you folks put out an RFP?

MS. MORIKAWA: No. So, the...the current provider was allowed to extend their contract to the fullest amount allowable by law. Okay, it looks like Robert's back.

MR. LAU: Sorry.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay, what--aloha, Mr. Lau. And then, I guess, one...one last follow-up question. So, did...did you speak to why...or I don't know if that's allowed, but I guess it should be public information, what...what were the factors that influenced your decision to do an RFP for this one...for...for this...this year's?

MS. MORIKAWA: Okay. An RFP is required. That's what I...I kind of mentioned in the beginning. An RF...that's part of the procurement process. Any time we go out...we want to procure a public service, we're required to do it by bid. And so --

COUNCILMEMBER RAWLINS-FERNANDEZ: Oh, okay. Deputy Chair Morikawa froze. Okay. So, I'll go to you, Mr. Lau. It's just one of those days that we just have to be flexible, yeah. Okay. Okay. My question was to clarify the process in which we currently have for air ambulance and Hawai'i Life Flight as a private contractor. So, you said in my last round that when Hawai'i Life Flight is not able to provide the service to Moloka'i or the other areas, at that point, the Maui County air ambulance can provide that service?

MR. LAU: Becomes an emergency, yes.



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COUNCILMEMBER RAWLINS-FERNANDEZ: So...right. Well, I mean, are they used in nonemergencies? I guess, over here it's, you know, usually an emergency. Otherwise, you just --

MR. LAU: Well --

COUNCILMEMBER RAWLINS-FERNANDEZ: -- take Mokulele.

MR. LAU: -- well, yeah, but we can't supplant private enterprise. So, Hawai'i Life Flight is the inter-facility transport, right. Okay. And then once it becomes an emergency and there's a problem, that the doctors could actually escalate it if it's warranted...it's a medical decision.

COUNCILMEMBER RAWLINS-FERNANDEZ: So...okay. So, like, you know, our testifier this morning, you know, that...that's one really extreme example of, you know, possibly avoiding losing a loved one. So, at what point can Maui County Air Ambulance step in to provide that service before we lose our loved one?

MR. LAU: I don't know the exact point, but I can tell you, you know, just by...just by standing orders . . .*(inaudible)*. . . you know *(audio interference)* things that there should be a way that can be mediated. So, you're right. So, it...they...they could step in once --

MS. MORIKAWA: So . . .*(timer sounds)*. . . if I understand correctly, Robert--sorry. Chair. Chair?

CHAIR SINENCI: Go ahead. Go ahead and finish.

MS. MORIKAWA: Okay. So, if...if I understand correctly, Robert, the key issue here is that it's if the current provider, Hawai'i Life Flight, that does those inter-facility transport, is not available --

MR. LAU: Um-hum.

MS. MORIKAWA: -- that's when Maui MedEvac could...can...can step in and...and provide that service when asked.

MR. LAU: Right. It's based on the doctors making the call --

MS. MORIKAWA: Right.

MR. LAU: -- . . .*(inaudible)*. . . David Kingdon was right.

MS. MORIKAWA: If they feel that...if the service is warranted and the...the...the current provider is not able to respond in sufficient time, that would be the decision? Yeah, I think he's frozen again. But I think that's what it is. It's...it's a supplanting of a private provider that becomes the issue just...and it would be the doctor's

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determination as to whether or not the situation is critical enough that, you know, the...that's become secondary.

CHAIR SINENCI: Okay. Just as a reminder --

COUNCILMEMBER RAWLINS-FERNANDEZ: So, the...the doctor's --

CHAIR SINENCI: That was --

COUNCILMEMBER RAWLINS-FERNANDEZ: Go ahead.

CHAIR SINENCI: -- we can go another round if need to. But if...you need to turn off your video. That oftentimes helps with the bandwidth, and that will keep you from getting frozen. We'll go onto Member Paltin and then...and then to another call afterwards. Member Paltin.

COUNCILMEMBER PALTIN: Thank you, Chair. My question would be how high up of a State employee would need...for County of Maui to get its own representation? Is...is Dr. Kingdon [sic] not high up enough?

CHAIR SINENCI: Ms. Morikawa, did you hear the question?

MS. MORIKAWA: Yes. Can...can you hear me?

COUNCILMEMBER PALTIN: I can.

MS. MORIKAWA: Okay.

