



DAVID Y. IGE
GOVERNOR

JOSH GREEN
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**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health, Human Services, and Homelessness
Tuesday, February 9, 2021
9:30 a.m.
Via Videoconference**

**On the following measure:
H.B. 384, RELATING TO TELEHEALTH**

Chair Yamane and Members of the Committee:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purposes of this bill are to: (1) prohibit health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact; (2) require parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews; and (3) clarify the definition of "telehealth."

The adoption of telehealth services has reduced barriers to care during the COVID-19 public health emergency. The law on coverage for telehealth currently provides that telehealth reimbursement levels are equivalent to the same service provided via face-to-face contact. Additional analysis may be needed for longer term

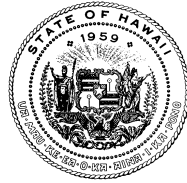
Testimony of DCCA

H.B. 384

Page 2 of 2

policies outside of a public health emergency to determine the quality and effectiveness of care on telehealth interventions.

Thank you for the opportunity to testify on this bill.



LATE

STATE OF HAWAII
DEPARTMENT OF HEALTH
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WRITTEN
TESTIMONY
ONLY

**Testimony COMMENTING on HB384
RELATING TO TELEHEALTH.**

REP. RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Hearing Date: February 8, 2021 Room Number: N/A

1 **Department Testimony:** The Department of Health (DOH) supports the intent of this measure
2 but defers to the Department of Commerce and Consumer Affairs (DCCA) regarding specific
3 amendments.

4 The establishment of telehealth as a community standard of care is a strategic priority for the
5 department. With the assistance of the Legislature and support from stakeholders such as the
6 University of Hawaii, DCCA, and private health systems, Hawaii is a national leader in
7 progressive telehealth policy. Findings from the annual Physician Workforce Assessment,
8 conducted by the UH John A. Burns School of Medicine, describe a steady increase in health
9 care provider encounters with telehealth from about 4% in 2013 to over 20% in 2019. The
10 COVID-19 pandemic has likely increased that percentage much higher. Telehealth, supported
11 by robust broadband access, is a key strategy to assure more equitable access to health care
12 resources.

13

14 **Offered Amendments:** N/A.

HB-384

Submitted on: 2/5/2021 6:09:17 PM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:

We support ths bill.



February 9, 2021

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: HB 384 – Relating to Telehealth

Dear Chair Yamane, Vice Chair Tam, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 384, which prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact. It also requires parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews. It also clarifies the definition of "telehealth".

As a strong supporter of telehealth, HMSA was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. While HMSA does support standard telephone contacts as a form of care delivery, it does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Additionally, there is concern regarding the State's ability to determine telephone contact as a form of telehealth given the existing Federal rule set forth regarding Medicare and Medicaid.

While we appreciate the intent of this measure, we strongly prefer the language in HB 472 HD1, which was already considered and passed by this committee.

Thank you for allowing us to testify in opposition to HB 384. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations



**Testimony to the House Committee on Health, Human Services, & Homelessness
Tuesday, February 9, 2021; 9:30 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0384, RELATING TO TELEHEALTH.

Chair Yamane, Vice Chair Tam, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0384, RELATING TO TELEHEALTH, and **suggests amendments** for the Committee's consideration.

The bill, as received by your Committee, would clarify laws applicable to accident and sickness contracts under Chapter 431:10A, Hawaii Revised Statutes (HRS), mutual benefit societies under Chapter 432:1, HRS, and health maintenance organizations under Chapter 432D, HRS, relating to telehealth by, among other things:

- (1) Prohibiting the exclusion of coverage solely because the service is provided through telehealth and not provided through face-to-face contact between a health care provider and a patient through telehealth;
- (2) Requiring parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews; and
- (3) Eliminating the statutory prohibition on standard telephonic service as telehealth services.

