

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2022

TO: The Honorable Representative Ryan I. Yamane, Chair
House Committee on Health, Human Services, & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HB 1406 – RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE
FOR MEDICAID PATIENTS.**

Hearing: Thursday, February 3, 2022, 9:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT’S POSITION: The Department of Human Services (DHS) appreciates the intent and provides comments.

PURPOSE: The purpose of the bill is to specify that coverage for telehealth under the State’s Medicaid managed care and fee-for-service programs include psychiatric services delivered via telehealth through a behavioral health care manager who is present in a primary health care provider’s office.

The Department of Human Services (DHS) Med-QUEST Division (MQD) strongly supports the psychiatric Collaborative Care Model (CoCM). CoCM is an evidence-based, systematic approach to treating mild to moderate behavioral health conditions such as depression or anxiety in primary care settings. CoCM is a team-based approach integrating behavioral care managers and consultant psychiatrists with primary care providers to more proactively manage mental disorders as chronic diseases rather than treating acute symptoms. MQD supports this model of care so strongly that it was specifically promoted in the new QUEST Integration health plan contracts effective July 2021.

Notably, the CoCM, as described in the bill, is already a covered benefit in the Medicaid program. Additionally, the current telehealth law already requires the allowable use of telehealth with the Collaborative Care model. As MQD wishes to promote the use of CoCM, they would gladly discuss the model with any provider or interested party who may have questions regarding implementation. Thus, although supportive of telehealth and the Collaborative Care Model, DHS respectfully suggests that the bill is unnecessary. If clarifications are needed, direct dialogue on implementation issues would better address any underlying questions or issues.

Thank you for the opportunity to testify on this measure.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Ryan Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services and Homelessness:

From: Dr. Marva Lawson, Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association

Time: 9:30 a.m. Wednesday, February 2, 2022

Re: HB 1406, RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE FOR MEDICAID PATIENTS.

Position: **SUPPORT**

Hawaii Psychiatric Medical Association (HPMA) is in support of this measure and recognizes the value that the psychiatric collaborative care model supports mental and behavioral health through a team-based, coordinated approach involving a psychiatric consultant, a behavioral health care manager, and the primary care clinician extending beyond the scope of an office visit.

The integration of behavioral health and general medical services has been shown to improve patient outcomes, save money, and reduce stigma related to mental health. Significant research spanning three decades has identified the psychiatric collaborative care model, in particular, as being effective and efficient in delivering integrated care. The collaborative care team is led by a primary care provider and includes behavioral health care managers, psychiatrists and other mental health professionals all empowered to work at the top of their license. The team implements a measurement-guided care plan based on evidence-based practice guidelines and focuses particular attention on patients not meeting their clinical goals. This model differs from other attempts to integrate behavioral health services because of the replicated evidence supporting its outcomes, its steady reliance on consistent principles of chronic care delivery, and attention to accountability and quality improvement. HPMA strongly supports this model as an important tool in addressing the mental health needs of our state.

This bill includes in the definition of a behavioral health care manager "nurses, social workers, licensed counselors, and psychologists" who coordinates the overall effort of the collaborative care team, ensuring effective communication among team members, providing psychotherapy when that is part of the treatment plan, and who is responsible for coordinating and supporting mental health care within the clinic and for coordinating referrals to clinically indicated services outside the clinic. Similarly, "licensed health care providers" include those from various disciplines "licensed by the state and working within their scope of practice." We believe that these are important provisions recognizing the true collaborative nature of mental health services to be provided under this model.

HPMA supports legislation that emphasizes best practices in ensuring patient safety. We understand that there may be a temptation to make revisions and edits to the proposed model of collaborative care in this bill, but believe that it is this form of the bill that would provide evidenced-based and CMS approved care as we understand it. It is important to maintain quality and safety standards while expanding access to care. We welcome the opportunity to serve as a resource to the legislature and applaud the work you are doing to promote the health and wellbeing of our community.