CHAIR SINENCI: Yes.

MS. MORIKAWA: I...I couldn't tell whether my thing was on or off. So, it needs to be a State employee and I don't believe Dr. Kingdon [sic] is a State employee. I believe he's an AMR employee.

COUNCILMEMBER PALTIN: Okay. Dr. Kingdon [sic], are you a State employee?

MR. KINGDON: I'm a State employee. I'm not a doctor also, just to . . .(inaudible). . . as much as I like the compliment. So, I am a State (audio interference) --

MS. MORIKAWA: Oh, you're with the university.

MR. KINGDON: Yeah, but I...I would...I would probably not be eligible, I would assume, just because I...I'm currently also employed in the field by the current bidder. I don't know. And we could check on this because, you know, really, my field affiliation, you know, primarily is with Maui County Paramedics Association. We're an independent union of paramedic and EMTs. And then so long as the current partner, you know, is working well and have a successful collective bargaining agreement with MCPA, then

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all is good. And...and all has been fine, there's been no major objections at all to our current partner with AMR. So, I don't know if that would make it independent enough, or if there would be even the perception of a conflict of interest, then I...I would recuse myself. I wouldn't want there to even be that perception since I do, you know, work in the field, and I am currently employed by them. But I think, you know, your question, Councilmember Paltin, is very good in that I personally...unless it's for some bizarre reason written into statute that it has to be a State EMS physician, I can certainly think of other State employees who intersect with emergency services, and frankly, have expertise, including local knowledge of Maui, that may supersede that of the DOH EMS and Injury Prevention Branch. So, I think that...although, I might not be the best fit myself, I think there certainly could be a representative for Maui County, and that should not be prohibitively difficult for the State to find that person.

MS. MORIKAWA: And we'd be open to you submitting names to us of people that you think would be qualified.

COUNCILMEMBER PALTIN: That would be great. I'd love to have representation. The...the next question I had is, you know, there was a question about being fully staffed before you start. During the Lāhainā fire, it was critical that folks...not only that it was staffed, but folks knew their way around because GPS...anything Internet-related wasn't working. I know in Hāna, it's good to have, you know, that knowledge of, what, Kaihalulu Beach and...and what goes on over there and, you know, each area is...is that part of the thing, the contract, that you have that kind of spatial knowledge . . . *(timer sounds)* . . . of the area?

MS. MORIKAWA: That is something that would be good for the RFI process. So, I would strongly suggest that...I'm taking note of it now, but that be included as...so that it becomes the official commentary, that it be brought up for consideration --

COUNCILMEMBER PALTIN: Thank you so much.

MS. MORIKAWA: -- at the next RFP.

COUNCILMEMBER PALTIN: I heard my bell, and if...if I'm allowed, I'll have another round of...one more question.

CHAIR SINENCI: Okay.

COUNCILMEMBER PALTIN: Thank you.

CHAIR SINENCI: Mahalo, Member Paltin. Next, we have Member Lee, followed by Pro Tem Kama.

COUNCILMEMBER LEE: I'll give up my time to the Hawaiians. No, I'm . . . *(laughing)* . . . thank you. Thank you. No questions.

CHAIR SINENCI: Okay. Pro Tem Kama, followed by Councilmember Cook.

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COUNCILMEMBER KAMA: No questions, Chair.

CHAIR SINENCI: Member Cook, followed by Vice-Chair Johnson.

COUNCILMEMBER COOK: Thank you, Chair. Chair, I'd like...don't need exact facts and figures, but I'd like from either one of the representatives to be able to give us an idea of the size of the budget amendments that were required from the State over the last contract period. They indicated that sometimes if the services exceed the budget amount, that they have to go back for a State amendment.

CHAIR SINENCI: Is that for Mr. Lau?

COUNCILMEMBER COOK: I'll let them determine who's the most appropriate to question.

CHAIR SINENCI: Okay.

MS. MORIKAWA: So, since I made the comment, I'll just comment on what I was referring to. Just based on the way the State has to do its budgets, what happens is, is that AMR is subject to collective bargaining as well...rate increases. And so those rate increases don't occur until after the contract...the new fiscal year. So, we weren't allowed, in the past, to request for those funds ahead of time. So, therefore, when the collective bargaining rates went up, we didn't have enough money in the budget to be able to pay for those raises. So, we always had to go in for...and find funds either from other divisions within our...or within the DOH to find the funds to pay for it. This year we are being allowed to ask for those funds. Even though we don't know what the exact amount is, we're being allowed to estimate it. I don't know if there were any other cost overruns, but those were the ones that really pushed us over our...our budgeted amount.