As presently drafted, this bill would NOT apply to Medicaid.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

Following efforts on the federal level to relax regulations on telehealth in both Medicare and Medicaid, the Governor suspended various statutes that specifically prohibited the use of telephone services from telehealth coverage. Government agencies found that for many of the elderly -- especially in rural areas -- they do not have adequate access to computers, smart phones, and broadband connection to make traditional telehealth methods feasible. Also, because of geographic isolation, many find their land line telephone as their only link to health care providers. With the suspension of these statutes, the Department of Human Services has been able to establish procedures that allow for telephone services to be incorporated into the provision of health care services in Medicaid.

For people with adequate broadband access, telehealth was intended to be a lifeline for the provision of essential primary health care services. Yet, because rural and underprivileged communities lack adequate broadband access, they are effectively cut off from primary care. Many are forced to bear their maladies until it became necessary to go to the emergency room.

The Governor's suspension of statutes that prohibit the use of standard telephonic service in telehealth has temporarily eased this inequity. For those without adequate broadband, at least for now, they are able to obtain basic primary care services over landline telephones. But that is neither adequate, tenable, nor fair to the thousands of citizens who lack broadband access.

Unless the Legislature codifies this suspension into law, health care providers will only be able to use telephonic services in telehealth as long as the Governor's Emergency Proclamation is valid. It should also be noted that *In Re Certified Questions from the United States District Court, Western District of Michigan, Southern Division (Midwest Institute of Health, PLLC v. Governor)*, Docket No. 161492 (October 2, 2020), the Michigan Supreme Court determined that dozens of Michigan executive orders issued to fight the coronavirus pandemic were unconstitutional.

The ruling invalidated orders ranging from business restrictions to mask mandates, and forced the Michigan State Legislature to return from recess early to enact many of these directives into law. Ruling in the case, the Michigan Supreme Court held, among other things, that the law authorizing the Governor to act in times of public emergency violated the constitution **because it delegated to the executive branch the legislative powers of state government indefinitely.**

Testimony on House Bill No. 0384
Tuesday, February 9, 2021; 9:00 a.m.
Page 3

For these reasons, the HPCA requests that this bill be amended to apply the same provisions to Medicaid by inserting corresponding language to Section 346-59.1, HRS that is offered in the present bill for Section 431:10A-116.3, HRS, Section 432:1-601.5, HRS, and section 432-23.5, HRS.

As an alternative, we note that the Joint Committee on Pandemic and Disaster Preparedness and Health, Human Services, & Homelessness heard and approved a similar measure on February 5, 2021 -- House Bill No. 0472. As that measure was received by that Joint Committee, the bill would eliminate the prohibition on standard telephonic contact in telehealth for private insurers, mutual benefit societies, health maintenance organizations, and Medicaid.

With our proposed amendments, we urge your favorable consideration of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



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**The State Legislature
House of Representatives
Committee on Health, Human Services and Homelessness
Tuesday, February 9, 2021
9:30 a.m.**

TO: The Honorable Ryan Yamane, Chair

RE: H.B. 384 Relating to Telehealth

Aloha Chair Yamane and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i.

AARP Hawai'i supports H.B. 384 which prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face to face contact. Requires parity between telehealth services and face-to-face services for purposes of deductibles, co-payments, coinsurance, benefit limits and utilization reviews.

The recent pandemic has significantly increase the use of telehealth for patients to connect with their physicians for medical consultation and monitoring. This has improved access especially for the kupuna and many others who are homebound; or reside in rural communities and unable to see their physicians in-person. Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. AARP believes that services that can be performed appropriately by telehealth should be covered by public or private health insurance, if it is covered for in-person visits.

Thank you very much for the opportunity to support H.B. 384.

Sincerely,

A handwritten signature in black ink, appearing to read "Keali'i Lopez".