Thank you for consideration of our testimony, we are available to provide additional information or answer any questions the committee may have.



THE QUEEN'S HEALTH SYSTEMS

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

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: February 3, 2022

Re: Comments on HB 1406: Relating to Improving Access to Psychiatric Care for Medicaid Patients

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comments supporting the intent HB 1406, which specifies that coverage for telehealth under the State's Medicaid managed care and fee-for-service programs includes psychiatric services delivered via telehealth through a behavioral health care manager who is present in a primary health care provider's office. We appreciate the Committee's commitment to expanding this effective telehealth modality for providing psychiatric care to our state's Medicaid population. In particular, this inclusion of psychiatric services via telehealth will benefit those on our neighbor islands and rural communities.

Thank you for the opportunity to testify on this measure.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



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Washington, D.C. 20024

February 2, 2022

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Committee on Health, Human Services, and Homelessness

State Capitol

415 South Beretania Street

Honolulu, HI 96813

Dear Chairman Yamane, Vice Chair Tam, and Honorable Members of the Committee,

On behalf of the American Psychiatric Association, a national medical specialty society representing more than 37,400 psychiatric physicians, as well as their patients and families, **we respectfully request you support HB 1406**. This legislation will increase access to mental health care and generate overall cost-savings through inclusion of the Collaborative Care Model (CoCM) in Medicaid.

One in five Americans experienced mental health or substance use issues and research has shown that it has been exasperated by the COVID pandemic. Mental health and substance use disorders (MH/SUD) are often chronic conditions, just like heart disease and diabetes. Yet, only 25% of patients receive effective mental health care; this includes in primary care settings, where most patients with MH/SUD receive care.

Better care coordination via integration of mental health and primary care has been shown to improve patient access and outcomes. Three decades of research and over 90 randomized controlled trials (RCT) have identified one model in particular – the Collaborative Care Model (CoCM) – as being effective and efficient in delivering integrated care. It is estimated that nationally, \$37.6 - \$67.8 billion could be saved annually through effective integration of mental health and other medical care. For every \$1 spent on care delivered in the CoCM, there is a \$6.50 ROI in improved health and productivity.

The CoCM uses a team approach consisting of a primary care provider (PCP), a behavioral health care manager and a psychiatric consultant. The team cares for a defined group of patients and closely tracks each patient's progress. Patients who do not respond to treatment are referred to more intensive mental health specialty care, including seeing the psychiatrist. Rather than psychiatrists seeing all patients one-on-one, the psychiatrists provide caseload consultation to a population of patients in the primary care practice, providing proactive, effective care. This approach improves access and health outcomes for a larger number of patients; more people

get better faster. It is especially effective in rural areas where telehealth can be utilized.

Since 2018, Queens Hospital Clinically Integrated Physician Network has used this model to provide high quality care for patients in Oahu, the Big Island, and Molokai. Data has shown higher patient engagement in care, a reduction of depression symptoms and a decrease in emergency room visits after one year.

Primary care practices that are providing services under the CoCM can currently bill Medicare and many of the major private payers for those services using CPT® codes for psychiatric collaborative care management services. Federally Qualified Health Centers and Rural Health Clinics may also be reimbursed. HB 1406 will increase access to care by allowing PCPs in Hawaii to bill Medicaid for CoCM.

Please support HB 1406 to improve access to mental health and substance use disorder care in Hawaii. For more information on HB 1406 or the Collaborative Care Model, please contact APA Director of State Government Relations, Erin Philp at ephilp@psych.org.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin" with "M.D., M.P.A." written in smaller letters to the right. There is a horizontal line under the name.

Saul M. Levin, M.D., M.P.A., FRCP-E, FRCPsych
CEO and Medical Director



HB1406 Collaborative Care Model Psychiatrists working with Primary Care.

[COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS](#)

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Thursday, Feb 3 2022: 9:00 am : Videoconference

Hawaii Substance Abuse Coalition Strongly Supports HB1406:

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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

This is a positive step to get Collaborative Care Model going in Hawaii.

