



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Finance
Thursday, February 23, 2023
1:30 p.m.**

State Capitol, Conference Room 308 and via Videoconference

**On the following measure:
H.B. 907, H.D. 2, RELATING TO TELEHEALTH**

Chair Yamashita and Members of the Committee:

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

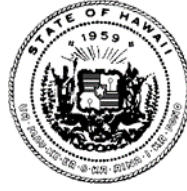
The purpose of this bill is to authorize reimbursement of telehealth services provided by way of an interactive telecommunications system be reimbursed.

We support efforts to improve access to health care services.

By inserting the phrase "by way of an interactive telecommunications system" at page 5, line 10, page 8, line 9, and page 11, line 5, this bill would exclude any telehealth services from reimbursement that do not meet the new definition of "interactive telecommunication system", essentially requiring a service to be both "telehealth" and an "interactive telecommunications system" to be eligible for reimbursement.

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELawe KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 21, 2023

TO: The Honorable Representative Kyle T. Yamashita, Chair
House Committee on Finance

FROM: Cathy Betts, Director

SUBJECT: **HB 907 HD2 – RELATING TO TELEHEALTH.**

Hearing: February 23, 2023, 1:30 p.m.
Conference Room 329 & Videoconferencing, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this measure and defers to the Department of the Attorney General regarding proposed amendments.

PURPOSE: The bill authorizes reimbursement of telehealth services provided by way of an interactive telecommunications system be reimbursed. Effective 6/30/3000. (HD2)

The Committee on Health & Homelessness amended the measure by:

- (1) Clarifying that "interactive telecommunications system" includes two-way real-time audio-only communication;
- (2) Changing the effective date to June 30, 3000, to encourage further discussion; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

The Committee on Consumer Protection and Commerce further amended the bill by

- (1) Clarifying that reimbursements for diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system shall meet requirements under federal regulations; and

- (2) Clarifying that the exemption for certain communications from the definition of telehealth does not apply if such communication is allowed under the federal regulations regarding interactive telecommunications systems.

DHS supports the ongoing use of telehealth, including the Medicare definition and rules for an "interactive telecommunication system" that also specifies the use of "two-way real-time audio-only communication" for mental health services. We defer to the Department of the Attorney General for further clarifications regarding providing mental health services via an interactive telecommunication system when "two-way real-time audio communication" is used.

Thank you for the opportunity to provide comments on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2023**

ON THE FOLLOWING MEASURE:

H.B. NO. 907, H.D. 2, RELATING TO TELEHEALTH.

BEFORE THE:

HOUSE COMMITTEE ON FINANCE

DATE: Thursday, February 23, 2023 **TIME:** 1:30 p.m.

LOCATION: State Capitol, Room 308

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Erin N. Lau, Deputy Attorney General

Chair Yamashita and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill amends a medical assistance statute and several insurance statutes to require reimbursement for services provided by a physician to a patient through the use of an "interactive telecommunications system." It includes audio-only technology for behavioral health services, which are subject to the same conditions for reimbursement as the Medicare federal regulations at title 42 Code of Federal Regulations (CFR) section 410.78.

The bill amends four different statutory sections to amend reimbursement for telehealth as follows:

Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient[.]; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system shall meet the requirements of title 42 Code of Federal Regulations section 410.78. 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.

See, page 2, lines 9-20; page 5, lines 9-20; page 8, lines 8-19; and page 11, lines 4-15.

There are three telehealth bills that are the same or similar to H.B. No. 907, H.D. 2, including H.B. No. 693, S.B. No. 684, and S.B. No. 1038, S.D. 1. The Department

strives to provide consistent advice on all bills. Therefore, we recommend including the following bolded amendments to further clarify that the Medicare conditions for reimbursement apply only to audio-only mental health services rather than any mental health service, consistent with our advice on the other similar bills:

Reimbursement for services provided through telehealth **by way of an interactive telecommunications system** shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient[.]; **provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system **using two-way, real-time audio-only communication technology** shall meet the requirements of title 42 Code of Federal Regulations section 410.78.** 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 respectfully ask the Committee to consider the recommended amendments.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Finance
Thursday, February 23, 2023 at 1:30 p.m.