Keali'i Lopez, AARP Hawai'i
State Director



ACOG
The American College of
Obstetricians and Gynecologists

*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American Samoa) Section*

TO: House Committee on Health, Human Services and Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

DATE: Tuesday, February 9, 2021

FROM: Hawai'i Section, ACOG
Dr. Reni Soon, MD, MPH, FACOG, Chair
Lauren Zirbel, Community and Government Relations

**Re: HB 384 – Relating to Telehealth
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician-gynecologist physicians in our state, and we support HB 384 which would bring payment parity for those healthcare professionals providing telehealth services. Healthcare professionals, including many of our members, have been able to not only maintain, but also expand access to healthcare through telehealth during the COVID-19 pandemic. Despite statewide lockdowns, concerns about person-to-person transmission, and travel restrictions, OB/GYNs across our state have been able to continue to provide quality, patient-centered care through telehealth.

ACOG HI also appreciates that HB 384 would ensure that payers ensure coverage and payment parity for audio-only and audio-video visits so that patients across all communities can benefit from telehealth. It is critical that insurance coverage policies allow patients to seek care in the safest possible way, including through telehealth and other remote services, and that payers inform enrollees about their telehealth coverage options.

Research has shown the benefits of telehealth in obstetric and gynecologic care.^{1,2} In many cases, these visits are deemed to be as effective as, or without statistically significant differences in outcomes from, in-person visits. For certain conditions, telehealth helps address barriers to access, reduces the number of unscheduled office visits, decreases ER visits and readmissions to the hospital, and improves rates of adherence to treatment guidelines. Patients often prefer telehealth visits in place of some in-person visits.

HI ACOG supports HB 384 that would increase access to healthcare.

Mahalo for the opportunity to testify.

¹ Pflugeisen BM, McCarren C, Poore S, Carlile M, Schroeder R. Virtual visits: managing prenatal care with modern technology. *MCN Am J Matern Child Nurs* 2016;41:24-30.

² DeNicola N, Grossman D, Marko K, Somalkar S, Butler Tobah YS, Ganju N, et al. Telehealth interventions to improve obstetric and gynecologic health outcomes: a systematic review. *Obstet Gynecol* 2020;135:371-82.

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Ryan Yamane, Chair of the
House Committee on Health, Human Services, &
Homelessness

From: Hawaii Association of Professional Nurses (HAPN)
Subject: HB384 – Relating to Telehealth

Hearing: February 9, 2021, 9:30a.m.

Aloha Representative Yamane, Chair; Representative Tam, Vice Chair; and Committee Members,

Thank you for the opportunity to submit testimony regarding HB384. HAPN is in **Support** ensuring there are no barriers to telehealth as a valued and important healthcare delivery option. Some of our members have been utilizing telehealth before the events of 2020 and many of our members have dramatically increased the use of telehealth during the Covid-19 pandemic.

Our members and the patients we care for have faced challenges prior to the pandemic and this past year has shined a light on these issues. These include insurance coverage of telehealth services with insurance companies giving exclusive rights to a limited number of telehealth company to service their members, excluding the members' primary care providers and other specialists. In the past, the member would either have to pay out of pocket for these services, try to find someone local to them, or choose to go without care.

Please ensure that no insurance company allows exclusive rights of service to the company of the insurance carrier's choosing. The patient should have the full ability to seek out their care, be it through face-to-face or telehealth with the provider of their choosing. We believe section 1k does this.

HAPN's mission to be the voice of Advanced Practice Registered Nurses in Hawaii has been the guiding force that propelled us to spearhead the advancement of patients access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii which led us to full practice authority. We have played an important role to improve the physical and mental health of our communities.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President



House Committee on Health
Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

Monday, February 8, 2021

Re: HB 384, Relating to Telehealth

TESTIMONY IN SUPPORT

Dear Chair Yamane, Vice Chair Tam, and members of the Committee:

The Hawai'i Association for Behavior Analysis (HABA) submits testimony in **support** of HB 384 Relating to Telehealth. This bill prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact. The bill also requires parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews.

As providers of applied behavior analysis (ABA) services, HABA's members have experienced that health insurers are not applying the telehealth law in a consistent way, which is impacting the ability to receive applied behavior analysis services. It is vital that children and families continue to be able to access ABA services via telehealth, especially during this time.