- It allows PCP to use BH providers as a conduit (middle man) to coordinate multiple patients with a psychiatrist.
- This model is used throughout the US and will increase access and allow PCP to bill for their time.
- This model is highly successful.

For about 10 years, the integration of behavioral health general medical services has been shown to improve patient outcome, save money and reduce stigma related to mental health. Three decades of research has shown that the Collaborative Care Model is highly effective¹.

The collaborative care model is **a systematic approach to the treatment of depression and anxiety in primary care settings** that involves the integration of care managers and consultant psychiatrists, with primary care physician oversight, to more proactively manage mental disorders as chronic diseases, rather than just treating acute symptoms².

We appreciate the opportunity to provide testimony and can answer any questions.

¹ American Psychiatric Association: Learn about the Collaborative Care Model.

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

² U.S. National Library of Medicine: National Institutes of Health: Implementation of a collaborative care model for the treatment of depression and anxiety in a community health center. 2014. Brittany H Eghaneyan, Katherine Sanchez, Diane B Mitschke J Multidiscip Healthc. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226460/>

HB-1406

Submitted on: 1/31/2022 9:15:17 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Dr. Helen Blaisdell-Brennan, HPMA President	Individual	Support	No

Comments:

I am writing in support of HB 1406.

HB-1406

Submitted on: 2/1/2022 9:40:00 AM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Randolph Hack	Individual	Support	No

Comments:

I strongly support this bill. There is a shortage of psychiatrists in Hawaii especially on the Neighbor Islands, and having telehealth available in the primary care setting will be helpful. With telehealth, Oahu providers can help remotely. If prescriptions are needed, the psychiatrist can consult with the primary care MD or nurse.

HB-1406

Submitted on: 2/1/2022 10:22:18 AM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Steven P. Katz	Individual	Comments	No

Comments:

As a licensed mental health clinician in Hawaii (Licensed Marriage and Family Therapist #MFT-376) I support this bill. I am not only a clinician but I am the father of two adult children with a diagnosis of a severe mental illness. Mental Health care in the State oh Hawaii is usually rated one of the worst in the US. Access to psychological services and particularly psychiatric services is not available to people who need it the most. Thisbill is part of the remedy to that problem. To not pass the bill is to deny people the health care that they need. Please pass this bill. Sincerely, Steven P. Katz 407 Uluniu Street suite 414, Kailua HI 96734 808-220-3625

HB-1406

Submitted on: 2/1/2022 7:22:42 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
rika suzuki	Individual	Support	No

Comments:

To: Chair Ryan Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services and Homelessness

Time: 9:00 a.m. Thursday, February 3, 2022

Re: HB 1406, RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE FOR MEDICAID PATIENTS.

Position: in **SUPPORT**

Aloha and thank you kindly for considering the vital importance of collaborative care as a means of improving access for those most vulnerable and in need of timely healthcare.

This model of health care delivery, which has its origins at the UNIVERSITY OF WASHINGTON (AIMS model— Advancing Integrated Mental Health Solutions), enables community members who, at best, can manage to make primary care appointments the opportunity to access mental health providers, in a multidisciplinary setting.

The access occurs within the comfort of their primary care provider’s oversight. The key is connecting with mental health care THROUGH their PCP, such that trust-building is enabled and the stigma of mental health care is reduced.

Evidence-based in its efficacy and success, collaborative care dramatically increases individuals’ access to psychiatric care but also enables MORE community members to receive care in spite of limited numbers of psychiatric providers.

Please also refer to the below website for more information:

<https://aims.uw.edu/collaborative-care>

Thank you for your time and aloha in considering this important opportunity to improve access to care for our communities in need.

