



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
Tuesday, March 23, 2021 at 2:00 p.m.

By

Jerris R. Hedges, MD, Dean  
Lee Ellen Buenconsejo-Lum, MD, FAAFP  
Associate Dean for Academic Affairs & DIO  
John A. Burns School of Medicine  
University of Hawai'i at Mānoa

SB 1258 SD1 HD1 – RELATING TO TELEHEALTH

Chair Johanson, Vice Chair Kitagawa, and members of the Committee:

Thank you for this opportunity to testify in **support** of SB 1258 SD1 HD1, which establishes a physician-patient relationship via a telehealth interaction if the physician is licensed in Hawai'i.

While we support the current form of the bill, we prefer the language of SB 1258, SD1 which would have amended HRS §346-59.1, §431:10A-116.3, §432:1-601.5, and §432D-23.5 to allow standard telephone contacts for telehealth services. During the onset of the Coronavirus Pandemic, it was found that this language needed to be clarified in order to align with other CMS telehealth exemptions that allowed for the use of telephone (i.e., audio only) for telehealth visits.

The COVID-19 pandemic has resulted in an increased use of telehealth services and further demonstrated the digital divide – problems with devices, internet, sufficient bandwidth or digital literacy. Telephonic only (audio only telehealth visits) have proven absolutely critical for maintaining connection and care for the elderly and many others who do not have access to smart phones, iPads or computers with webcams. The proposed amendments expand access to health care services especially for patients and families who live in rural areas and/or are otherwise unable to receive the care they need.

Many of the highest-risk patients reside in Medically Underserved Areas, are part of Medically Underserved Populations, or reside in federally-designated health professional shortage areas. Elderly, as well as medically- and socially-complex patients often face transportation barriers. These determinants of health, as well as social- or cultural-isolation can often impede seeking care or follow-up after a doctor's appointment or hospitalization.

Even as pandemic-related restrictions are reduced, telehealth is here to stay. This measure greatly improves the continuation of patient care for this most vulnerable population.

Thank you for this opportunity to testify in support of this measure.

**SB-1258-HD-1**

Submitted on: 3/21/2021 3:07:14 PM

Testimony for CPC on 3/23/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

Planned Parenthood Votes Northwest and Hawaii supports SB 1258, HD1. Thank you!



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**The State Legislature  
The House  
Committee on Consumer Protection and Commerce  
Tuesday, March 23, 2021  
2:00 p.m.**

TO: The Honorable Aaron Johanson, Chair

RE: S.B. 1258, SD 1, HD1 Relating to Telehealth

Aloha Chair Johanson 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 S.B. 1258, SD1, HD1 which allows standard telephone contact for the purpose of telehealth be used by medical professionals to provide necessary care to a patient at home.

During the COVID-19 pandemic, changes made to expand the use of telehealth have proven invaluable to thousands of residents. Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. In the future, greater use of telehealth services should continue to increase access to health providers, including specialists, facilitate the sharing of clinical information for evaluation, and allow more older residents to remain in their homes and communities.

Allowing audio-only telehealth (standard telephone) helps improve access to people living in areas without sufficient broadband service and those who may not be able to afford or use devices that allow video technology.

Thank you very much for the opportunity to support S.B. 1258, SD 1, HD1.

Sincerely,

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

Keali'i Lopez, AARP Hawai'i  
State Director



**March 23, 2021 at 2:00 pm**  
**Via Videoconference**

**House Committee on Consumer Protection and Commerce**

To: Chair Aaron Ling Johanson  
Vice Chair Lisa Kitagawa

From: Paige Heckathorn Choy  
Director of Government Affairs  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**SB 1258 SD 1 HD 1, Relating to Telehealth**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities, and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide testimony in **support** of the intent of this bill, which is essentially the same as another bill on this agenda, SB 970 SD 2 HD 1. Effectuating the clarification provided in this bill is a high priority for our members. While we would prefer to maintain the other measure as the vehicle for this clarification, we do appreciate the legislature's commitment and support of this change.

This bill makes a change to HRS §453-1.3 to clarify that telehealth can be used to establish a physician-patient relationship if the physician is licensed to practice in Hawaii by changing the relevant section of law from a negative statement to a positive one to provide needed clarity and align §453-1.3 with other telehealth allowance throughout HRS.

The pandemic has caused a major shift in how patients receive care by both necessity and preference. Even now, many patients are hesitant to make in-person visits and residents of rural areas may have more limited options on how to access care. Ensuring that a legitimate relationship can be established via telehealth is an important flexibility that has enabled providers to better use telehealth to diagnose, treat, and monitor illnesses that might have otherwise gone unaddressed due to pandemic-related and other barriers. We believe that this simple change to clarify this statute will increase access to care as we continue to fight through this pandemic and beyond.