We believe that ABA services provided via telehealth are already authorized by the existing telehealth law. Under the State's telehealth law, insurance reimbursement for health care services provided via telehealth are required to be equivalent to those provided face-to-face. HRS § 346-59.1(a) provides that "[t]he State's medicaid managed care and fee-for-service programs **shall not deny coverage for any service provided through telehealth that would be covered if the service were provided through in-person consultation between a patient and a health care provider.**" The definition of health care providers includes "practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business".

Notwithstanding the existing law which already provides for parity of coverage, since the onset of the COVID-19 pandemic, certain insurers have denied behavior analysts the ability to provide medically necessary services to their clients. As a result of this denial of coverage, many individuals who should be receiving ABA services have gone without for nearly a year.

Delivering ABA services via telehealth has been a nationally accepted practice that has been implemented for over two decades. There are extensive existing guidelines on the safe delivery of ABA

services via telehealth. And some insurers in the State are already allowing these critical services to continue.

HABA supports HB 384 because it further clarifies the law to state that not only are insurers to treat telehealth services the same as face-to-face services, but also that they must apply benefits and coverage equally. We support this effort to provide vulnerable children and families medically necessary services and the continuity of care needed during the COVID-19 crisis.

Based on the foregoing, we support HB 384 and respectfully request that the Committee pass the bill. We sincerely appreciate the opportunity to testify on this measure, and thank you for your continued support of our keiki and families.

Mahalo,

Roxanne Bristol, President
Hawai'i Association for Behavior Analysis

COMMITTEE ON HEALTH, HUMAN SERVICES & HOMELESSNESS

Rep. Ryan Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Tuesday, February 9, 2021 - 9:30am - Conference Room 329 - videoconference

Testimony in Strong Support of HB384 RELATING TO TELEHEALTH

The Hawai'i Psychological Association (HPA) strongly supports HB384, which will establish parity between services provided through telehealth and that which is made through traditional face-to-face contact for purposes of insurance reimbursement.

HPA joins the American Psychological Association in supporting and advocating greater access to evidence-based health services, including mental and behavioral health services, within public and private healthcare delivery systems. Such access requires regulation that ensures insurance reimbursement rates and scope of practice provisions are equitable for the full range of psychologists' services - including psychotherapy, health and behavior, testing, and telehealth services. This bill helps to secure this access.

Our experience with the pandemic has clearly shown that appropriate telehealth services are highly effective in increasing the accessibility of timely healthcare to our communities. Not only does it vastly improve access, telehealth can be just as effective as face-to-face contact. Thus, HPA believes that insurance coverage for telehealth services should be in parity with that which is provided in-person in the ways outlined in this bill: i.e.- reimbursement coverage; deductible copayment requirements; annual or lifetime durational limits; lifetime maximum benefits for services; utilization reviews; electronic communications technology platforms requirements; and prescribing medications.

HPA also recognizes the important role played by essential public health workers through telehealth – not only in our response to the pandemic, but in general. We believe this bill will help ensure that the full range of health and behavioral health services will continue to be in place and be reimbursable by accident and health or sickness insurance plans beyond the current state of Public Health Emergencies.

It is also imperative, HPA believes, that telehealth include audio-only telephone when no other means of telecommunications services are available or accessible to the patient. We note that HB1120, and its companion, SB1258 also addresses this.

Finally, HPA believes this bill helps to incentivize the use of telehealth over face-to-face meetings when appropriate, because it is currently safer and more consistent with social distancing protocols until we are on the other side of the pandemic.

Thank you for the opportunity to provide input into this important bill.

Sincerely,



Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

LATE



Government Relations

Testimony of
Jonathan Ching
Government Relations Manager

Before:

House Committee on Health, Human Services, and Homelessness
The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair

February 9, 2021
9:30 a.m.
Via Videoconference

Re: HB 384, Relating to the Telehealth

Chair Yamane, Vice Chair Tam and committee members, thank you for this opportunity to provide testimony on HB 384, which clarifies the definition of “telehealth” through HRS and requires parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews. It also explicitly prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact.

Kaiser Permanente Hawai‘i offers the following COMMENTS on HB 384 and requests an amendment.