Mahalo and aloha,

Rika Suzuki MD, adult and geriatric psychiatrist

HB-1406

Submitted on: 2/1/2022 11:28:21 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Jeffrey Akaka, MD	Individual	Support	Yes

Comments:

To: Chair Ryan Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services and Homelessness

From: Jeffrey Akaka, MD

Re: HB 1406, Relating to Improving Access to Psychiatric Care for Medicaid Patients

Hearing Date: [Thursday, February 3, 2022](#)

Time: [9:00am](#)

Position: SUPPORT

Over 80 clinical trials (research on how to provide more psychiatric care to more folks who need it) have proven that Collaborative Care is one of the best.

It works by the patient not having to go to a psychiatrist for medical expertise, but by getting the care through the same Family Doc's office they've most often gone to.

A "Care Manager" in the office, who knows how to read a medical chart, does the time consuming tracking down of the history, family dynamics, hospital records, clinic records, labs and meds of every patient in the practice with a psychiatric problem. Once every week or two, the Care Manager goes down this list of patients with a psychiatrist in a different town or island linked to that practice by telemedicine. The psychiatrist hears the Care Manager's report on each patient

and makes recommendations on the next labs, meds, and psychotherapies most appropriate for that patient, and then they go right down the list till all the patients are discussed. After this meeting with the psychiatrist, the Care Manager reports the recommendations to the Family Doc, who then writes all the orders - labs, medication changes, psychotherapy changes etc. Every patient gets one stop shopping - and lots less stigma since nobody sees them going into a psychiatric office.

Instead of taking one hour per one patient per week, in as little as 2 hours of psychiatrist time every 2 weeks, all of the psychiatric treatment needs and recommendations of 12-20 times more patients in Family Doc's offices can be covered.

The research shows:

1. Better outcomes (based on symptom measurements)
2. Better satisfaction (for not only the patients, but the staff, boosting morale) and
3. HUGE SAVINGS: UP TO \$6 SAVED FOR EVERY \$1 SPENT.

Now that we know Collaborative Care works (patients of Queens Health Systems have benefitted from it for over 4 years now) we have a real shot at solving the access to psychiatric care problem, safely and in a best practice, throughout our Hawaii State of Aloha. Please advance HB1406.

Aloha and mahalo,

Jeffrey

Jeffrey Akaka, MD

Native Hawaiian Psychiatrist

Dr. Akaka is a graduate of the John A Burns School of Medicine, a Past Medical Director of the Diamond Head Community Mental Health Center, a Past President of the Hawaii Psychiatric Medical Association, and a Past Speaker of the American Psychiatric Association. The testimony above is his own, and though possibly, is not necessarily identical to that of the organizations in which he has held past leadership roles.

HB-1406

Submitted on: 2/2/2022 6:46:57 AM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Eric Lindborg MD	Individual	Support	No

Comments:

As a physician generalist with over 40 years of clinical experience I strongly support this bill that should expand support for telehealth to patients with psychiatric conditions.

HB-1406

Submitted on: 2/2/2022 7:02:46 AM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Julienne Aulwes, M.D.	Individual	Support	No

Comments:

The collaborative care model has been successfully implemented in the Queen's Healthcare System to provide increased timely access to mental health services for patient. This model can be expanded statewide if there was adequate funding/reimbursement to support the model, including neighbor islands. This Bill would help to achieve this goal.



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The State Legislature
The House Committee on Health, Human Services & Homelessness
Thursday, Feb 3, 2022
9:00 a.m.

TO: The Honorable Ryan Yamane, Chair

RE: H.B. 1406, Relating to Improving Access to Psychiatric Care for Medicaid Patients

Aloha Chair Yamane and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and over 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. AARP **supports the intent of H.B 1406** which specifies coverage for telehealth under the State's Medicaid managed care and fee-for-service programs that includes psychiatric services delivered via telehealth through a behavioral health care manager present in a primary health care providers' office.

AARP understands the vital role telehealth can play in care delivery and continues to work to ensure all patients have appropriate access to the services necessary to support their care. Telehealth can benefit older adults by reducing or eliminating travel and wait times, distance and transportation barriers, and certain travel or transportation costs, as well as by improving access to health care providers, including behavior health specialists.