Thank you for the opportunity to provide supportive testimony for this bill.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | [HAH.org](http://HAH.org) | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association/National Center for Assisted Living, National Association for Home Care and Hospice, American Association for Homecare, Council of State Home Care Associations, and National Hospice and Palliative Care Organization



## **SB1258 SD1 HD1 Telehealth Edits**

COMMITTEE ON CONSUMER PROTECTION,

- Rep, Aaron Johanson, Chair; Rep. Lisa Kitagawa, Vice Chair
- Tuesday Mar 23, 2021: 2:00: Videoconference

## **Hawaii Substance Abuse Coalition Supports SB1258 SD1 HD1:**

*ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 substance use disorder and co-occurring mental health disorder treatment and prevention agencies.*

**HSAC supports the edits to facilitate Telehealth.** No one doubts the efficacy of face to face, yet we see the value of telehealth to reach so many more people in need, especially in rural areas and for people with less mobility.

We appreciate the opportunity to provide testimony and are available for questions.



**WAIANAЕ COAST  
COMPREHENSIVE  
HEALTH CENTER**  
www.wcchc.com

**Testimony to the House Committee on Consumer Protection & Commerce  
Tuesday, March 23, 2021; 2:00 p.m.  
State Capitol Via Videoconference**

**RE: SENATE BILL 1258, SD1, HD1: RELATING TO TELEHEALTH.**

Chair Rep. Aaron Johanson, Vice Chair Rep. Lisa Kitagawa, and Members of the Committee on Consumer Protection & Commerce

My name is Stephen Bradley, MD, and I am the Chief Medical Officer of the Waianae Coast Comprehensive Health Center. I am **testifying in support of Senate Bill No. 1258, SD1, HD1 RELATING TO TELEHEALTH to encourage time for further discussion on the importance of utilizing telehealth services via standard telephonic contact after the end of the public health emergency to address the needs of vulnerable populations, especially those served by Federally Qualified Health Centers. A telephonic option is a health lifeline for many that we serve.**

With the advent of the COVID pandemic in our islands, it drastically changed the way primary care is delivered to the most vulnerable among our population. Restrictions on mass gatherings, the necessity (and often lack of) personal protective equipment, the need to reconfigure examination and waiting area facilities has made it even more difficult for patients in rural and underprivileged communities to access health care and fear of contagion has worsened this dire situation.

Telehealth rapidly expanded as a means to assure the provision of proper continuing care to patients, allowing them to consult with their health care providers, review test and referral results or order such, perform necessary counseling, and maintain surveillance and therapy. However, not everyone has access to smart phones and broadband service to utilize telehealth as it was intended, especially in underserved areas such as ours.

In practice, a sizeable number of our adult population has no computer in the home and is limited to a land line for communication. Through the power of the Electronic Medical Record, a telephonic visit is not a mere conversation, but a gateway to the full services of the Health Center which allows a marked expansion of the capacity for care even with this modest technology. Our health center has been carefully notating the exact causes of why a televideo encounter is not possible and the results are illuminating. Of patients attempting to access a televideo encounter from September – December 2020, the reasons and percent of patients unable to have a successful encounter include the following:

- Patient does not have a camera enabled device (16%)
- Patient does not know how to use video app (7%)
- Patient has no internet access (7%)

- Patient has poor internet connectivity (42%)

Because of this, both the federal and state governments have suspended statutory prohibitions on the use of standard telephonic service in telehealth during the COVID pandemic. This has provided a lifeline for many of our most vulnerable citizens. We have found our Kupuna greatly rely on telephonic service to consult with their health care providers due to their lack of familiarity with computers and smart phones. The opportunity to use this modality has certainly prevented numerous unnecessary Emergency Department visits, and, even more importantly, hospitalizations for avoidable reasons.

**While we await the day for fully universal broadband access across our State, we support this bill to ensure that these vulnerable populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency, with the myriad of advantages outlined above. It is unthinkable, and even discriminatory, to deprive our most vulnerable patients of the comfort of being able to receive care through the technology available to them.**

On behalf of the staff and patients of the Waianae Coast Comprehensive Health Center, we urge your support for this important bill so that further discussions can take place towards a resolution to meet the needs of vulnerable populations.





# Hawai'i Psychological Association

*For a Healthy Hawai'i*

P.O. Box 833  
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

## COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Rep. Aaron Ling Johnason, Chair

Rep. Lisa Kitagawa, Vice Chair

DATE: March 23, 2021 2:00 P.M. - VIA VIDEO CONFERENCE – Room 329

### Testimony in **Support and Suggested Amendments to SB1258 SD1 HD1** RELATING TO TELEHEALTH

The Hawai'i Psychological Association (HPA) strongly supports SB1258 SD1 HD1, which would make permanent the provision of the Governor's December 16, 2020 proclamation which allows telephone communications to qualify as "telehealth" under relevant statutes that previously excluded them from insurance coverage and other benefits and distinctions.