COUNCILMEMBER COOK: Thank you, Chair. If I may ask (*audio interference*) what the dollar amounts were on that...each.

MS. MORIKAWA: Okay. I'm going to let Robert give those.

CHAIR SINENCI: Mr. Lau.

MR. LAU: Yeah, I can only give you the one in my hand right here. And it's like 298,000. So, roughly about 300,000 was the shortage.

COUNCILMEMBER COOK: Thank you, Chair.

CHAIR SINENCI: Okay. Mahalo, Member Cook. Next, we'll go to Vice-Chair Johnson.

VICE-CHAIR JOHNSON: Thank you, Chair. So, I guess, this is going to be about an air transport question. Presently, as the contracts exist, who flies in the air transport presently?

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MR. LAU: It's primary...you mean inter-facility?

VICE-CHAIR JOHNSON: Okay. So, it's...it's different between emergency and inter-facility? That's a good clarification.

MR. LAU: Correct. Hawai'i Life Flight is the one private provider in the State. And the Maui MedEvac is the State asset that flies between Lāna'i, Moloka'i...Moloka'i and occasionally to O'ahu.

VICE-CHAIR JOHNSON: So, the Maui MedEvac, who...who's on those flights? Is it a RN, and a...okay. Who is on *(audio interference)* --

MR. LAU: No, there is no regulation right now. It's...it's...it's however AMR wants to staff it.

VICE-CHAIR JOHNSON: Okay. So, in the...if the contract you're considering...if you guys do plan to write a new contract for air flights, are you going to have a say? Do you have any recommendations on what you plan...plan to ask for?

MR. LAU: Yes, we would try to go with best practice, follow certain --

VICE-CHAIR JOHNSON: So, that would be --

MR. LAU: -- standards.

VICE-CHAIR JOHNSON: -- a paramedic and a registered nurse?

MR. LAU: For like a flight paramedic and a flight nurse, correct. Which is --

VICE-CHAIR JOHNSON: *(Audio interference)* --

MR. LAU: -- you know, it...it...you...you can't tell what type of emergency you going to get. So, you might as well staff for optimum, right.

VICE-CHAIR JOHNSON: Right.

MR. LAU: Yeah. And so, it's...it's...it...it'll be in the RF...I mean, it'll be...it'll be in the RFP.

VICE-CHAIR JOHNSON: Okay. And the thought is, is that you want to try...do the best practices, right; is that correct?

MR. LAU: We want to provide Maui the best support possible, you know, where the provider would...would be...would be responding in 20 minutes.

VICE-CHAIR JOHNSON: Okay. And the updated contract...the contract you're going to be providing for the air transport, are you going to have it in...in the writing there that . . .*(inaudible)*. . . travel at night?

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MR. LAU: Correct.

VICE-CHAIR JOHNSON: Okay.

MR. LAU: Also the ability to get fuel at night because it's tough at...you know, at Maui International for that.

VICE-CHAIR JOHNSON: You mean, at the OGG airport? Is that what you mean?

MR. LAU: Correct.

CHAIR SINENCI: Okay.

MR. LAU: So, somebody...we received a letter from Maui...some Maui Council Attorney, about...with...about a year ago, addressing the issue of not being able to fly at night. So, I would have to dig that up. But, yeah, somewhere, historically, you folks had an issue with it. Some Corporation Counsel Attorney wrote us a letter focusing on the ability to fly at night.

VICE-CHAIR JOHNSON: Okay. I...I'd love to . . .*(timer sounds)*. . . find . . .*(inaudible)*. . . that letter. So, my time's up. Maybe, Committee Chair Sinenci, can...maybe we can request to find that letter from our Corporation Counsel? Okay.

CHAIR SINENCI: Okay. We had --

VICE-CHAIR JOHNSON: Thank you so much. Thank you.

CHAIR SINENCI: Mahalo, Vice-Chair Johnson. We had a couple of follow-up questions. Member Paltin, and Member Rawlins-Fernandez.