AARP supports the intent of this bill and recommends an amendment to the measure:

1. Under SECTION 2, (b): Required coverage for services under subsection (a) including psychiatric services provided to a patient by a collaborative care team consisting of a primary care provider and behavioral health care manager, who shall be present in the primary care provider's office, in conjunction with a psychiatric consultant whose services may be delivered remotely through telehealth...

Since this is a telehealth visit, the behavior health care manager does not have to be physically present in the primary care providers' office and **should be allowed to participate remotely if needed, from their own office or another distant location. This is particularly important if there is a shortage of available behavioral specialists especially in rural areas and neighbor islands.**

We strongly support a collaborative care team model especially in mental health care and want to ensure that there is adequate reimbursement for all providers involved in the patient's telehealth visit.

AARP recognizes that telehealth can help fill important gaps whenever barriers restrict access to in-person care. We urge you to eliminate existing barriers to care and ensure kūpuna can access telehealth services whenever needed.

Thank you very much for the opportunity to testify on **H. B 1406**.

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. López". The signature is written in a cursive style with a large, sweeping initial "K".

Keali'i S. López
State Director



ALOHACARE

To: The Honorable Representative Yamane, Chair
The Honorable Representative Tam, Vice-Chair
Committee on Health, Human Services & Homelessness

From: Peggy Mierzwa, Government Affairs, AlohaCare

Hearing: Thursday, February 3, 2022, 9:00AM

RE: **HB1406** Relating to Improving Access to Psychiatric Care for Medicaid Patients

AlohaCare appreciates the opportunity to provide testimony in **support of HB1406**. This measure would allow for reimbursement for psychiatric collaborative care management services. That means primary care physicians will be able to claim reimbursement for services delivered through the collaborative care model. This measure also clarifies that coverage for telehealth under Hawai'i's Medicaid managed care and fee for service programs to include psychiatric services delivered via telehealth through a behavioral health care manager who is part of the primary health care provider's office.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only health plan in Hawaii that exclusively serves Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

The need for behavioral health services in Hawai'i is high, and we support this measure because it will help to increase access to care for Medicaid beneficiaries. We are currently piloting a project that will utilize a collaborative care model, and we will then expand the pilot to work other providers that have primary care and behavioral health integrated within their clinics.

Behavioral health services are most acutely needed on neighbor islands and in rural areas of Oahu. Telehealth has proven to be an effective way to connect providers and patients and deliver necessary services. This bill helps to ensure providers are available to provide critical services.

We would like to thank the committee for hearing this measure and continuing to work to bring health care services to the people who need them.

Mahalo for this opportunity to testify in **support of HB1406**.



**Testimony to the House Committee on Health, Human Services, and Homelessness
Thursday, February 3, 2022; 9:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 1406, RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE FOR MEDICAID PATIENTS..

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 THE INTENT** of House Bill No. 1406, RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE FOR MEDICAID PATIENTS.

By way of background, the HPCA represents Hawaii's 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.

This bill, as received by your Committee, would specify that coverage for telehealth under the State's Medicaid managed care and fee-for-service programs include psychiatric services delivered via telehealth through a behavioral health care manager who is present in a primary health care provider's office.

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.

During the COVID pandemic, we learned how effective the use of standard telephone contact in telehealth was. For many in very isolated communities, the poor, and especially for our kupuna who are not as technologically advanced as their keiki, the landline telephone was a lifeline to primary health care providers.

Testimony on House Bill No. 1406

Thursday, February 3, 2022; 9:00 a.m.

Page 2

Our member FQHCs can attest to how effective standard telephonic contact was in the provision of primary care and behavioral health to their patients, especially when the State and counties issued restrictions on the number of patients who could enter waiting areas and examination rooms. As we stated in our testimony in 2020 and 2021, telephonic telehealth has always been used as the option of last resort for primary care, and I'm sure that the MedQUEST Division can confirm this through its actuarial data of loss costs. HPCA's concern has always been and continues to be the accessibility of primary care for ALL patients.