By

Lee Buenconsejo-Lum, Acting Dean
John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

HB 907 HD2 – RELATING TO TELEHEALTH

Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

Thank you for the opportunity to testify in **strong support** of HB 907 HD2 which conforms the State's law regarding telehealth to the Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed, and specifies that "interactive telecommunications system" includes two-way real-time audio-only communication.

Since 1999, the use and expansion of telehealth services and technology in Hawaii have been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the state. Many of the highest-risk patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally-designated health professional shortage areas. Telehealth via telephonic communication benefits many in these communities. Elderly, as well as medically- and socially-complex patients often face transportation barriers and difficulty navigating our collective system of health care. Patients with behavioral health issues are especially vulnerable and frequently require immediate attention. The inability of behavioral health and other patients to access the internet or to navigate complicated video platforms presents an even greater barrier to much-needed health care.

We note that Medicare and Medicaid pay equally for telephonic and telehealth services, recognizing the importance of telephonic services. 42 CFR § 410.78 defines telehealth services provides as follows:

“(3) Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental

health disorder to a patient in their home, **interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.** A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” Emphasis added.

One of the realities for Hawai'i is that many of those most in need of telephonic care (limited means to travel, poor or absent internet coverage or bandwidth, residence remote from care providers, infirm with limited cognition or digital literacy, immune compromise in the age of COVID, etc.) suffer the most from a lack of provider reimbursement for telephonic coverage. Without telephonic coverage, these at-risk individuals must travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether. This measure is a positive step toward ensuring that Hawai'i's most vulnerable patients are given equal access to the high-quality health care and health services they deserve.

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

HB-907-HD-2

Submitted on: 2/22/2023 5:00:30 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Meredith Nichols	State of Hawaii, DHS	Support	Remotely Via Zoom

Comments:

My Zoom name is HMS-Meredith Nichols I will be standing on our testimony on behalf of DHS Director Betts. Written testimony has already been submitted.



HB907 HD2 Telehealth and Telephone

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Thursday, Feb 23 2023: 1:30 am : Room 308 Videoconference

Hawaii Substance Abuse Coalition Supports HB907 HD2

We support the amendment to change Hawaii's law to Medicare standards to address the full spectrum of requirements listed under 42 CFR 438.10 (b).

The current Medicare definition is:

“Interactive telecommunications system” means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” 42 CFR 410.78(a)(3).


The use of "two-way, real-time audio-only communication technology" is Medicare's description of telephone calls specific to the treatment of a mental health disorder. Further, we would note that Medicare only allows telehealth under certain additional conditions.

Telehealth

Telehealth is not meant to totally replace face to face for those who have more chronic conditions, but it certainly allows us to treat more people who are in need of services that otherwise would not have access to services, especially for rural areas.

U.S. Congress has stated that preliminary evaluations have demonstrated that telehealth and when needed telephonic practices does save money and improve care:

- Especially for the elderly and behavioral health,
- For checkups for both specialty care and primary care.
- In certain cases, it's a more efficient use of time for care givers and patients.



People with chronic conditions need follow-up care to prevent ongoing ER and hospital care, but if they have limited access to care, then Telehealth is crucial and if not available, then telephonic care becomes essential.

Telephone services are an integral part of Medicaid and Medicare and with this legislation it can be for commercial plans too, subject to financing and authorizations.

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



Hawaii Medical Association

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Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Date: February 23, 2023

From: Hawaii Medical Association

Beth England MD, Co-Chair, HMA Public Policy Committee

Re: HB907, HD2; RELATING TO TELEHEALTH.