COUNCILMEMBER PALTIN: Regarding that not being able to fly at night, I was in contact with a paramedic that had brought that issue to my concern, and I forwarded it on to Director Takamori to investigate. The paramedic wanted to remain anonymous, so I didn't put that out there. But my question was just a clarification on the air ambulance separation, ground transportation contracts, wanting to clarify that the options are to separate it, and it could possibly be kept together if you had the condition reporting...the reporting conditions on it, because that's the main thing that you're looking for is more data?

MS. MORIKAWA: I believe what we're looking for in separating out the contracts is that they're both very different services requiring different skill sets. And so just wanting to ensure that whoever is going to bid on it--and it could be the same provider that's currently providing the service--that they focus on the air component. Right now, because the services are blended, there is just an overlap with ground and air. And there's no distinction, there's no specific, so it really is to be able to get the best air service possible for Maui...Maui County. That's the intent. And the current provider

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is...is very capable of...and...and putting out a...a bid for it, and could be the one that gets it, and it would still be integrated. But the requirements for it are always going to...we...we're feeling that it just needs to be distinct from the air services...I mean, from the ground services, just to ensure that quality, that level of responsiveness.

COUNCILMEMBER PALTIN: Okay. And if I could just get clarification on any of the confusion from David Kingdon?

MR. KINGDON: Well, is it okay for me to respond to *(audio interference)* not been entirely accurate?

CHAIR SINENCI: Just to...just to Member *(audio interference)* --

MR. KINGDON: Okay.

CHAIR SINENCI: -- question.

MR. KINGDON: Okay. So, a couple of quick things. One is, I want to reiterate, again, that Maui MedEvac is part of our 9-1-1 system that's intended for scene response. Fixed-wing is mostly for inter-facility. And so, the issue at hand, as part of the contract, is Maui MedEvac, which is part of our contract. In terms of what Deputy Director Morikawa was just saying, it's inaccurate to say that there's no distinction between the...the credentials for ground response or flight response. So, Maui MedEvac, as well as our Special Response Unit, they have extensive and additional credentialing process. So, that means a *(audio interference)* amount of years in the field. It means additional training, both, in clinical and operational flight medicine for Maui MedEvac. It means doing quarterly training flights, as well as additional ongoing training, as well as robust annual didactic and skills training. So, it's...it's very, very extensive. It's not as though there's no additional requirements. As far as it being integrated within the system, however, that is extremely useful, both, from a logistics and a staffing standpoint, as well as what I tried to bring up earlier this morning, which is that in my experience it's much more seamless to have the ground rotor assets part of one system. So, there are a lot of...of definite advantages to...to continuing that model.

COUNCILMEMBER PALTIN: Okay. Thank you. Thank you, Chair.

CHAIR SINENCI: Okay. Mahalo, Member Paltin. Member Rawlins-Fernandez, do you have any follow-up questions?

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah. I think the last follow-up question that I had was regarding...I didn't write it down. But . . .*(inaudible)*. . . --

CHAIR SINENCI: I can come back to you if you want. Oh, go ahead.

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COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah. For air ambulance, I think the...the last thing that Mr. Lau said was that it...actually, let me ask that last question, Chair. Okay. Yeah, come back to me afterwards.

CHAIR SINENCI: *(Audio interference)* couple. So, for, Ms. Morikawa, it looks like both the Kula Hospital and Maui Memorial are State facilities. So, could they also, I guess, provide the panel...representatives for...for the panel? Anybody at those hospitals?

MS. MORIKAWA: Robert, is the requirement just the...that it has to be a State employee...any...any State employee?

MR. LAU: Yeah, I think it --

CHAIR SINENCI: *(Audio interference)* --

MR. LAU: -- was Executive Branch. We would have to check, but I...I'm *(audio interference)* --

CHAIR SINENCI: *(Audio interference)* --

MR. LAU: -- different jurisdiction, so --

MS. MORIKAWA: Yeah.

MR. LAU: -- we would have to check.

MS. MORIKAWA: Thing, Chair, to keep in mind is that it's...it...for someone with that level of expertise, they also have to be willing to volunteer their time for at least...I think it's a minimum of four hours. And that's always been the challenge as well, to find people that are willing to just commit that kind of time, because many times it does pull people away from their practice or their...their duties. But again, we can research that and we're more than willing to consider individuals that you feel have the expertise. It's...you --

CHAIR SINENCI: Okay.