The HPCA also notes that recent developments in Medicare might provide an alternative approach that might be less problematic from both a policy and a drafting perspective.

On November 2, 2021, the Centers for Medicare and Medicaid Services (CMS) released its 2022 Medicare Physician Fee Schedule Final Rule. This regulation added certain services to the Medicare telehealth services list through December 31, 2022. "Category 3" services that were added to the Medicare services list for the duration of the federal public health emergency (PHE), which would have otherwise been removed after the PHE ended, will remain on the telehealth service list through the end of calendar year 2023.

Beyond the expanded service list, CMS amended the definition of "interactive telecommunications system" to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances. Generally, however, other services on the Medicare telehealth services list, unless specifically excepted, must still be furnished using audio and video equipment permitting two-way, real-time interaction communication.

This Committee may wish to consider the inclusion of a definition for "interactive telecommunications system" that provides the basic requirements applicable for audio-only communications, and then allow MedQUEST to amend the specifics pertaining to health care providers, as they deem it necessary, and subject to inclusion into the State Medicaid Plan and approval by CMS. **Ultimately any change to the benefits provided through Medicaid will need to be approved by the federal government.**

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.

HB-1406

Submitted on: 2/2/2022 9:10:21 AM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Naomi Bikle	Individual	Support	No

Comments:

As a psychiatrist on the Big Island, I support this measure to improve access to psychiatric expertise through primary care via the collaborative care model, and allowing reimbursement through telehealth, especially with how rural our area is. Thank you for your consideration.

Naomi Bikle, MD

HB-1406

Submitted on: 2/2/2022 2:30:42 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Erik K. Abe	Individual	Support	No

Comments:

I accidentally submitted my testimony on behalf of the Hawaii Primary Care Association without clicking that I'd be testifying by remote. Hopefully, this will provide me the link to speak.

HB-1406

Submitted on: 2/2/2022 4:31:59 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Ashley Mathe	Individual	Support	No

Comments:

I am in support of this bill to provide coverage for psychiatric services through collaborative care with a primary care provider and a psychiatric consultant through telehealth to allow for better access of mental health care to Medicaid patients.

HB-1406

Submitted on: 2/2/2022 4:43:33 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Megan Araujo	Individual	Support	No

Comments:

As a psychiatry resident, born and raised in Hawai‘i, I support this bill which will provide increased access to psychiatric care in our community.

Mahalo,

Megan Araujo, M.D.

HB-1406

Submitted on: 2/2/2022 5:50:38 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Gregory Nikogosyan	Individual	Support	No

Comments:

As a mental health provider and citizen of our community hear in Hawai'i, telehealth services remain a vital part of improving access to care regardless if in pandemic quarantine conditions. Please support this Bill

HB-1406

Submitted on: 2/2/2022 6:35:12 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Iqbal Ahmed	Individual	Support	No

Comments:

To: Chair Ryan Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services and Homelessness:

From: Iqbal Ahmed, M.D.

Re: HB 1406, RELATING TO IMPROVING ACCESS TO PSYCHIATRIC CARE FOR MEDICAID PATIENTS.

Position: **SUPPORT**

I appreciate the efforts by the Hawaii State Legislature to improve access to psychiatric care for Medicaid patients. This can be done well by the proposed psychiatric collaborative care model. This model of collaborative care supports mental and behavioral health through a team-based, coordinated approach involving a psychiatric consultant, a behavioral health care manager, and the primary care clinician extending beyond the scope of an office visit. The integration of behavioral health and general medical services has been shown to improve patient outcomes, save money, and reduce stigma related to mental health in more than 80 published studies.

This approach makes it possible to maintain quality and safety standards while expanding access care. Thank you for what you are doing to promote the health and wellbeing of our community and thank you for consideration of my testimony.