Position: Support

To allow for safer and easier patient-provider interactions during COVID-19, there was a dramatic increase in telehealth. Patients who are elderly, have public insurance, are of Asian, African-American, or Hispanic heritage, and/or of a lower socioeconomic status were more likely to use audio-only communication for medical appointments¹. Audio-only services provide an invaluable means for marginalized populations that may not have access to internet to receive the healthcare they need.

Reducing barriers to care enables patients to continue to see their providers, even in times of hardship. A large review study of federally qualified health centers (FQHC) during the pandemic found that the number of patient visits for behavioral health appointments, which used a larger proportion of audio-only visits, remained unchanged, while specialties using a higher percentage of video appointments had a 6.5% decrease in visits². This indicates that telephone-based visits allowed more patients to continue their care. Audio-only telemedicine visits are also associated with a reduced time to follow-up visits³.

As we work to address the complex socioeconomic factors that lead to health disparities, providing an accessible means for disadvantaged populations to receive care is a step in the right direction. This need has been recognized at the federal level; the Center for Medicare and Medicaid Services (CMS) covers audio-only services for established patients receiving mental health or substance abuse disorder treatment as long as certain conditions are met⁴.

Widespread use of audio-only telehealth services is a relatively new phenomenon that requires thorough research and risk assessment. There is data to support its use for behavioral health, but additional studies are needed to ensure its quality and safety in other settings. HMA appreciates the amendments made to ensure alignment with 42 CFR § 410.78.

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2023 Hawaii Medical Association Public Policy Coordination Team

Elizabeth Ann Ignacio, MD, Chair • Beth England, MD, Co-Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

Physicians have rapidly adopted telemedicine technologies to better serve our population. Payment parity for audio-only telemedicine care for treatment of a mental health disorder is fair and appropriate. This will increase access to care, improve health, and in doing so, reduce long-term costs.

Thank you for allowing Hawaii Medical Association to offer comments and testify in support of this measure.

REFERENCES

1. Hsiao, V., Chandereng, T., Lankton, R. L., Huebner, J. A., Baltus, J. J., Flood, G. E., Dean, S. M., Tevaarwerk, A. J., & Schneider, D. F. (2021). Disparities in Telemedicine Access: A Cross-Sectional Study of a Newly Established Infrastructure during the COVID-19 Pandemic. *Applied Clinical Informatics*, 12(03), 445–458. <https://doi.org/10.1055/s-0041-1730026>
2. Martin, R., Ambia, A. M., Holcomb, D. S., Wells, C., Nambiar, A., Roberts, S. W., McIntire, D. D., Harms, M., Duryea, E. L., & Nelson, D. B. (2022). Postpartum Audio-Only Virtual Visits Versus In-Person Followup in Women with Severe Hypertension. *American Journal of Obstetrics & Gynecology*, 226(1), S741–S742. <https://doi.org/10.1016/j.ajog.2021.11.1219>
3. Uscher-Pines, L., Sousa, J., Jones, M., Whaley, C., Perrone, C., McCullough, C., & Ober, A. J. (2021). Telehealth Use Among Safety-Net Organizations in California During the COVID-19 Pandemic. *JAMA*. <https://doi.org/10.1001/jama.2021.0282>
4. Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule | CMS. (n.d.). [Www.cms.gov.https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-finalrule](https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-finalrule)

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State of Hawai'i, Deputy Public
Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol-Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Collective

Date: February 21, 2023

To: Representative Kyle T Yamashita, Chair
Representative Lisa Kitagawa, Vice Chair
Members of the Committee on Finance

Re: Support HB 907 HD2 Relating to Telehealth

Hrg: Thursday, February 23, 2023, 1:30 PM, Conf Rm 308

The Hawai'i Public Health Instituteⁱ (HIPHI) is in **Support of HB 907 HD2**, which clarifies reimbursement for services provided through telehealth via an interactive telecommunications system. It also defines the term "interactive telecommunications system." HIPHI strongly supports policies that increase access to health care.

