DEPARTMENT OF HEALTH

http://health.hawaii.gov

The Department of Health, established under section 26-13, HRS, and specifically provided for in chapter 321, HRS, is headed by the Director of Health. The Department is the state agency responsible for the planning, execution, and coordination of public health and environmental health programs for the protection and improvement of the environmental, physical, and mental well-being of the people of Hawaii. The mission of the Department is to provide leadership to monitor, protect, and enhance the health and environment of all the people of Hawaii. It enforces the State's public health and environmental health laws and administers various programs to improve the delivery of health services and protect the public health.

Director of Health

The Director directs and coordinates activities of the Department through four administrations headed by deputy directors for: General Administration, Behavioral Health, Environmental Health, and Health Resources.

Communications Office. The Communications Office, attached to the Office of the Director of Health, oversees internal and external communications within the Department, including media relations, mass media, broadcast, internet, and print campaigns, and department materials intended for wide public distribution.

Office of Health Care Assurance. The Office of Health Care Assurance (formerly the Hospital and Medical Facilities Branch) manages the state licensing and federal certification of medical and health care facilities, agencies, and organizations provided throughout the State in order to ensure compliance with established standards of care.

Board of Health. The Board of Health, established under section 26-13, HRS, serves as an advisory panel to the Director of Health. The Board consists of eleven members appointed to four-year terms by the Governor with the advice and consent of the Senate and includes the Director of Human Services as an ex officio, nonvoting member. The appointed members include at least one resident of each county, including the County of Kalawao.

ADMINISTRATIONS

General Administration

(Deputy Director of Health)

District Health Offices

There are District Health Offices on the islands of Kauai, Maui, and Hawaii. These offices administer and coordinate public health services in each of the neighbor island counties with technical assistance and cooperation of staff offices and administrations.

Administrative Services Office

The Administrative Services Office provides department-wide accounting and fiscal services, inventory control, contract processing, and centralized mailroom services; coordinates the Department's program plans and budget; administers the organization and staffing program as well as records management; and coordinates preparation and execution of the Department's capital improvement projects.

Health Information Systems Office

The Health Information Systems Office provides information technology services to the Department, oversees development of computer application systems, provides specialized technical support in end user computing and network connectivity, and coordinates issues related to information technology.

Health Status Monitoring Office

The Health Status Monitoring Office develops and maintains reports of the health status of Hawaii's people. The Office issues marriage licenses; keeps records of birth certificates, death certificates, and other vital records; and provides assistance in genealogical searches.

Human Resources Office

The Human Resources Office coordinates personnel management and administration in compliance with civil service laws, rules, and collective bargaining agreements; encourages managers to develop and use good personnel management practices; advises employees of rights, privileges, and obligations; and counsels on possible conflicts of interest.

Planning, Policy and Program Development Office

The Planning, Policy and Program Development Office is responsible for government relations and policy development, strategic planning, public health accreditation, and performance management. The Office provides support for programs applying for federal or foundation grants and technical assistance for administrative rules.

Affirmative Action Office. The Affirmative Action Office assists programs to ensure nondiscriminatory services and equal employment opportunity relating to state and federal discrimination laws; develops policy; informs and trains staff; coordinates and investigates complaints; and recommends correction or disciplinary actions.

Compliance Office. The Compliance Office ensures compliance with state and federal laws on privacy, information security, and other rules and regulations of broad applicability to the Department.

Office of Health Equity. Under the general guidance of the Director of Health, the Office of Health Equity (OHE) plans, administers, and directs statewide activities designed to identify and eliminate disparate health conditions among population groups in Hawaii and to link with national and state initiatives to eliminate disparities. OHE activities focus on identifying health disparities and health needs and developing recommendations for effective, culturally appropriate interventions within selected populations.

Behavioral Health Administration

(Deputy Director for Behavioral Health)

Healthy Hawaii Initiative

The Healthy Hawaii Initiative (HHI) supports healthy lifestyles by implementing policies and programs to create sustainable changes in Hawaii's communities, schools, and workplaces. Funded with Tobacco Settlement funds, HHI is a statewide effort focused on reducing three core behaviors that contribute to chronic disease: smoking, inactivity, and poor diet. HHI has made significant strides in helping Hawaii's residents lead healthy lives, and it has been recognized for its success as a comprehensive public sector prevention program.

Chronic Disease Management and Control Branch. The Chronic Disease Management and Control Branch works in collaboration with community partners to prevent and reduce the negative impact of chronic and disabling diseases. Prevention of the occurrence and progression of chronic disease is based on reducing or eliminating behavioral risk factors, increasing the prevalence of health promotion practices, and detecting disease early to avoid complications. The Branch focuses on developing the policies, environments, and systems that are supportive of healthy behavior and appropriate health care.

Adult Mental Health Division

The mission of the Adult Mental Health Division (AMHD) is to provide a comprehensive, integrated mental health system supporting the recovery of adults with severe mental illness. The vision of AMHD is that everyone has access to effective treatment and supports essential for living, working, learning, and participating fully in the community. AMHD oversees a total of eight public Community Mental Health Centers statewide (four on Oahu, two on Hawaii, one on Kauai, and one on Maui); Hawaii State Hospital; the Courts and Corrections Branch; and contracts with a variety of mental health providers for service provision. AMHD also operates a 24/7 Mental Health Crisis Line.

Hawaii State Hospital. Hawaii State Hospital, a specialized inpatient psychiatric facility, is located in Kaneohe, Oahu. Inpatient services are provided for persons committed by the criminal courts. The Hospital received its latest three-year accreditation by the Joint Commission on the Accreditation of Healthcare Organizations in 2011.

Courts and Corrections Branch. The Courts and Corrections Branch provides court-ordered mental health evaluations to the state court system pursuant to chapter 704, HRS, concerning penal responsibility and fitness to proceed.

Alcohol and Drug Abuse Division

The Alcohol and Drug Abuse Division provides leadership and planning for development of quality substance abuse prevention and treatment services. The Division administers federal block grant and state funds; accredits programs; certifies substance abuse counselors and program administrators; and manages and monitors services purchased through contracts with private and public sector agencies.