Telephone contact for telehealth purposes is endorsed nationally by the American Psychological Association. Research has found telephone contact to be an effective means for providing timely mental health services to patients – and is particularly useful in reaching our elderly populations; the underserved; and rural and low-income communities.

Thus, HPA believes more can be done legislatively to ensure greater parity between services provided through telephone contacts-telehealth, and that which is made through traditional face-to-face contact. **HPA therefore respectfully requests this committee to consider adding the language of HB384 to this bill, which more comprehensively addresses: 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 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.

We believe the language of HB384 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.

Thank you for the opportunity to provide support for this important bill.

Sincerely,

Raymond A. Folen, Ph.D., ABPP  
Executive Director



## **HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

### **HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

Representative Aaron Ling Johanson, Chair

Representative Lisa Kitagawa, Vice Chair

Date: March 23, 2021

From: Hawaii Medical Association

Michael Champion MD, President

Christopher Flanders DO, HMA Legislative Liaison

Stephen Kemble MD, HMA Legislative Liaison

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Linda Rosehill, Legislative Affairs

### **Re: SB 1258 SD1 HD 1 Telehealth; Physician-patient Relationship; Establishment Position: SUPPORT with comments**

HMA supports this measure which authorizes the establishment of a physician-patient relationship via a telehealth interaction if the physician is licensed in Hawaii.

HMA respectfully requests that language be added back that allows standard telephone contact for the purpose of telehealth. This will positively impact access for Hawaii's elderly patients as well as those patients in rural/ underserved areas and low income households, who only have standard telephonic service. Telephone contact is a vital healthcare connection for our most vulnerable Hawaii patients who cannot afford or use the devices for video technology, and we strongly urge state lawmakers to revise the measure, maintaining health equity and accessibility.

The COVID-19 pandemic of the last year has created a substantial expansion of telehealth within physician practices. According to the American Medical Association, the use of telehealth between physicians and their patients increased an estimated 5,000% over pre-COVID levels, and Hawaii is no exception. It has been established that telehealth can provide safe, effective care when used under proper circumstances, and has been a popular modality among many patients.

Hawaii was a relatively early adopter of telehealth and has had statutory language for well over a decade. The explosion of use during the 2020 pandemic has offered the opportunity to fine tune current regulation. The HMA feels strongly that the Hawaii Board of Medicine maintain an avenue of control over all licensed providers under its purview. We ask state leaders to exercise caution if telehealth care is rendered across state lines. The HMA will continue tracking and researching all telemedicine advances and policies, focusing on quality and safety standards for the care of our Hawaii patient ohana.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

#### **HMA OFFICERS**

President – Michael Champion, MD President-Elect – Angela Pratt, MD

Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Thomas Kosasa, MD

## TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Aaron Johanson, and members of the House Committee on Consumer Protection & Commerce:

From: Megan Araujo, MD, Chair, Legislative Committee, Hawaii Psychiatric Medical Association

Date: Tuesday March 23, 2021

Time: 2:00 p.m.

Re: S.B. 1258 SD1 HD1, Relating to Telehealth

Position: **SUPPORT WITH COMMENTS**

Hawaii Psychiatric Medical Association (HPMA) is in support of this measure and recognizes the value telehealth brings to patient care in allowing clinicians to deliver telehealth without an in-person consultation or a prior existing physician-patient relationship.

Respectfully asking the committee to add in the important language that allows standard telephone contact for the purpose of telehealth as a part 2 in the bill.

As our state begins to reopen, many patients lack ready access to broadband and/or technological advancements in their homes. While services delivered through audio-only technology are not our first choice when providing care, we recognize it is a vitally important tool to ensure continuity of care to vulnerable patients.

We are encouraged that telehealth expansion during the health crisis has enabled many individuals to receive much-needed treatment for mental health and substance use disorders, some for the first time. The changes were necessary to comply with stay-at-home orders and preventive measures. Hawai'i psychiatrists quickly adapted to telehealth. No-show rates significantly decreased; with patients no longer having to leave their homes to access care. Some reported a no-show rate of 0%. For older patients who cannot use video software and

patients who lack broadband access or technology for video-only, the current ability to reach patients solely over the telephone has been critical to ensuring continuity of care. These changes have also allowed many clinics and practices to stay open when they may have otherwise been forced to close down.