Hawai'i faces a continued shortage of health care providers, particularly on Neighbor Islands and rural areas. Ensuring that the definition of "interactive telecommunications" includes audio-only communication in certain circumstances will make it much easier for particular populations to better utilize the telehealth option. There are areas that do not have reliable, consistent WiFi throughout the state. Those residents need the same opportunities to access care through telehealth as others.

HIPHI supports increased access to healthcare services through telehealth services. Telehealth is especially beneficial for Neighbor Islands and rural areas, where access may be more limited. Furthermore, it helps provide care to those with mobility challenges or who cannot leave their homes.

This measure will help to strengthen health in our state.

Mahalo,

A handwritten signature in black ink that reads 'Peggy Mierzwa'.

Peggy Mierzwa
Director of Policy & Advocacy
Hawaii Public Health Institute

ⁱ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.



**Testimony to the House Committee on Finance
Thursday, February 23, 2023; 1:30 p.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: HOUSE BILL NO. 0907, HOUSE DRAFT 2, RELATING TO TELEHEALTH.

Chair Yamashita, Vice Chair Kitagawa, 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. 0907, House Draft 2, RELATING TO TELEHEALTH, and offers **AMENDMENTS** for your consideration.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live 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:

- (1) Require insurance reimbursement for services provided through telehealth by way of an "interactive telecommunications system" and
- (2) Define "interactive telecommunications system" to be consistent with 42 CFR 410.78, as amended.

This bill would apply to Medicaid (Chapter 346, Hawaii Revised Statutes (HRS)), accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS). It would also take effect on December 31, 2050.

Testimony on House Bill No. 0907, House Draft 2
Thursday, February 23, 2023; 1:30 p.m.
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Over the past six weeks, the HPCA, on behalf of a Hui consisting of the Hawaii Psychological Association, the National Association of Social Workers, the Hawaii Island Association for Marriage and Family Therapists, the Hawaii Substance Abuse Coalition; the HPCA, AARP, the American Cancer Society Cancer Action Center, the Hawaii Parkinson's Association, the Epilepsy Foundation of Hawaii, and the Alzheimer's Association, among other organizations (HUI), conducted a series of discussions with the Hawaii Medical Service Association (HMSA) to determine whether a compromise could be reached that would ensure patient access to audio-only mental health services while establishing reasonable restrictions on loss costs.

After considerable work by all parties to achieve a compromise, the HPCA and HMSA were able to reach a tentative agreement that was presented to the participating organizations who in turn informed the HPCA that they were in support of the agreement. The terms of the agreement are presented for your consideration in the attached draft bill.

In summary:

- (1) The HUI AGREES to an 80% cap on reimbursement for mental health services provided through audio-only telehealth services **[NOTE: All Medicaid benefits must be approved by the federal Center for Medicaid and Medicare Services in accordance with the State Medicaid Plan and federal law.]**;
- (2) HMSA AGREES to ease a requirement for private insurers that exists in Medicare that an in-person visit take place at least 6-months prior to an initial audio-only mental health telehealth visit and 12-months prior to a subsequent visit by allowing an audio-visual mental health telehealth visit be substituted for the in-person visit;
- (3) Both the HUI and HMSA AGREE to a sunset date of December 31, 2025, or exactly one year AFTER the sunset of the Consolidated Appropriations Act of 2023. This will allow Hawaii's Medicaid and insurance regulators to determine whether the reimbursement requirements in Medicare for audio-only mental health services are permanent or temporary. In 2025, the Legislature can reevaluate the need for a sunset and the 80% reimbursement cap; and
- (4) Both the HUI and HMSA AGREE to the amendments proposed by the Department of Human Services (DHS) to clarify the definition of "interactive telecommunications system" to include "two-way, real-time audio-only communications.