Child and Adolescent Mental Health Division

The mission of the Child and Adolescent Mental Health Division (CAMHD) is to provide timely and effective mental health prevention, assessment, and treatment to children and youth with more severe emotional and behavioral challenges that require services more intensive than can be provided by school-based behavioral health services. CAMHD provides access to care through seven community health centers, called Family Guidance Centers, across the State and at the Hawaii Youth Correctional Facility. CAMHD contracts with a network of provider agencies to provide a full array of assessment and treatment services.

Developmental Disabilities Division

The major focus of the Developmental Disabilities Division is to prevent institutionalization of people with developmental disabilities through community-based services.

Case Management and Information Services Branch. The Case Management and Information Services Branch provides community-based services to clients who are developmentally disabled to sustain them in community living and to preserve family integrity; coordinates purchase-of-services for persons with developmental and intellectual disabilities; and assists with respite to families of persons with developmental and intellectual disabilities.

Disability Supports Branch. The Disability Supports Branch provides system supports for persons with disabilities; certifies and monitors adult foster homes; coordinates the complaints resolution process; assesses and evaluates consumer directed outcomes; and plans long-term supports for persons with brain injury.

Hospital and Community Dental Services Branch. The Hospital and Community Dental Services Branch provides dental evaluation and treatment services to clients residing in facilities operated by the Department, including Kalaupapa Settlement, Hawaii State Hospital, and Waimano Training School and Hospital, and clients who are community-based from these facilities. Services are primarily targeted to accommodate indigent, severely mentally ill, developmentally disabled, and medically compromised, frail, elderly clients.

Environmental Health Administration

(Deputy Director for Environmental Health)

Hazard Evaluation and Emergency Response Office. The Hazard Evaluation and Emergency Response Office provides state leadership and support for responding to releases of oil and hazardous substances; develops effective, well-coordinated environmental responses; and identifies sites of hazardous substance releases. The Office also provides information on poisonous effects of chemicals (pesticides, metals, solvents, pollutants, food additives, etc.) found in the environment.

Environmental Planning Office. The Environmental Planning Office is responsible for long-range planning to ensure that the State's public health and environment are not compromised by pollutants. The Office also provides functional support to the Environmental Health Administration in the areas of geographic information system, public participation, land use coordination, and legislative coordination.

Environmental Resources Office. The Environmental Resources Office provides administrative, personnel, budget, and fiscal support. The Office also administers the clean water and drinking water revolving loan fund programs.

Compliance Assistance Office. The Compliance Assistance Office was established to help small businesses overcome the hurdles they face in their efforts to succeed in business while following environmental regulations. The Office works to promote communication between the Department and small businesses by increasing understanding, interceding in disputes, and promoting inclusion of small business perspectives in rulemaking.

Information Management Office. The Information Management Office is responsible for technology systems throughout the administration. This includes the design, development, and implementation of data systems as well as dictating the strategic direction of technical initiatives.

Environmental Health Services Division

Vector Control Branch. The Vector Control Branch is a regulatory program that conducts investigative enforcement and control of vectors (insects, rodents, etc.) to prevent the transmission of communicable disease and health-related injuries to the people and visitors in Hawaii.

Sanitation Branch. The Sanitation Branch inspects food service establishments, milk plants, frozen dessert manufacturing plants, dairy farms, hotels, adult family care homes, intermediate care facilities, skilled nursing facilities, hospitals, public swimming pools, barber and beauty shops, mortuaries, tattoo parlors, and massage parlors.

Noise, Radiation and Indoor Air Quality Branch. The Noise, Radiation and Indoor Air Quality Branch is responsible for statewide programs of community noise and radiation control through the provision of services which include inspection, educational, consultative, and enforcement activities. The Branch also works to ensure that air conditioning and ventilation rules are enforced and that the public is protected from exposure to lead and asbestos. Indoor air quality problems are also addressed.

Food and Drug Branch. The Food and Drug Branch is the regulatory program responsible for the safety and labeling of most food, drugs, cosmetics, medical devices, and related consumer products. The Branch performs inspections and collects samples of products for lab testing.

Environmental Management Division

Clean Air Branch. The Clean Air Branch monitors for air pollution, administers the agricultural burning and air pollution control permit programs, provides regulatory oversight and enforcement on air pollution sources, and maintains the statewide air emission inventory.

Clean Water Branch. The Clean Water Branch is responsible for the Statewide Water Pollution Control Program for the protection of state waters. It provides water quality monitoring, pollution investigations, and enforcement; responds to complaints on water pollution and to sewage spills and other illegal discharges into state waters; manages the Water Quality Standards program and the Total Maximum Daily Load program; and administers a Polluted Runoff Control grant program for education and demonstration projects to mitigate polluted runoff.

Safe Drinking Water Branch. The Safe Drinking Water Branch administers state and federal safe drinking water requirements for public water systems and for underground injection control facilities, implements a revolving loan fund for drinking water system improvement projects, administers the state Certification of Public Water System Operators program under chapter 340F, HRS,¹ and develops and implements the State's groundwater protection program.

Solid and Hazardous Waste Branch. The Solid and Hazardous Waste Branch conducts compliance monitoring and investigation for proper management of hazardous waste; oversees underground storage tanks (UST) and leaking USTs; and reviews site reports on contaminated soil and groundwater.

Office of Solid Waste Management. The Office of Solid Waste Management oversees and permits operation and closures of solid waste transfer, reclamation, and handling facilities; develops alternative solid waste management strategies for special wastes (used oil, lead acid batteries, etc.); facilitates recycling and waste diversion efforts and implements the Deposit Beverage Container Program that allow consumers to redeem eligible beverage containers for fees collected.