Kaiser Permanente Hawai‘i is Hawai‘i’s largest integrated health system that provides care and coverage for approximately 260,000 members. Each day, more than 4,400 dedicated employees and more than 600 Hawai‘i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai‘i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Since the COVID-19 pandemic began in 2020, the use of telehealth in Hawai‘i has dramatically increased as telehealth has been critical to limit the risk of person-to-person transmission while helping to avoid overwhelming our healthcare facilities. While Kaiser Permanente Hawai‘i was already providing high-quality care through telehealth modalities, we saw a dramatic increase in the use of telehealth visits between 2019 and 2020. In 2019, approximately 1,000 of our outpatient visits were done as video visits and 458,000 as telephone visits. In stark contrast, in 2020, approximately 67,000 video visits were performed and 777,000 telephone visits. We expect this number to continue to increase in 2021.

Kaiser Permanente Hawaii also provides access to high-quality care through audio-only telephone visits as part of our integrated approach to care delivery, and we believe this modality is important to offer for individuals who do not have access to, or may not be comfortable with using, video conferencing technology. **Therefore, we support the inclusion of audio-only telephone as part of the definition of “telehealth.”** However, while we support appropriate payment for all telehealth modalities, given that the costs associated with different types of visits/encounters can vary substantially, **we do not support current language in HB384, which mandates that all telehealth modalities be reimbursed at parity with in-person visits.**

We offer the following amendments to HB 384. These amendments would have the effect of permitting health insurers and providers to negotiate appropriate reimbursement rates for audio-only telephone visits, remote monitoring services, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange.

Proposed amendments to HB 384:

1. In Section 1: Amend HRS §431:10A-116.3(c) to read:

(c) Reimbursement for services provided through telehealth but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

2. In Section 2: Amend HRS §432:1-601.5(c) to read:

(c) Reimbursement for services provided through telehealth but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

3. In Section 3: Amend HRS §432D-23.5(c) to read:

(c) Reimbursement for services provided through telehealth but not audio-only telephone, remote monitoring, secure

interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

We ask the committee to adopt our proposed amendments if HB384 continues to move forward. Mahalo for the opportunity to testify on this important measure.

LATE

HB-384

Submitted on: 2/8/2021 10:35:40 PM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Bronowski	American Physical Therapy Association (APTA) - Hawaii Chapter	Support	No

Comments:

Hearing Date: 09 February, 2021

Time: 9:30am

Place: VIA VIDEOCONFERENCE

Conference Room 329

State Capitol

415 South Beretania Street

Re: HB384 RELATING TO TELEHEALTH

HOUSE HHH HEARING

POSITION: SUPPORT WITH COMMENTS

08 February, 2021

Dear Chair Yamane and committee members,

The COVID-19 pandemic has forced health care providers and payers to reconsider how care is delivered in order to reduce the risk of further spreading infection. Access to

telehealth has become of paramount importance to ensure the safety of patients and their physical therapy providers. For the duration of this public health emergency, states and many private payers have created telehealth policies that have ensured access to health care, including physical therapy, that patients need.

While telehealth has played a crucial role in providing needed care during the pandemic, it has become increasingly clear that its many benefits can be utilized well beyond the immediate COVID-19 health emergency. For patients who have difficulty leaving their homes without assistance, have underlying health conditions, lack transportation, or would need to travel long distances, the ability to access physical therapy via telehealth greatly reduces the burden on the patient and family when accessing care.

Telehealth is particularly well-suited for physical therapy, especially when used as an enhancement to services rather than exclusively as a replacement. Education and home exercise programs, including those focused on falls prevention, function particularly well with telehealth because the physical therapist is able to evaluate, differentially diagnose, and treat the patient within the real-life context of their home environment, which is not easily replicable in the clinic. Patient and caregiver self-efficacy are inherent goals of care provided by physical therapists. A patient's and/or caregiver's ability to interact in their own environment with a physical therapist/ assistant when they are facing a challenge, rather than waiting for the next appointment, can be invaluable in supporting the adoption of effective strategies to improve function, enhance safety, and promote engagement.