Testimony on House Bill No. 0907, House Draft 2
Thursday, February 23, 2023; 1:30 p.m.
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We note that DHS and the Department of the Attorney General continue to deliberate over the definitional language of "interactive telecommunications system" and the specific references to Title 42 Code of Federal Regulations Section 410.78, and other citations of the Medicare regulations. To this, we assert that the Medicaid Administrator for the State of Hawaii is the expert on behalf of the State regarding how Medicaid and Medicare effect our State, and as such, the parties defer to her wisdom with consultation with the Attorney General.

As the organization that first brought this issue to the Legislature's attention in 2020 [See, Testimony to the Senate Committee on Ways and Means on House Bill No. 2502, Senate Draft 1, July 2, 2022.], the HPCA believes that the compromise reached between the parties is fair and reasonable. It will level the playing field between Medicare, Medicaid, and private health care insurance and ensure that basic essential mental health services are available to rural and isolated communities, our Kupuna and vulnerable constituencies, and to the general public.

For this reason, the HPCA strongly urges your favorable consideration of the proposed amendments to this bill.

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.

attachment

A BILL FOR AN ACT

RELATING TO TELEHEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 346-59.1, Hawaii Revised
2 Statutes, is amended as follows:
3 1. By amending subsection (b) to read:
4 "(b) Reimbursement for services provided through
5 telehealth by way of an interactive telecommunications
6 system shall be equivalent to reimbursement for the same
7 services provided via face-to-face contact between a
8 health care provider and a patient. Nothing in this
9 section shall require a health care provider to be
10 physically present with the patient at an originating
11 site unless a health care provider at the distant site
12 deems it necessary."
13 2. By amending subsection (g) to read:
14 "(g) For the purposes of this section:
15 "Distant site" means the location of the health care
16 provider delivering services through telehealth at the
17 time the services are provided.

1 "Health care provider" means a provider of services,
2 as defined in title 42 United States Code section
3 1395x(u), a provider of medical and other health
4 services, as defined in title 42 United States Code
5 section 1395x(s), other practitioners licensed by the
6 State and working within their scope of practice, and any
7 other person or organization who furnishes, bills, or is
8 paid for health care in the normal course of business,
9 including but not limited to primary care providers,
10 mental health providers, oral health providers,
11 physicians and osteopathic physicians licensed under
12 chapter 453, advanced practice registered nurses licensed
13 under chapter 457, psychologists licensed under chapter
14 465, and dentists licensed under chapter 448.

15 "Interactive telecommunications system" has the same
16 meaning as in title 42 Code of Federal Regulations
17 section 410.78, as amended. For purposes of this
18 definition, "two-way real-time audio-only communication"
19 has the same meaning and is subject to the same
20 conditions as in title 42 Code of Federal Regulations
21 section 410.78, as amended.

22 "Originating site" means the location where the
23 patient is located, whether accompanied or not by a

1 health care provider, at the time services are provided
2 by a health care provider through telehealth, including
3 but not limited to a health care provider's office,
4 hospital, critical access hospital, rural health clinic,
5 federally qualified health center, a patient's home, and
6 other non-medical environments such as school-based
7 health centers, university-based health centers, or the
8 work location of a patient.

9 "Telehealth" means the use of telecommunications
10 services, as defined in section 269-1, to encompass four
11 modalities: store and forward technologies, remote
12 monitoring, live consultation, and mobile health; and
13 which shall include but not be limited to real-time video
14 conferencing-based communication, secure interactive and
15 non-interactive web-based communication, and secure
16 asynchronous information exchange, to transmit patient
17 medical information, including diagnostic-quality digital
18 images and laboratory results for medical interpretation
19 and diagnosis, for the purpose of delivering enhanced
20 health care services and information while a patient is
21 at an originating site and the health care provider is at
22 a distant site. [~~Standard~~] Except as otherwise provided
23 for in this section, standard telephone contacts,

1 facsimile transmissions, or [~~e-mail~~] electronic
2 mail text, in combination or by itself, does not
3 constitute a telehealth service [~~for the purposes of this~~
4 ~~section~~]."