MS. MORIKAWA: -- you definitely have a complex situation on Maui that we want to take into consideration. And --

CHAIR SINENCI: Okay.

MS. MORIKAWA: -- Councilmember Rawlins [sic], was it...did it have to do with the dispatch...the difference between Life Flight and MedEvac? Was that your question? I know there was that question that...and...and Robert went off, and we weren't sure just how they communicated.



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COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah. I was looking through the transcription on like exactly where we left off on the discussion, but when Chair comes back to me, I'll find it in the transcription. Thank you.

CHAIR SINENCI: Okay. And then just one more (*audio interference*) will there be any meetings held in the rural areas like Hāna, Lānaʻi, and Molokaʻi during the RFI process?

MS. MORIKAWA: Robert, go ahead.

MR. LAU: We were targeting the District Health Office. There weren't any rural meetings planned. It was primarily the District Health Office.

CHAIR SINENCI: From each of those communities?

MS. MORIKAWA: No.

MR. LAU: No. Well, just the...the Maui District Health Office on High Street.

CHAIR SINENCI: Okay.

MS. MORIKAWA: But would it be possible to...to do remote sessions with them? Or did you need someone in-person in those rural communities?

CHAIR SINENCI: Or...yeah, or just have...you know, we could have virtual meetings with those rural communities.

MS. MORIKAWA: Because we can look into that.

MR. LAU: Correct.

CHAIR SINENCI: Okay. Great. All right. Thank you for that. Members, any other questions for our resource? Okay. We'll go back to Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo, Chair. So, the question...where we left off in that last discussion was about not supplanting the, you know, private contractor, and I get that. But also, you know, there's a lot of times where it's like a number of hours that patients are waiting. So, what was said was that the...the doctor makes that call. So, my last clarifying question was going to be, is that the emergency doctor...emergency room doctor here at Molokaʻi General, that makes that call on the number of hours they're willing to have the patient wait before they call the air ambulance? And if there's a line, like a queue, for the Maui County air ambulance or MedEvac to provide that service...I guess, it is about the coordination, right? So, Hawaiʻi Life Flight is called in to do the inter-facility transfer. And there's a number of, you know, people waiting for that service from Hawaiʻi Life Flight. And in estimating the amount of time that each patient would need to be trans--transferred or transported, they say, okay, it's...it's likely going to take maybe three hours to get to

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Moloka'i. And then, you know, someone with a more severe case appears that...in emergency room, and now the three hours has turned into four hours, and then, you know, five hours. At what point does the doctor say, all right, like they're...like this patient needs to be transported now, otherwise this patient will die. So, you know, that...that coordination, like I...I guess it should be tighten up a lot better to prevent loss of life.

MR. LAU: Okay. What...what happens most times is dispatch is done for the Maui MedEvac via Maui PD, right. So, if they don't...I guess, if they don't hear about it and nobody reaches out, you know, I...I guess, collectively, we need to build a better process, I would assume, at this point in time. But...but that's thorough...but that's how our assets get...this asset gets dispatched, through Maui PD. We could run reports for you. You know, if...if you...if you make the request, we can look at the data. If, you know, you want to look up specific, you know, transports and the timelines, because we do have access to the trauma registry from Branch. So, we can look further. You just need to tell us what you want...want us to do.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Mr. Lau. Mahalo, Chair.

CHAIR SINENCI: Okay. Member Sugimura, did you have a follow-up question?

COUNCILMEMBER SUGIMURA: So, I just wanted to say that \$20 million is a lot for services for Maui County to pay. But I wondered what prompted City and County of Honolulu, or what expansions prompted...prompted them to take it over themselves? I did hear from State Legislature that Kaua'i and Maui County are...are under the State umbrella, and yet that amount is so huge. And...and I...I just curious of what prompted it. I wonder if Ms. Morikawa or Mr. Lau knew what prompted the City and County of Honolulu and Big Island to take on those kind of expenses.

MS. MORIKAWA: Those decisions precede me, so I...I am not familiar with the specifics...rationale for them taking it over. It would probably be better to consult with them and get it from them directly.

CHAIR SINENCI: Okay. Thank you (*audio interference*).