Wastewater Branch. The Wastewater Branch protects the public health and preserves the environment and fresh, underground, and marine water resources by effectively managing the collection, treatment, and disposal of wastewater (sewage); regulates all public and private wastewater systems; approves all new wastewater systems; implements a revolving loan fund program to upgrade municipal wastewater systems; and oversees the Certification of Wastewater Treatment Personnel program under chapter 340B, HRS.²

State Laboratories Division

The State Laboratories Division (SLD) conducts laboratory testing in support of environmental and public health programs statewide. Consultation, licensing, and other related laboratory services focused on environmental health and communicable disease control are provided to various federal, state, city, county, and private organizations. SLD also conducts research, laboratory science investigations, and participates in emergency response efforts such as bioterrorism preparedness and monitoring air quality effects of volcanic activity.

Environmental Health Analytical Services Branch. The Environmental Health Analytical Services Branch performs monitoring and chemical and microbiological analysis of environmental samples.

Medical Microbiology Branch. The Medical Microbiology Branch analyzes human specimens for communicable diseases.

¹ See page 107.

² See page 107.

Laboratory Emergency Response Program. The Laboratory Emergency Response Program's role is to develop and implement a jurisdiction-wide program to provide rapid and effective laboratory services in response to a chemical and/or bioterrorism event, other infectious disease outbreaks, and other public health emergencies.

Health Resources Administration

(Deputy Director for Health Resources)

Family Health Services Division

The mission of the Family Health Services Division is "to improve the health of women, infants, children and adolescents and other vulnerable populations and their families by increasing public awareness and professional education about the importance of a life course perspective; advocating for systemic changes that address health equity and the social determinants of health; and ensuring a system of health care that is family/patient centered, community based, and prevention focused with early detection and treatment, habilitative and rehabilitative services for those with chronic conditions."

Maternal and Child Health Branch. The Maternal and Child Health Branch promotes and improves the health and well-being of women, infants, children, and adolescents. Services include training and public awareness on family planning and perinatal and interconception care to high-risk women, including adolescents and other disparate populations; child and youth wellness; prevention of child abuse and neglect, sexual assault, and domestic violence; and family support (e.g., home visits).

Public and private partnerships are established and maintained to share information, support program planning, and promote and collaborate on policy to improve outcomes for women, infants, adolescents and their families. Surveillance activities monitor pregnancy and birth outcomes, infant and child deaths, depression in pregnant and postpartum women, and substance use and violence that impact families' lives.

Coordination with the Department of Education focuses on improving the health of students (and secondarily their families) through enhanced networking, planning, and resource development. Specific programs overseen by the Branch include Healthy Start, BabySAFE, Parentline, Child Death Review,³ and community provider contracts.

Children with Special Health Needs Branch. The Children with Special Health Needs Branch promotes family-centered, community-based coordinated systems of services for children with special health care needs (CSHCN) and their families, in order to ensure that all CSHCN will receive appropriate services to optimize health, growth, and development and to ensure access to quality health care services. This is accomplished through public health functions including assessing and monitoring health status to identify and address problems, development of standards, community and professional education, community partnerships,

³ See chapter 321, part XXVII, HRS.

linking CSHCN and their families to health and other services, and conducting special studies and projects. Programs include: Newborn Metabolic Screening, Newborn Hearing Screening, Birth Defects, Early Intervention, Respite, Preschool Developmental Screening, Children with Special Health Needs/Social Work, Nutrition, and Genomics programs.

WIC Services Branch. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a \$30 million U.S. Department of Agriculture federally funded short-term intervention program providing nutrition counseling and food assistance for low income pregnant and postpartum women and children up to age five. The program is designed to help establish good nutrition and health behaviors through nutrition education, breastfeeding promotion, a monthly food prescription allotment, and access to health and social services. WIC contracts with state Community Health Centers to provide services, resulting in greater integrated health service delivery. Along with income eligibility, all participants must be considered nutritionally at risk.

Communicable Disease Division

The Communicable Disease Division administers programs and activities to reduce the incidence, severity, and disabling effects of tuberculosis (TB), sexually transmitted diseases (STD), human immunodeficiency virus (HIV), and Hansen's disease (HD) by adopting preventive measures and by undertaking programs of early detection and effective treatment. The Division oversees medical and facility operations at Kalaupapa and at Hale Mohalu Hospital at Leahi on Oahu.

Tuberculosis Control Branch. The Tuberculosis Control Branch coordinates and provides screening for active TB disease and latent TB infection. Public health nurses, physicians, pharmacists, and outreach workers evaluate, treat, and monitor patient compliance with treatment protocols, as well as track and manage contacts of active TB cases.

STD/AIDS Prevention Branch. The STD/AIDS Prevention Branch provides surveillance, prevention, and treatment in conjunction with community partners to reduce the spread of STD and HIV infection and screen those who are most at risk. The STD Clinic, located at Diamond Head Health Center, offers free examination, treatment, counseling, health education services, and anonymous HIV testing.

Hansen's Disease Branch. The Hansen's Disease Branch prevents the spread of Hansen's disease through case management, treatment, and epidemiological follow-up of new cases. They also provide long-term care to Hansen's disease patients who have been disabled directly from pathological effects of the disease or psychologically or socially from the effects of prolonged institutionalization. The Branch manages medical and facility operations at Kalaupapa and at Hale Mohalu Hospital.

Public Health Nursing Branch. The Public Health Nursing Branch collaborates with a myriad of public and private agencies and programs to ensure a system of services that are accessible, coordinated, and integrated and in partnerships with individuals and families. The

Branch provides generalized clinical nursing intervention services as responders to disasters and public health outbreaks; communicable disease source and contact investigations; immunization services; care coordination services for targeted at-risk populations and families having difficulties accessing the health care system; and school-based health services in the public schools.

Disease Outbreak Control Division

The Disease Outbreak Control Division is responsible for monitoring, investigating, preventing, and controlling infectious diseases, including vaccine-preventable diseases but excluding tuberculosis, Hansen's disease, and sexually transmitted diseases (including HIV/AIDS), which are managed by the Communicable Disease Division. The Disease Outbreak Control Division also works to monitor and ensure Hawaii's public health preparedness for and response to any emerging disease threats or other hazards and emergencies whether focused or broad in impact and that threaten the public's health.