5 SECTION 3. Section 431:10A-116.3, Hawaii Revised
6 Statutes, is amended as follows:

7 1. By amending subsection (c) to read:

8 "(c) Reimbursement for services provided through
9 telehealth by way of an interactive telecommunications
10 system shall be equivalent to reimbursement for the same
11 services provided via face-to-face contact between a
12 health care provider and a patient; provided that for
13 two-way, real-time audio-only communication technology
14 for purposes of diagnosis, evaluation, or treatment of a
15 mental health disorder to a patient in their home shall
16 be 80% of the same services provided by face-to-face
17 contact between a health care provider and a patient;
18 provided further that the health care provider has
19 conducted an in-person or telehealth visit with the
20 patient no longer than six months prior to the audio-only
21 service, and at least twelve months prior to any
22 subsequent audio-only visit. Nothing in this section
23 shall require a health care provider to be physically

1 present with the patient at an originating site unless a
2 health care provider at the distant site deems it
3 necessary."

4 2. By amending subsection (g) to read:

5 "(g) For the purposes of this section:

6 "Distant site" means the location of the health care
7 provider delivering services through telehealth at the
8 time the services are provided.

9 "Health care provider" means a provider of services,
10 as defined in title 42 United States Code section
11 1395x(u), a provider of medical and other health
12 services, as defined in title 42 United States Code
13 section 1395x(s), other practitioners licensed by the
14 State and working within their scope of practice, and any
15 other person or organization who furnishes, bills, or is
16 paid for health care in the normal course of business,
17 including but not limited to primary care providers,
18 mental health providers, oral health providers,
19 physicians and osteopathic physicians licensed under
20 chapter 453, advanced practice registered nurses licensed
21 under chapter 457, psychologists licensed under chapter
22 465, and dentists licensed under chapter 448.

1 "Interactive telecommunications system" has the same
2 meaning as in title 42 Code of Federal Regulations
3 section 410.78, as amended. For purposes of this
4 definition, "two-way real-time audio-only communication"
5 has the same meaning and is subject to the same
6 conditions as in title 42 Code of Federal Regulations
7 section 410.78, as amended.

8 "Originating site" means the location where the
9 patient is located, whether accompanied or not by a
10 health care provider, at the time services are provided
11 by a health care provider through telehealth, including
12 but not limited to a health care provider's office,
13 hospital, health care facility, a patient's home, and
14 other nonmedical environments such as school-based health
15 centers, university-based health centers, or the work
16 location of a patient.

17 "Telehealth" means the use of telecommunications
18 services, as defined in section 269-1, to encompass four
19 modalities: store and forward technologies, remote
20 monitoring, live consultation, and mobile health; and
21 which shall include but not be limited to real-time video
22 conferencing-based communication, secure interactive and
23 non-interactive web-based communication, and secure

1 asynchronous information exchange, to transmit patient
 2 medical information, including diagnostic-quality digital
 3 images and laboratory results for medical interpretation
 4 and diagnosis, for the purpose of delivering enhanced
 5 health care services and information while a patient is
 6 at an originating site and the health care provider is at
 7 a distant site. [~~Standard~~] Except as otherwise provided
 8 for in this section, standard telephone contacts,
 9 facsimile transmissions, or [e-mail] electronic
 10 mail text, in combination or by itself, does not
 11 constitute a telehealth service for the purposes of this
 12 chapter."