As the President of the American Physical Therapy Association- Hawaii Chapter (APTA-Hawaii) and a licensed physical therapist, I strongly urge you to support legislation or regulations that would prohibit health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage solely because the service is provided through telehealth and not through face-to-face contact. This would allow all physical therapy providers to use telehealth as well as require coverage and reimbursement under Medicaid, Worker's Compensation, and commercial plans to the same extent as for physical therapist services furnished in-person.

We would also like to make additional comments. The bill clearly defines terminology related to telehealth but does not define any regulations regarding emergency procedures in case this event should arise. This would ensure the further safety measures of patients receiving telehealth services.

Thank you for your time and consideration.

Sincerely,

Dr. Nicholas Bronowski, PT

APTA-Hawaii Chapter President

Board Certified Specialist in Orthopaedic Physical Therapy

HB-384

Submitted on: 2/7/2021 12:55:54 PM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Inouye	Individual	Support	No

Comments:

Chair Yamane, Vice-Chair Tam, and members of the Committee on Health, Human Services, and Homelessness,

Thank you for the opportunity to testify in support of HB384.

Payment parity in regard to telehealth is vital in order to continue the numerous benefits of telehealth. Telehealth visits should not be viewed as being "different" than office/face-to-face visits. Telehealth is just another method to take care of your patient's health care needs. Telehealth has allowed many patients, especially Neighbor Island patients, to benefit from the care of Oahu specialists. It has also allowed rural intra-island health care to expand. Telehealth increases access to health care, can improve quality of care, and decreases costs, especially when you consider plane and/or ground transportation. Telehealth also decreases the inconvenience of face-to-face/office visits when you consider that a parent or caretaker has to take time out of work to accompany the patient (who may have a disability which makes travel even more difficult), or the child misses a day of school. Telehealth= Healthcare.

Thank you for allowing me to submit my testimony in support of HB384. I urge you to support HB384, too.

Colleen F Inouye MD MS-PopH MMM FACOG (Maui resident)

Date: 02/09/2021

Committee: COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Bill: HB 384

Measure Title: RELATING TO TELEHEALTH

Aloha committee chairs and members, my name is Zedrick-Kyle Oda and I'm a second year MSW student at the Thompson School of Social Work and Public Health at the University of Hawai'i at Mānoa. I am testifying in support of H.B. 384.

Given the current climate of COVID-19, an increase of health care demands and safety precautions have limited the capacity of the available health care facilities in Hawaii. The growing number of people in our communities have been impacted by physical and mental illness. Our families, friends, and everyone else on the islands of Hawaii should have access to care that meet their needs. By adapting to these times, telehealth has become a significant tool for people in our communities to use in order to connect with their health care providers. Additionally, those living in rural areas and those who may not have to ability to access health care resources, now have the option to establish a connection to support.

Considering these points, this bill would greatly aid our community by applying coverage to financial cost and reducing stress in using telehealth to connect with health care providers. The passing of this bill would minimize the barriers of financial cost, physical transportation, and limited health care facility capacity. Personally, I have family on the big island of Hawai'i and the health care resources available there aren't as much as there are on O'ahu. In the instance that my family and possibly many other families living in rural areas in Hawai'i encounter a dead end with health care resources, telehealth can help expand the options of care and this should be financially covered. I find this to have a great likeliness to enhance care for people with an illness through online connection, reducing financial burden on both health care providers and patients, as well as meeting where the community members are at to support their needs.

To reiterate, I am in support of H.B 384. This bill provides a great opportunity for people with limited access to health care support the option to get connected without the detriment of financial costs. In a broader sense, this enhances health care in Hawai'i for the wellbeing of our community. Thank you for this opportunity to testify.