Disease Investigation Branch. The Disease Investigation Branch is responsible for the surveillance and investigation of infectious diseases, including potential bioterrorism agents, with the exception of tuberculosis, Hansen's disease, and sexually transmitted diseases (including HIV/AIDS), which are managed by the Communicable Disease Division. The Branch works to control and prevent these diseases throughout the State to protect the public's health.

Bioterrorism Preparedness and Response Branch. The Bioterrorism Preparedness and Response Branch is responsible for preparing the department, public health agencies, the health care community, and ultimately the State of Hawaii to respond effectively and efficiently to a public health emergency, such as a bioterrorism event, a severe outbreak of a dangerous infectious disease, a natural disaster, or even slow-onset disasters triggered by climate change. The Branch is primarily responsible for coordinating department disaster-related planning and all related activities as well as facilitating the coordination and distribution of public health resources during an actual emergency.

Immunization Branch. The Immunization Branch is responsible for monitoring, investigating, preventing, and control of vaccine preventable diseases (VPDs) in Hawaii among children and adults. The Branch is also responsible for promoting vaccinations to protect the public's health and assessing their impact on disease prevalence as well as determining vaccine uptake and distribution in the State.

Emergency Medical Services and Injury Prevention System Branch

The Emergency Medical Services and Injury Prevention System is responsible for expansion and enhancement of the State Comprehensive Emergency Medical Services System with the mission to minimize death, injury, and disability due to life threatening conditions by ensuring the availability of quality emergency medical care and injury prevention statewide. The

Branch also collaborates and coordinates with the Civil Defense Division of the State Department of Defense to prepare for and respond to health emergencies.

COUNTY OF KALAWAO

The County of Kalawao consists of that portion of the island of Molokai known as Kalaupapa, Kalawao, and Waikolu, commonly known as the Kalaupapa Settlement. As a county, it has only the powers especially conferred by sections 326-34 to 326-38, HRS. None of the provisions of the Hawaii Revised Statutes regarding counties are applicable to Kalawao.

The County of Kalawao is under the jurisdiction of the Department of Health. It is governed by the laws and rules relating to the Department and the care and treatment of persons with Hansen's disease.

Sheriff. The Sheriff is the only county officer of Kalawao. The Sheriff is generally a resident of the County appointed by the Department of Health.

ATTACHED FOR ADMINISTRATIVE PURPOSES

State Health Planning and Development Agency

The State Health Planning and Development Agency (SHPDA), established under section 323D-11, HRS, administers the state health planning and cost containment activities as required by law. Its principal function is to promote accessibility for all the people of the State to quality health care services at reasonable cost. It conducts studies and investigations as necessary as to the causes of health care costs including inflation. SHPDA promotes the sharing of facilities or services by health care providers whenever possible to achieve economies and restricts unusual or unusually costly services to individual facilities or providers where appropriate. The Agency serves as staff to and provides technical assistance and advice to the Statewide Health Coordinating Council (Statewide Council) and the subarea health planning councils (subarea councils) in the preparation, review, and revision of the State Health Services and Facilities Plan (HSFP). It conducts the health planning activities of the State in coordination with the subarea councils, implements the HSFP, and determines the health needs of the State after consulting with the Statewide Council. SHPDA also administers the state Certificate of Need (CON) Program pursuant to chapter 323D, part V, HRS.

Statewide Health Coordinating Council. The Statewide Health Coordinating Council (Statewide Council), established under section 323D-13, HRS, is advisory to SHPDA, and its membership does not exceed twenty. Members are appointed to four-year terms by the Governor with the advice and consent of the Senate. An ex officio, nonvoting member who is the representative of the U.S. Department of Veterans Affairs is designated by that Department. The members are broadly representative of the age, sex, ethnic, income, and other groups that make up the population of the State and include representation from the subarea councils,

business, labor, and health care providers. A majority but not more than eleven of the members are consumers of health care who are not also providers of health care. The Council prepares and revises as necessary the HSFP; advises SHPDA on health planning and development actions under section 323D-12, HRS; appoints the review panel for CONs pursuant to section 323D-42, HRS; and reviews and comments upon the following actions by SHPDA before they are made final: (a) making findings as to CON applications; and (b) making findings as to the appropriateness of those institutional and noninstitutional health services offered in the State.

Subarea Health Planning Councils. Subarea Health Planning Councils (Subarea Councils) are established under section 323D-21, HRS, for geographical areas designated by SHPDA in consultation with the Statewide Council. Each county has at least one Subarea Council. Members of Subarea Councils are appointed to four-year terms by the Governor with the advice and consent of the Senate. Nominations for appointment are solicited from health-related and other interested organizations and agencies, including health planning councils, providers of health care within the appropriate subarea, and other interested persons. Each Subarea Council reviews, seeks public input, and makes recommendations relating to health planning for the geographical subarea it serves. Each Subarea Council recommends for gubernatorial appointment at least one person from its membership to be on the Statewide Council.

Hawaii Health Systems Corporation

The Hawaii Health Systems Corporation (HHSC), established under section 323F-2, HRS, and governed by chapter 323F, HRS, is divided into five regional systems:

Region I: Oahu

Region II: Kauai

Region III: Maui

Region IV: East Hawaii, comprising Puna, North Hilo, South Hilo, Hamakua, and Kau

Region V: West Hawaii, comprising North Kohala, South Kohala, North Kona, and

South Kona

Facilities in each region are as follows:

Oahu: Leahi Hospital and Maluhia

Kauai: West Kauai Medical Center (Kauai Veterans Memorial Hospital and

Medical Clinics) and Samuel Mahelona Memorial Hospital

Maui: Maui Memorial Medical Center, Kula Hospital, and Lanai Community

Hospital

East Hawaii: Hilo Medical Center, Hale Hoola Hamakua, Kau Hospital, and

Yukio Okutsu State Veterans Home

West Hawaii: Kona Community Hospital and Kohala Hospital

Board of Directors. Under section 323F-3, HRS, HHSC is governed by a thirteen-member Board of Directors who are appointed as follows: (1) the Director of Health as an ex officio, voting member; (2) the five regional chief executive officers as ex officio, voting members; (3) two members who reside on Maui, appointed by the Maui Regional System Board; (4) one member who resides in East Hawaii, appointed by the East Hawaii Regional System Board; (5) one member who resides in West Hawaii, appointed by the West Hawaii Regional System Board; (6) one member who resides on Kauai, appointed by the Kauai Regional System Board; (7) one member who resides on Oahu, appointed by the Oahu Regional System Board; and (8) one member appointed by the Governor who serves as an at-large voting member. Appointed county members serve four-year terms, and the at-large member serves a two-year term. The selection, appointment, and confirmation of any nominee is based on ensuring that board members have diverse and beneficial perspectives and experiences and that they include, to the extent possible, representatives of the medical, business, management, law, finance, and health sectors and patients or consumers.

Regional System Boards. Under section 323F-3.5, HRS, a regional system board of directors is established to govern each of the five regional systems. Each Board consisted initially of twelve members appointed by the Governor: four (two each) by the President of the Senate and the Speaker of the House of Representatives; four from nominees submitted by the Regional Public Health Facility Management Advisory Committee, established under section 323F-10, HRS; three physicians from nominees submitted by the medical staff of the public health facilities in the regional system; and the HHSC Board Chairperson, or designee, who serves as an ex officio, nonvoting member of each Regional System Board. After initial terms of two or three years, all members appointed thereafter are appointed to three-year terms. New board members are selected by a two-thirds affirmative vote of the existing board members. Each Board consists of not less than seven and not more than fifteen members, as determined by the Board, and elects its own Chair. Except for ex officio members, all other board members are residents of the region.

Executive Office on Aging

The Executive Office on Aging (EOA), established under section 349-2, HRS, is the lead state agency in the coordination of a statewide system of aging and family caregiver support services. EOA's primary mission is the well-being of the State's 277,000 older adults (sixty years and older) and their family caregivers. It provides leadership in programs for older adults, helps formulate aging policy, serves as a clearinghouse for information, and partners with the Aging Network to provide home- and community-based care for frail, vulnerable seniors.

Policy Advisory Board for Elder Affairs. The Policy Advisory Board for Elder Affairs, established under section 349-4, HRS, consists of not less than twenty-one nor more than twenty-nine members, a majority of whom are over sixty years of age and who are selected on the basis of their interests and knowledge in and their ability to make contributions to the solution of problems relating to aging. The Board includes at least one member each from the counties of Hawaii, Maui, Kauai, and Honolulu. Members are appointed to four-year terms by the Governor with the advice and consent of the Senate. Nine members serve as ex officio members from among the heads of the following state agencies that provide services or programs affecting elders: Health, Human Services, Education, Labor and Industrial Relations, University of Hawaii, Transportation, State Retirement System, Office of Consumer Protection, and by invitation, the Hawaii representative of the U.S. Department of Health and Human Services. The Chairperson is elected annually from the nongovernmental members of the Board. The Board advises the Director of EOA in the following areas: the identification of issues and alternative approaches to solutions; the development of position statements and papers; advocacy and legislative actions; and program development and operations.

Office of Environmental Quality Control

The Office of Environmental Quality Control (OEQC), established under section 341-3, HRS, and headed by the Director of Environmental Quality Control, reviews environmental assessments and impact statements, to ensure compliance with chapter 343, HRS, and Title 11, chapter 200, HAR, and informs the public of the availability of documents through the semimonthly OEQC Bulletin to facilitate the required public review. OEQC works to assist in restoring, protecting, and enhancing the natural physical environment of the State by stimulating, expanding, and coordinating efforts of government agencies, industrial groups, and citizens.

Environmental Council. The Environmental Council, also established under section 341-3, HRS, consists of fifteen members who are appointed to four-year terms by the Governor with the advice and consent of the Senate. The Director of Environmental Quality Control (Director) serves as an ex officio, voting member. The Council Chairperson is elected by the Council from among its members. Members are appointed to ensure a broad representation of educational, business, and environmentally pertinent disciplines and professions. Pursuant to section 341-6, HRS, the Council serves as a liaison between the Director and the public on matters concerning ecology and environmental quality.

State Council on Developmental Disabilities

The State Council on Developmental Disabilities, is established under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000⁴ and section 333E-3, HRS. Pursuant to section 333E-4, HRS, the Council consists of voting members as described in federal law. Members are residents of the State. The Council includes in its membership six representatives from the neighbor islands with a minimum of one representative from Hawaii, Kauai, and Maui counties and representatives of the following, unless these programs no longer

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⁴ See P.L. 106-402; 42 U.S.C. 15001 et seq.

exist in the State: state entities that administer funds provided under federal law relating to individuals with disabilities, including the Rehabilitation Act of 1973,⁵ Individuals with Disabilities Education Act of 2004,⁶ Older Americans Act of 1965,⁷ and Titles V (Maternal and Child Health Services Block Grant)⁸ and XIX (Grants to States for Medical Assistance Programs)⁹ of the Social Security Act;¹⁰ university centers for excellence in developmental disabilities education, research, and service; the state protection and advocacy system; and local and nongovernmental agencies and private nonprofit groups concerned with services for individuals with developmental disabilities in this State. Sixty percent of the membership consists of individuals with developmental disabilities or family members.

The Council develops the State Plan for Individuals with Developmental Disabilities, which guides the development and delivery of all services to those individuals; encourages efficient and coordinated use of federal, state, and private resources in the provision of services; monitors, evaluates, and comments upon implementation plans of the various public and private agencies for individuals with developmental disabilities; advocates for the needs of individuals with developmental disabilities before the Legislature and the public and to the Governor; acts in an advisory capacity to the Governor, the Legislature, and all concerned department heads on all issues affecting individuals with developmental disabilities; and supports and conducts outreach activities to identify individuals with developmental disabilities and their families to obtain services, individualized support, and other forms of assistance, including access to special adaptation of generic community services or specialized services.