13 SECTION 4. Section 432:1-601.5, Hawaii Revised
 14 Statutes, is amended as follows:

15 1. By amending subsection (c) to read:

16 "(c) Reimbursement for services provided through
 17 telehealth by way of an interactive telecommunications
 18 system shall be equivalent to reimbursement for the same
 19 services provided via face-to-face contact between a
 20 health care provider and a patient; provided that for
 21 two-way, real-time audio-only communication technology
 22 for purposes of diagnosis, evaluation, or treatment of a
 23 mental health disorder to a patient in their home shall

1 be 80% of the same services provided by face-to-face
2 contact between a health care provider and a patient;
3 provided further that the health care provider has
4 conducted an in-person or telehealth visit with the
5 patient no longer than six months prior to the audio-only
6 service, and at least twelve months prior to any
7 subsequent audio-only visit. Nothing in this section
8 shall require a health care provider to be physically
9 present with the patient at an originating site unless a
10 health care provider at the distant site deems it
11 necessary."

12 2. By amending subsection (g) to read:

13 "(g) For the purposes of this section:

14 "Health care provider" means a provider of services,
15 as defined in title 42 United States Code section
16 1395x(u), a provider of medical and other health
17 services, as defined in title 42 United States Code
18 section 1395x(s), other practitioners licensed by the
19 State and working within their scope of practice, and any
20 other person or organization who furnishes, bills, or is
21 paid for health care in the normal course of business,
22 including but not limited to primary care providers,
23 mental health providers, oral health providers,

1 physicians and osteopathic physicians licensed under
2 chapter 453, advanced practice registered nurses licensed
3 under chapter 457, psychologists licensed under chapter
4 465, and dentists licensed under chapter 448.

5 "Interactive telecommunications system" has the same
6 meaning as in title 42 Code of Federal Regulations
7 section 410.78, as amended. For purposes of this
8 definition, "two-way real-time audio-only communication"
9 has the same meaning and is subject to the same
10 conditions as in title 42 Code of Federal Regulations
11 section 410.78, as amended.

12 "Originating site" means the location where the
13 patient is located, whether accompanied or not by a
14 health care provider, at the time services are provided
15 by a health care provider through telehealth, including
16 but not limited to a health care provider's office,
17 hospital, health care facility, a patient's home, and
18 other nonmedical environments such as school-based health
19 centers, university-based health centers, or the work
20 location of a patient.

21 "Telehealth" means the use of telecommunications
22 services, as defined in section 269-1, to encompass four
23 modalities: store and forward technologies, remote

1 monitoring, live consultation, and mobile health; and
 2 which shall include but not be limited to real-time video
 3 conferencing-based communication, secure interactive and
 4 non-interactive web-based communication, and secure
 5 asynchronous information exchange, to transmit patient
 6 medical information, including diagnostic-quality digital
 7 images and laboratory results for medical interpretation
 8 and diagnosis, for the purpose of delivering enhanced
 9 health care services and information while a patient is
 10 at an originating site and the health care provider is at
 11 a distant site. [~~Standard~~] Except as otherwise provided
 12 for in this section, standard telephone contacts,
 13 facsimile transmissions, or [e-mail] electronic
 14 mail text, in combination or by itself, does not
 15 constitute a telehealth service for the purposes of this
 16 chapter."

17 SECTION 5. Section 432D-23.5, Hawaii Revised
 18 Statutes, is amended as follows:

19 1. By amending subsection (c) to read:

20 "(c) Reimbursement for services provided through
 21 telehealth by way of an interactive telecommunications
 22 system shall be equivalent to reimbursement for the same
 23 services provided via face-to-face contact between a

1 health care provider and a patient; provided that for
2 two-way, real-time audio-only communication technology
3 for purposes of diagnosis, evaluation, or treatment of a
4 mental health disorder to a patient in their home shall
5 be 80% of the same services provided by face-to-face
6 contact between a health care provider and a patient;
7 provided further that the health care provider has
8 conducted an in-person or telehealth visit with the
9 patient no longer than six months prior to the audio-only
10 service, and at least twelve months prior to any
11 subsequent audio-only visit. Nothing in this section
12 shall require a health care provider to be physically
13 present with the patient at an originating site unless a
14 health care provider at the distant site deems it
15 necessary."