MR. LAU: I can't tell you...I can tell you that they're two separate models. The City and County is their own jurisdiction. It's like they are the State. They're their own entity. Big Island is very much like Maui and Kaua'i. So they basically still have deficit appropriations, which we do. So, the money just flows from us to them, and they decide how to use it. Does that answer your question?

COUNCILMEMBER SUGIMURA: So, you still fund (*audio interference*) interesting. So, you still provide some of the funding to City and County (*audio interference*) and then (*audio interference*).

MR. LAU: Well, the City and County is on a smaller sliding scale, but the...the Big Island is 100 percent. So, Maui County would have the same option, as well as Kaua'i.

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COUNCILMEMBER SUGIMURA: So, the...I...I guess the clarification is that...so, State still pays to Big Island some of the funding and --

MR. LAU: Yeah.

COUNCILMEMBER SUGIMURA: -- covers some of the expenses, and then Big Island covers the excess. Is that what happens?

MR. LAU: No. No, no. The Big island doesn't pay into it, only if they have shortages. But it usually comes to us as a deficit appropriation. We fund 100 percent of Big Island EMS.

COUNCILMEMBER SUGIMURA: Okay. Thank you.

CHAIR SINENCI: Okay. Mahalo, Member Sugimura. Okay, Members, that was our third round. Member Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. I just...you know, for our...for the public, I just wanted to make sure that was clear, that if the County were to choose to manage our own emergency services system, that that same option of that 20 million, 22 million that the...the Department of Health currently pays for would come to the County to then manage our own system. That that 22 million wouldn't be for our property taxes to fund, just so that it's there.

MR. LAU: So, EMS is best done locally. So, it's always been the Branch that has consistently said this, that EMS, you know, that's the national trend. You guys would know how to best use the money and how to...you know, there...there would still...like there's a phenomenal amount of oversight on the Big Island, but it still works the same. So, we just make sure that the monies are allocated appropriately, and that...that's it. We just ask for a budget.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Mr. Lau. Mahalo, Chair.

CHAIR SINENCI: Okay, Members, if that's all of our questions--oh, we have one from Member Paltin. Go ahead.

COUNCILMEMBER PALTIN: Thank you. My question would be for David Kingdon. I was wondering if you could just briefly explain the triage process for us.

CHAIR SINENCI: Mr. Kingdon?

MR. KINGDON: Sure. You know, I can briefly describe it in general to the best of my ability, although as you know, as a first responder, it's...it's, you know, got...got some breadth to it. But, you know, a couple of things. So, one is if...if you talk...are you talking specifically about the helicopter? Is that what you want me to address? Okay. So, let's --

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COUNCILMEMBER PALTIN: Yes, please.

MR. KINGDON: -- yeah. So, let's confine it to that. So, there are a couple of things here. Now, if it is a scene call, if it's a 911 scene call, then any paramedic, as well as any fire captain, any ocean safety captain, any law enforcement sergeant, any...anybody who's kind of in a leadership role in their...in their emergency service in Maui County can make that call to activate Maui MedEvac. We can put them on standby at the heliport. We can launch them to stand by in the area, or we can, you know, have them fly directly out to the scene. And I do want to take this opportunity to mention, this is, you know, assuming all equipment and all other parameters are...are intact. This is 24/7/365. So, are there times when we can't fly at night? Sure. That might be an occasional equipment issue that needs to be addressed for safety purposes. It could be a weather issue that...that it would occur. And those kind of factors would be the same nationwide or internationally, right. But we do fly at night. And I personally just brought a patient with a severe stroke to the Kapalua Airport the other night. And because of good early activation, we had Maui MedEvac like literally landing at Kapalua Airport as I was egressing the patient to that landing zone. So, you know, time does make a difference, and pre-planning and activating also makes a difference. So, we have the ability to...to do that kind of thing. If we think that based on someone's geographic location and/or the acuity or severity of their case, whether it be medical, trauma, or what have you, then we can do that. We can also activate them based on system status or other factors, right. So, if we have a mudslide on the Pali, or if we have, you know, something going on Moloka'i or somewhere else, you know, we can kind of get ahead of it by positioning our helicopter in that area so that we don't have a situation where ground transport is cut off, or what have you. So, there's a number of ways in which we can kind of make those triage determinations. But again, those are for patients that are in the field and a scene dynamic. When someone is in the clinic or in a hospital, particularly, you know, these outlying hospitals we've been talking about, we just frankly don't know about those patients unless they're brought to our attention. And so, when someone might say something about, oh, we could step up and take that patient. Well, we can't if we don't know about them, number one. Number two, as much as I'm deeply, deeply sympathetic to these different situations, when people have family and friends, you know, in extremis in these places--and I've been there with my own family and friends, right--you know, this is a very complex, and often very busy County, and also part of a geographically very challenging, you know, archipelago of islands in our State. And so, you know, the...realistically, there are going to be times where even if you had your wave-a-magic-wand system, there would still be times when...when there would be inevitable delays. And to be honest, compared to other systems that I've worked elsewhere before the last 20 years here happily in Maui, you know, in some cases those delays were worse, and they didn't even have the excuse of being surrounded by water and everything else. So, I'm not trying to defend every aspect. Again, you know, we're working to continuously improve the system, and I'm confident that it will. But I think being mindful of that context is important. Did that help to...to round things out?