Disability and Communication Access Board

The Disability and Communication Access Board (DCAB), established under section 348F-2, HRS, is composed of seventeen members who are appointed to four-year terms by the Governor with the advice and consent of the Senate, including at least nine persons with various types of disabilities, or their parents or guardians, and at least one resident from each of the counties of Honolulu, Hawaii, Maui, and Kauai. Among its functions, the Board establishes guidelines and reviews plans for the construction of state and county buildings and facilities, under section 103-50, HRS; establishes guidelines for communication access services, including determining the qualifications of interpreters and credentialing sign language interpreters who do not possess national certification; administers the statewide program for parking for persons with disabilities; serves as public advocate of persons with disabilities; serves as the state coordinator for compliance with the Americans with Disabilities Act of 1990;¹¹ and advises the State and counties on meeting the requirements for state, federal, and county laws providing for access for persons with disabilities.

⁵ See P.L. 93-112; 29 U.S.C. 701 et seq.

⁶ See P.L. 108-446; 20 U.S.C. 1400 et seq.

⁷ See P.L. 89-73; 42 U.S.C. 3001 et seq.

⁸ See P.L. 97-35, Title XXI, section 2192(a), 95 Stat. 818; 42 U.S.C. 701 et seq.

⁹ See P.L. 89-97, Title I, section 121(a); 42 U.S.C. 1396 et seq.

¹⁰ See P.L. 74-271; 42 U.S.C. 301 et seq.

¹¹ See P.L. 101-336; 42 U.S.C. 12101 et seq.

Hawaii Early Intervention Coordinating Council

The Hawaii Early Intervention Coordinating Council, established under section 321-353, HRS, consists of twenty-five members who are appointed to three-year terms by the Governor without the necessity of the advice and consent of the Senate. Members are selected from the following: (1) at least twenty percent of the members are parents of infants or toddlers with special needs, or children with special needs aged twelve years or younger, with knowledge of, or experience with, programs for infants and toddlers with special needs; provided that at least one parent is a parent of an infant or toddler with special needs or of a child with special needs aged six years or younger; (2) at least twenty percent of the members are public or private providers of early intervention services; (3) two members are from the Legislature, of which one member is selected by the President of the Senate and one member by the Speaker of the House of Representatives; (4) one member is involved in personnel preparation; (5) one member is from the Department of Health program involved in the provision of, or payment for, early intervention services to infants and toddlers with special needs and their families and who has sufficient authority to engage in policy planning and implementation on behalf of the program; (6) one member is from the Department of Health program responsible for children's mental health; (7) one member is from the Department of Education program responsible for preschool services to children with disabilities who has sufficient authority to engage in policy planning and implementation on behalf of the program; (8) one member is from the Department of Education program responsible for the coordination of education of homeless children and youths; (9) one member is from the Department of Human Services program responsible for the state Medicaid program; (10) one member is from the Department of Human Services program responsible for child care; (11) one member is from the Department of Human Services program responsible for foster care; (12) one member is from the Department of Commerce and Consumer Affairs program responsible for state regulation of health insurance; (13) one member is from a Head Start or Early Head Start agency or program in the State; and (14) other members who are involved in or interested in services to infants and toddlers with special needs and their families and who are selected by the Governor. The Council elects its officers.

The Council advises and assists the Director of Health in the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements; advises and assists the Department of Health in the preparation of applications and amendments thereto; advises and assists the Department of Education regarding the transition of toddlers with special needs to preschool and other appropriate services; and prepares and submits an annual report to the Governor on the status of early intervention programs for infants and toddlers with special needs and their families within the State.

Hawaii State Emergency Response Commission

The Hawaii State Emergency Response Commission, established under section 128E-2, HRS, consists of the following members who are appointed to four-year terms by the Governor with the advice and consent of the Senate: (1) Director of Health; (2) Chairperson of the Board of Agriculture; (3) Adjutant General; (4) Director of Labor and Industrial Relations; (5) Chairperson of the Board of Land and Natural Resources; (6) Director of the Office of Environmental Quality Control; (7) Director of Business, Economic Development, and Tourism; (8) Director of Transportation; (9) Dean of the University of Hawaii School of Public Health or Dean of the University of Hawaii School of Medicine, as determined by the Governor; (10) Director of the Environmental Center of the University of Hawaii; (11) one representative from each committee designated by the mayor of each respective county; and (12) other persons appointed by the Governor to meet the minimum requirements of the federal Emergency Planning and Community Right-to-Know Act of 1986. The Director of Health is the Chairperson of the Commission.

Among its functions, the Committee carries out the duties and responsibilities of a state emergency response commission as specified in the Emergency Planning and Community Right-to-Know Act of 1986; develops state contingency plans relating to the implementation of chapter 128E, HRS; and develops a public information, education, and participation program for the public and facility owners covering the requirements of chapter 128E, HRS, the interpretation of the chemical information collected, and the risks that these chemicals pose to the public health and environment.

State Emergency Medical Services Advisory Committee

The State Emergency Medical Services Advisory Committee, established under section 321-225, HRS, consists of twenty members as follows: three ex officio, nonvoting members, who are the Director of Transportation, Adjutant General, and Administrator of the State Health Planning and Development Agency, or designees, and seventeen members representing all counties who are appointed to four-year terms by the Governor with the advice and consent of the Senate as follows: (1) five members who are physicians experienced in the conduct and delivery of emergency medical services, of whom at least two are engaged in the practice of emergency medicine and are board-eligible or board-certified by the American Board of Emergency Medicine, and at least one physician is engaged in the practice of pediatrics and be board-eligible or board-certified by the American Board of Pediatrics; (2) four members who are consumers of health care and who have no connection with or relationship to the health care system of the State and who are representative of all counties; (3) four members of allied health professions related to emergency medical services; and (4) four members, one from each county, who are mobile intensive care technicians or emergency medical technicians engaged in the practice of pre-hospital emergency medical service. The Committee sits in an advisory capacity to the Department of Health on all matters relating to the state comprehensive pre-hospital emergency medical services system.