HB-384

Submitted on: 2/8/2021 9:04:39 AM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Hogan	Individual	Support	No

Comments:

House Committee on Health

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice Chair

Monday, February 8, 2021

Re: HB 384, Relating to Telehealth

TESTIMONY IN SUPPORT

Dear Chair Yamane, Vice Chair Tam, and members of the Committee:

I am a behavior analyst in **support** of HB 384 Relating to Telehealth. This bill prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact. The bill also requires parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews.

As providers of applied behavior analysis (ABA) services, I have experienced that health insurers are not applying the telehealth law in a consistent way, which is

impacting the ability to receive applied behavior analysis services. It is vital that children and families continue to be able to access ABA services via telehealth, especially during this time.

I believe that ABA services provided via telehealth are already authorized by the existing telehealth law. Under the State's telehealth law, insurance reimbursement for health care services provided via telehealth are required to be equivalent to those provided face-to-face. HRS § 346-59.1(a) provides that "[t]he State's Medicaid managed care and fee-for-service programs **shall not deny coverage for any service provided through telehealth that would be covered if the service were provided through in-person consultation between a patient and a health care provider.**" The definition of health care providers includes "practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business".

Notwithstanding the existing law which already provides for parity of coverage, since the onset of the COVID-19 pandemic, certain insurers have denied behavior analysts the ability to provide medically necessary services to their clients. As a result of this denial of coverage, many individuals who should be receiving ABA services have gone without for nearly a year.

Delivering ABA services via telehealth has been a nationally accepted practice that has been implemented for over two decades. There are extensive existing guidelines on the safe delivery of ABA services via telehealth. And some insurers in the State are already allowing these critical services to continue.

I support HB 384 because it further clarifies the law to state that not only are insurers to treat telehealth services the same as face-to-face services, but also that they must apply benefits and coverage equally. We support this effort to provide vulnerable children and families medically necessary services and the continuity of care needed during the COVID-19 crisis.

Based on the foregoing, we support HB 384 and respectfully request that the Committee pass the bill.

I sincerely appreciate the opportunity to testify on this measure, and thank you for your continued support of our keiki and families.

Mahalo,

Ashley Hogan

ABC Group, Hawaii

HB-384

Submitted on: 2/8/2021 9:25:09 AM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Adrienne Leduc	Individual	Support	No

Comments:

Dear Chair Yamane, Vice Chair Tam, and members of the Committee:

I am a behavior analyst in **support** of HB 384 Relating to Telehealth. This bill prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact. Applied Behavior Analysis is a medically-necessary service that many children and families need to maintain and improve quality of life. Denying coverage to services that are provided over telehealth can lead to regression when services are not able to be provided in-person.

As a provider of applied behavior analysis (ABA) services, I have experienced that health insurers are not applying the telehealth law in a consistent way, which is impacting the ability to receive applied behavior analysis services. Many children who receive behavior analytic services have other health conditions that put them at increased risk of severe illness from COVID-19. When insurers can deny coverage to services provided via telehealth, parents must make the impossible choice between protecting their child's health, and continuing the progress and growth that their child demonstrates when they are receiving ABA.

I believe that ABA services provided via telehealth are already authorized by the existing telehealth law. Under the State's telehealth law, insurance reimbursement for health care services provided via telehealth are required to be equivalent to those provided face-to-face. HRS § 346-59.1(a) provides that "[t]he State's Medicaid managed care and fee-for-service programs **shall not deny coverage for any service provided through telehealth that would be covered if the service were provided through in-person consultation between a patient and a health care provider.**" The definition of health care providers includes "practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business".

Note that in many cases, direct ABA services are provided by Registered Behavior Technicians, who are not licensed by the state but are exempted from licensure so long as they are practicing under the supervision of a licensed Behavior Analyst. Yet many health insurance providers have been denying coverage for telehealth services provided by RBTs, despite the fact that RBTs routinely bill for healthcare "in the normal course of

business." This denial means that clients cannot see the provider they are most familiar with, and puts pressure on overburdened Behavior Analysts to provide direct services that are not their primary responsibility.

Delivering ABA services via telehealth has been a nationally accepted practice that has been implemented for over two decades. There are extensive existing guidelines on the safe delivery of ABA services via telehealth. And some insurers in the State are already allowing these critical services to continue.