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COUNCILMEMBER PALTIN: Yeah. Thank you, Mr. Kingdon. I also just, you know, wanted to thank you for your work during the fire, and, you know, your ingenuity (*audio interference*) in suggesting the rapid response vehicle at Mā'alaea, using the Coast Guard when the road and the air wasn't available, and all the things that you do for our County. Thank you. Thank you, Chair.

MR. KINGDON: Thank you.

CHAIR SINENCI: Mahalo. Member Sugimura.

COUNCILMEMBER SUGIMURA: This is a discussion that...what Mr. Kingdon said. Kapalua Airport, right. I think we are...we, as a Council, wanted to suggest that there's lighting there, and change the policy and rules. And I wonder if that's something now that's even more urgent, especially with the school being put in at Pulelehua, and just this discussion. And I think it's something that the County and the State needs to probably look at for more safety. I just want to make that statement. Thank you.

CHAIR SINENCI: Thank you, Members Sugimura. Do we also . . . (*inaudible*). . . had the Kula ambulance. I don't know if the Kula ambulance was part of the contract that it was in...anyway, additional services up in Kula, from my recollection. Member Paltin.

COUNCILMEMBER PALTIN: Yeah. Thank you. I just wanted to clarify, we did everything that we could on our end regarding lighting at Kapalua Airport. We're waiting on State DOT to sign off on the unilateral agreement before we can, I think, pass second reading. So, that's where that stands. We...we did everything in our control, similar like to the UH Moloka'i, we were waiting for them to sign the unilateral agreement. So, we take it as far as we can on our end. And then if the other end doesn't do their part, then we can't move forward. So, just putting that out there.

CHAIR SINENCI: Mahalo, Member Paltin. Just for clarification, Medic 10 up in Kula is stationed at the Kula Station. Okay. Members, it looks like we've kind of exhausted our questioning. Great questions. Again, mahalo for everybody's mana'o. This contract affects all of us. And so, I hope that today's meeting provided an opportunity for some valuable communication between us and the Department of Health. My hope is that our community now better understands this process, and that the Department of Health was able to gather meaningful input from the community that it serves. So, Members, I will now defer this item if there are no objections.

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

**ACTION: DEFER pending further discussion.**

CHAIR SINENCI: Okay. This concludes--oh, Staff, anything else before we adjourn?

MR. PASCUAL: No further business, Chair.

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CHAIR SINENCI: Okay, great. This concludes today's Water Authority, Social Services, and Parks Committee meeting of Monday, November 27th, 2023. Mahalo for...to Ms. Morikawa and Mr. Lau for joining us and answering all of our questions, including Mr. Kingdon and Mr. Bailey. Mahalo. It is 11:45. . . .(gavel). . .

**ADJOURN:** 11:45 a.m.

APPROVED:



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SHANE M. SINENCI, Chair  
Water Authority, Social Services, and Parks  
Committee

wassp:min:231127-d:slv:th

Transcribed by: Tricia Higa

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CERTIFICATION

I, Tricia Higa, hereby certify that pages 1 through 54 of the foregoing represents, to the best of my ability, a true and correct transcript of the proceedings. I further certify that I am not in any way concerned with the cause.

DATED the 29th day of December 2023, in Mililani, Hawai'i

A handwritten signature in black ink, appearing to read "Tricia Higa", is written over a horizontal line.

Tricia Higa