HPMA supports several telehealth measures currently moving through the Hawaii Legislature, with the focus being on best practices in ensuring patient safety. It is important to maintain quality and safety standards while expanding access through telehealth services. Thank you for consideration of our testimony, we are available to provide additional information or answer any questions the committee may have.

Mahalo,

Megan Araujo, MD

Chair, Legislative Committee, Hawaii Psychiatric Medical Association



Government Relations

Testimony of  
Jonathan Ching  
Government Relations Manager

Before:  
House Committee on Consumer Protection & Commerce  
The Honorable Aaron Ling Johanson, Chair  
The Honorable Lisa Kitagawa, Vice Chair

March 23, 2021  
2:00 p.m.  
Via Videoconference

**Re: SB 1258 SD1 HD1, Relating to the Telehealth**

Chair Johanson, Vice Chair Kitagawa and committee members, thank you for this opportunity to provide testimony on SB 1258 SD1 HD1, which authorizes the establishment of a physician-patient relationship via a telehealth interaction, if the physician is licensed to practice medicine in the State.

**Kaiser Permanente Hawai'i SUPPORTS the intent SB 1258 SD1 HD1.**

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.

Kaiser Permanente Hawai'i supports SB 1258 SD1 HD1 because it clarifies that telehealth can be used to establish a physician-patient relationship if the physician is licensed to practice in Hawai'i. We note that SB 1258 SD1 HD1 is essentially the same as another bill on this agenda, SB 970 SD2 HD1. **While we support the committee's support of improving telehealth for our residents, we prefer SB 970 SD2 HD1 as the vehicle.**

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. At Kaiser Permanente Hawai'i, we have seen a dramatic increase in the use of telehealth visits between 2019 and 2020. In 2019, we had approximately 1,000 of our outpatient visits by video. In stark contrast, in 2020, we had approximately 67,00 video visits. We expect this number to continue to increase in 2021.

SB 1258 SD1 HD1 will enable us to establish provider-patient relationships between specialists on Oahu and the mainland and neighbor island members – increasing access without incurring the inconvenience and expense of travel, especially for those specialties with significant provider shortages.

Mahalo for the opportunity to testify on this important measure.

**SB-1258-HD-1**

Submitted on: 3/19/2021 7:35:57 PM

Testimony for CPC on 3/23/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
lynne matusow	Individual	Support	No

Comments:

This is very important. any of us used trelehealth during the pandemic. It works and should be made a permanent option.

**SB-1258-HD-1**

Submitted on: 3/20/2021 10:15:48 AM

Testimony for CPC on 3/23/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr Marion Ceruti	Individual	Support	No

Comments:

I support SB1258 SD1 HD1. This bill will improve access to health care for our kupuna and the disabled, especially in this time of travel restrictions and other obstacles to movement. This bill should cover all forms of remote communication with health-care professionals, such as telephone, and contact via the internet. Whereas some kupuna and disabled individuals have little or no internet access, many are internet literate and quite capable. For individuals with available internet, remote meetings with health-care professionals using programs, such as Zoom and Skype, can provide an essential component of their wellness program. All of these communication methods should be included in this bill, so its benefits will be the most comprehensive. Please, kokua, vote YES on SB1258 SD1 HD1.



**SB-1258-HD-1**

Submitted on: 3/21/2021 2:43:12 PM

Testimony for CPC on 3/23/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kelley Withy	Individual	Support	No

Comments:

Kelley Withy, MD, PhD

[kellywithy@gmail.com](mailto:kellywithy@gmail.com)

I am writing to offer my full **support** for Senate Bill 1258, to facilitate telehealth for Hawaii patients by Hawaii providers. I believe that telehealth is beneficial for all areas of Hawaii, especially the rural areas. Although it will never meet all our healthcare needs, for many situations telehealth provides more rapid and sometimes even more satisfactory care.

As you probably know, we have a shortage of over 1,000 physicians compared to a community of a similar size and composition on the Continent. Many of the highest-risk patients reside in Medically Underserved Areas, are part of Medically Underserved Populations, or reside in federally-designated health professional shortage areas. Elderly, as well as medically- and socially-complex patients often face transportation barriers. These determinants of health, as well as social- or cultural-isolation can often impede seeking care or follow-up after a doctor's appointment or hospitalization.

I believe that a Healthcare Provider is able to establish care via telehealth as well as s/he would in person, therefore telehealth should be able to be used for establishment of care. In this way, we can expand the reach of our limited healthcare system.

Thank you for considering this important matter.

Mahalo for your consideration, Kelley Withy, MD, PhD



**SB-1258-HD-1**

Submitted on: 3/22/2021 3:05:55 PM

Testimony for CPC on 3/23/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Julienne Aulwes, M.D.	Individual	Support	No

Comments:

SUPPORT