I support HB 384 because it further clarifies the law to state that not only are insurers to treat telehealth services the same as face-to-face services, but also that they must apply benefits and coverage equally. We support this effort to provide vulnerable children and families medically necessary services and the continuity of care needed during the COVID-19 crisis.

Based on the foregoing, we support HB 384 and respectfully request that the Committee pass the bill.

I sincerely appreciate the opportunity to testify on this measure, and thank you for your continued support of our keiki and families.

LATE

HB-384

Submitted on: 2/8/2021 9:33:11 AM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Krekel	Individual	Support	No

Comments:

House Committee on Health

Representative Ryan Yamane, Chair

Representative Adrian Tam, Vice Chair

Monday, February 8, 2021

Re: HB 384, Relating to Telehealth

TESTIMONY IN SUPPORT

Dear Chair Yamane, Vice Chair Tam, and members of the Committee:

I am a parent of a child with a disability and a behavior analyst practicing here in the state of Hawai'i. As both a parent and a professional, I have seen firsthand the impact of COVID-19 on our keiki and families. In many cases the initial restrictions on face-to-face behavior analytic services and or lack of school-based services have led to regression and an increase in problem behaviors. Telehealth services which could have remedied this impact were not allowable by many of the insurance funders. For this reason, I am submitting testimony in **support** of HB 384 Relating to Telehealth to ensure parity of services and prevent any future impact on our children and families.

This bill prohibits health insurers, mutual benefit societies, and health maintenance organizations from excluding coverage of a service solely because the service is provided through telehealth and not through face-to-face contact. The bill also requires

parity between telehealth services and face-to-face services for purposes of deductibles, copayments, coinsurance, benefit limits, and utilization reviews.

As A provider of applied behavior analysis (ABA) services, I have experienced that health insurers are not applying the telehealth law in a consistent way, which is impacting the ability to receive applied behavior analysis services. It is vital that children and families continue to be able to access ABA services via telehealth, especially during this time.

I believe that ABA services provided via telehealth are already authorized by the existing telehealth law. Under the State's telehealth law, insurance reimbursement for health care services provided via telehealth are required to be equivalent to those provided face-to-face. HRS § 346-59.1(a) provides that "[t]he State's Medicaid managed care and fee-for-service programs **shall not deny coverage for any service provided through telehealth that would be covered if the service were provided through in-person consultation between a patient and a health care provider.**" The definition of health care providers includes "practitioners licensed by the State and working within their scope of practice, and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business".

Notwithstanding the existing law which already provides for parity of coverage, since the onset of the COVID-19 pandemic, certain insurers have denied behavior analysts the ability to provide medically necessary services to their clients. As a result of this denial of coverage, many individuals who should be receiving ABA services have gone without for nearly a year.

Delivering ABA services via telehealth has been a nationally accepted practice that has been implemented for over two decades. There are extensive existing guidelines on the safe delivery of ABA services via telehealth. And some insurers in the State are already allowing these critical services to continue.

I support HB 384 because it further clarifies the law to state that not only are insurers to treat telehealth services the same as face-to-face services, but also that they must apply benefits and coverage equally. I support this effort to provide vulnerable children and families medically necessary services and the continuity of care needed during the COVID-19 crisis.

Based on the foregoing, I support HB 384 and respectfully request that the Committee pass the bill. I sincerely appreciate the opportunity to testify on this measure, and thank you for your continued support of our keiki and families.

Mahalo Nui Loa,

Deborah Krekel MSCP, BCBA, LBA

Legislative Chair

Hawai'i Association for Behavior Analysis

LATE

HB-384

Submitted on: 2/8/2021 10:21:22 AM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristen Koba-Burd	Individual	Support	No

Comments:

I support the utilization of telehealth and clarifications in existing law to ensure telehealth parity.

LATE

HB-384

Submitted on: 2/8/2021 9:33:14 PM

Testimony for HHH on 2/9/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Individual	Support	No

Comments:

Support