 $^{^{\}rm 12}\,$ See P.L. 99-499, Title III, 100 Stat. 1728; 42 U.S.C. 11001 et seq.

Hawaii Advisory Commission on Drug Abuse and Controlled Substances

The Hawaii Advisory Commission on Drug Abuse and Controlled Substances, established under section 329-2, HRS, consists of not more than fifteen nor less than nine members who are appointed to four-year terms by the Governor with the advice and consent of the Senate. Members are selected on the basis of their ability to contribute to the solution of problems arising from the abuse of controlled substances and, to the extent possible, represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community. One appointed member is a member of the State Council on Mental Health established by section 334-10, HRS, and is knowledgeable about the community and the relationships between mental health, mental illness, and substance abuse. The Department of Health appoints an ex officio, nonvoting representative to the Commission who regularly attends meetings of both the Commission and the State Council on Mental Health and makes regular reports to both bodies. The Commission elects a Chairperson from among its members.

The Commission assists the Department of Health in coordinating all action programs of community agencies (state, county, military, or private) specifically focused on the problem of drug abuse; assists the Department in carrying out educational programs designed to prevent and deter abuse of controlled substances; creates public awareness and understanding of the problems of drug abuse; sits in an advisory capacity to the Governor and other state departments as may be appropriate on matters relating to the Commission's work; and acts in an advisory capacity to the Director of Health in substance abuse matters under section 321-194, HRS.

State Council on Mental Health

The State Council on Mental Health, established under section 334-10, HRS, consists of twenty-one members who are appointed to four-year terms by the Governor with the advice and consent of the Senate. In making appointments to the Council, the Governor ensures that: all service area boards of the State are represented; a majority of the members are nonproviders of mental health or other health services; and a majority of the members are not state employees. The number of parents of children with serious emotional disturbances must be sufficient to provide adequate representation of such children in the deliberations of the Council. The Council is composed of residents of the State, including individuals representing: (1) the principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services; (2) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services; (3) adults with serious mental illnesses who are receiving, or have received, mental health services; (4) the families of such adults or families of children with serious emotional disturbances; and (5) the Hawaii Advisory Commission on Drug Abuse and Controlled Substances who is a person knowledgeable about the community and the relationships between mental health, mental illness, and substance abuse. The Council elects a Chairperson from among its members.

The Council advises the Department of Health on allocation of resources, statewide needs, and programs affecting two or more service areas; reviews and comments on the statewide comprehensive integrated service plan; and serves as an advocate for adults with serious mental illness, children with serious emotional disturbances, other individuals with mental illnesses or emotional problems, and individuals with combined mental illness substance abuse disorders.

Service Area Boards on Mental Health and Substance Abuse

Service Area Boards are established under section 334-11, HRS. One of the functions of the Department of Health in mental health, under section 334-3(c)(3), HRS, is to appoint a Service Area Administrator in each county who is responsible for the development, delivery, and coordination of services in that area. A Service Area Board is established to advise each Service Area Administrator. Each Board consists of nine members, appointed by the Governor, who serve for terms determined by the Governor. After the initial appointees, the Governor fills each vacancy by appointing a member from a list of four persons submitted by that Board. Members of the Board are service area residents who are consumers or nonproviders of mental health services and service area providers, with a majority being non-state employees and nonproviders of mental health or other health services. Each Board elects a Chairperson from among its members.

Each Service Area Administrator and Board, in consultation with public and private providers, participates in the development of comprehensive integrated service area plans and budgets. Each Board advises the Service Area Administrator about service area needs to prevent and treat mental or emotional disorders, combined mental illness substance abuse disorders, and persons afflicted by these disorders; and provides advice, guidance, and recommendations to both the Advisory Commission on Drug Abuse and Controlled Substances and the State Council on Mental Health as it deems appropriate.

Drug Product Selection Board

The Drug Product Selection Board, established under section 328-95, HRS, consists of seven members as follows: one representative from the Department of Health, one representative from either the University of Hawaii School of Medicine or University of Hawaii School of Public Health, two physicians, and two pharmacists, appointed to four-year terms by the Governor with the advice and consent of the Senate. The Board designates a Chairperson from its appointed membership. The seventh member is the Director of Health, or designee.

Pursuant to section 328-96, HRS, the Director of Health, without regard to chapter 91, HRS, may adopt as rules the compendia of therapeutically equivalent generic drug products as the state drug formulary of equivalent multiple source drug products. The Board may adopt rules pursuant to chapter 91, HRS, to establish a Hawaii Additions and Deletions List. Upon the adoption of the compendia of therapeutically equivalent generic drug products by the Director, the Department of Health notifies all pharmacies in the State and other interested individuals,

within thirty working days, that the formulary has been updated. The Hawaii Additions and Deletions List may list additional substitutable drug products that are determined by the Board to be safe, effective, and therapeutically equivalent. The Hawaii Additions and Deletions List may delete drug products listed in the compendia of therapeutically equivalent generic drug products upon the Board's finding that product quality or therapeutic equivalency or bioequivalency, as appropriate, is not adequately assured. Pursuant to chapter 91, HRS, the Hawaii Additions and Deletions List may be changed, added to, or deleted from as the Board deems appropriate.

Office of Language Access

The purpose of the Office of Language Access (OLA), established under section 321C-6, HRS, is to address the language access needs of limited English proficient persons and ensure meaningful access to services, programs, and activities offered by the executive, legislative, and judicial branches of state government, including departments, offices, commissions, boards, or other agencies, and all covered entities, ¹³ for limited English proficient persons.

Language Access Advisory Council. The Language Access Advisory Council, established under section 321C-7, HRS, consists of seventeen members who are appointed to four-year terms by the Governor with the advice and consent of the Senate as follows: (1) one representative from the state government; (2) one representative from a covered entity; (3) one bilingual worker who is or has been employed by a state-funded immigrant service agency or program; (4) one representative of an advocacy organization that provides services to limited English proficient persons; (5) one member from the limited English proficient population who has an interest in the provision of oral language services; (6) one representative from an accredited institution of higher learning who provides professional training in interpretation and translation; (7) one representative of a Hawaiian language advocacy organization; (8) one representative of a professional interpreter's organization; (9) one representative of a bilingual referral service or program; (10) one representative residing in the County of Hawaii who has shown interest in language access; (11) one representative residing in the County of Kauai who has shown interest in language access; (12) one representative residing in the County of Maui who has shown interest in language access; (13) one representative residing in the City and County of Honolulu who has shown interest in language access; (14) one member at large; (15) the Executive Director of the Hawaii Civil Rights Commission or authorized representative, as an ex officio member; (16) one representative from the Disability and Communication Access Board, as an ex officio member; and (17) the Executive Director of OLA, as an ex officio member. The Council selects one of its members to serve as Chair.

The Council serves in an advisory capacity to the Executive Director of OLA, providing input on: implementation and compliance with chapter 321C, HRS; the quality of oral and written language services provided under chapter 321C, HRS; and the adequacy of a state agency

¹³ "Covered entity" means a person or organization receiving state financial assistance, including grants, purchase-of-service contracts, or any other arrangement by which the State provides or otherwise makes available assistance in the form of funds to the person or organization for the purpose of rendering services to the public, with certain exceptions. See section 321C-2, HRS.

or covered entity's dissemination and training of its employees likely to have contact with limited English proficient persons, its policies and procedures for language services, its competency in working effectively with in-person and telephone interpreters, and its understanding of the dynamics of interpretation between clients, providers, and interpreters.

Tobacco Prevention and Control Advisory Board

The Tobacco Prevention and Control Advisory Board, established under section 328L-6, HRS, consists of eleven members: (1) one member of the Governor's staff, appointed by the Governor; (2) one member appointed by the Governor from a list of two names submitted by the President of the Senate; (3) one member appointed by the Governor from a list of two names submitted by the Speaker of the House of Representatives; (4) the Director of Health or designee; (5) the Superintendent of Education or designee; (6) three members having demonstrated interest in and having backgrounds beneficial to controlling and preventing the use of tobacco, appointed by the Director of Health; and (7) three members representing populations at risk for tobacco use, appointed by the Governor. Members serve three-year terms.

The Board, in collaboration with the Department of Health, develops a strategic plan for tobacco prevention and control, including: (1) developing and implementing effective and cost efficient programs, including health promotion and disease prevention; (2) developing adequate standards and benchmarks by which measures of program success may be appropriately evaluated; and (3) assessing the effectiveness of programs engaged in health promotion and disease prevention.

Radiologic Technology Board

The Radiologic Technology Board, established under section 466J-2, HRS, consists of ten members who are appointed to four-year terms by the Governor with the advice and consent of the Senate. The membership consists of: (1) two persons licensed to practice medicine or osteopathic medicine pursuant to chapter 453, HRS, and certified by the American Board of Radiology; (2) four persons, each with at least five years' experience and certified in the practice of radiography, two of whom are engaged in the hospital practice of radiography; (3) one person with at least five years' experience who is certified and engaged in the practice of radiation therapy technology; (4) one person with at least five years' experience, who is certified and engaged in the practice of nuclear medicine technology; (5) one person from the general public; and (6) the Director of Health, or designee, is the tenth, ex officio, voting member.

Among its duties, the Board determines minimum standards for and approves educational institutions that provide a course of instruction in radiologic technology that meets the requirements of chapter 466J, HRS; withdraws or denies approval of educational institutions for failure to meet prescribed standards; examines qualified applicants; grants, denies, suspends, or revokes licenses; imposes administrative remedies that are authorized by chapter 466J, HRS; and imposes such conditions as may be necessary in connection with the granting, denial, suspension, or revocation of licenses.

Board of Certification of Public Water System Operators

A Board of Certification of Public Water System Operators, established under section 340F-4, HRS, consists of five members who are appointed to four-year terms by the Governor. Four members are duly qualified in the fields of sanitary engineering or public water system operation, and one is from the state agency responsible for the State's safe drinking water program.

Among its duties under section 340F-11, HRS, the Board revokes, suspends, or refuses to renew any certificate of any individual, following a hearing before the Board, when it is determined that: the individual has practiced fraud or deception; reasonable care, judgment, or the application of the individual's knowledge or ability was not used in the performance of the individual's duties; or the individual is incompetent or unable to properly perform the individual's duties. The Board also establishes and collects fees for applications, conducts examinations, issues or renews certificates as are necessary for the support of chapter 340F, HRS, and oversees the development and implementation of a continuous training program if necessary.

Board of Certification of Wastewater Treatment Personnel

A Board of Certification of Wastewater Treatment Personnel, established under section 340B-4, HRS, consists of nine members appointed to four-year terms by the Governor: (1) four individuals employed in a wastewater treatment plant either as a certified operator or certified supervisor of a wastewater treatment plant, three of whom are employed in the neighbor island counties, one each from the counties of Hawaii, Kauai, and Maui; (2) one individual who is an active member of the Hawaii water pollution control association; (3) one individual who is a professional engineer in private practice, preferably specializing in sanitary engineering; (4) one individual who is a member of the engineering (environmental or sanitary) faculty of a university or college in the State; (5) one individual from the state agency responsible for the State's water quality program; and (6) one individual from the private sector interested in the field of water pollution control.

Among its duties under section 340B-11, HRS, the Board revokes, suspends, or refuses to renew any certificate of any individual, following a hearing before the Board, when it is determined that: the individual has practiced fraud or deception; reasonable care, judgment, or the application of the individual's knowledge or ability was not used in the performance of the individual's duties; or the individual is incompetent or unable to properly perform the individual's duties. The Board also establishes and collects fees for applications, conducts examinations, issues or renews certificates as are necessary for the support of chapter 340B, HRS, and oversees the development and implementation of a continuous training program if necessary.

DEPARTMENT OF HEALTH