16 2. By amending subsection (g) to read:

17 "(g) For the purposes of this section:

18 "Distant site" means the location of the health care
19 provider delivering services through telehealth at the
20 time the services are provided.

21 "Health care provider" means a provider of services,
22 as defined in title 42 United States Code section
23 1395x(u), a provider of medical and other health

1 services, as defined in title 42 United States Code
 2 section 1395x(s), other practitioners licensed by the
 3 State and working within their scope of practice, and any
 4 other person or organization who furnishes, bills, or is
 5 paid for health care in the normal course of business,
 6 including but not limited to primary care providers,
 7 mental health providers, oral health providers,
 8 physicians and osteopathic physicians licensed under
 9 chapter 453, advanced practice registered nurses licensed
 10 under chapter 457, psychologists licensed under chapter
 11 465, and dentists licensed under chapter 448.

12 "Interactive telecommunications system" has the same
 13 meaning as in title 42 Code of Federal Regulations
 14 section 410.78, as amended. For purposes of this
 15 definition, "two-way real-time audio-only communication"
 16 has the same meaning and is subject to the same
 17 conditions as in title 42 Code of Federal Regulations
 18 section 410.78, as amended.

19 "Originating site" means the location where the
 20 patient is located, whether accompanied or not by a
 21 health care provider, at the time services are provided
 22 by a health care provider through telehealth, including
 23 but not limited to a health care provider's office,

1 hospital, health care facility, a patient's home, and
2 other nonmedical environments such as school-based health
3 centers, university-based health centers, or the work
4 location of a patient.

5 "Telehealth" means the use of telecommunications
6 services, as defined in section 269-1, to encompass four
7 modalities: store and forward technologies, remote
8 monitoring, live consultation, and mobile health; and
9 which shall include but not be limited to real-time video
10 conferencing-based communication, secure interactive and
11 non-interactive web-based communication, and secure
12 asynchronous information exchange, to transmit patient
13 medical information, including diagnostic-quality digital
14 images and laboratory results for medical interpretation
15 and diagnosis, for the purpose of delivering enhanced
16 health care services and information while a patient is
17 at an originating site and the health care provider is at
18 a distant site. [~~Standard~~] Except as otherwise provided
19 for in this section, standard telephone contacts,
20 facsimile transmissions, or [e-mail] electronic
21 mail text, in combination or by itself, does not
22 constitute a telehealth service for the purposes of this
23 chapter."

1 SECTION 6. Statutory material to be repealed is
2 bracketed and stricken. New statutory material is
3 underscored.

4 SECTION 7. This Act shall take effect upon its
5 approval and be repealed on December 31, 2025.

6
7

Report Title:

Telephonic Telehealth Insurance Reimbursement

Description:

Conforms the State's law regarding telehealth to the medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed. (HD3 DRAFT)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



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**The State Legislature
House Committee on Finance
Thursday, February 23, 2023
Conference Room 308, 1:30 p.m.**

TO: The Honorable Kyle Yamashita, Chair
RE: Support for H.B. 907, HD 2 Relating to Telehealth

Aloha Chair Yamashita and Members of the Committees:

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 nearly 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 strongly supports H.B. 907 HD2** which clarifies that telehealth services provided by way an interactive telecommunications system including real time audio-only communication (telephone) be reimbursed, and respectfully **offers amendments** for your consideration.

AARP fights for issues that matter most to families such as healthcare, family caregiving and independent living and believes no one's possibilities should ever be limited by their age and seeks to find new solutions so that more people can live and age as they choose. Among these issues is access to meaningful healthcare coverage.

AARP believes that telehealth is an important tool that can help people access health care in new ways and can make it easier for family caregivers to care for their loved ones. More and more of our members, especially those aged 50-59, are using their mobile devices and tablets to access information about their health. The use of telehealth technologies (especially those that include family members in virtual visits with providers) has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient.

With the continued presence of COVID-19, many people are still reluctant to leave their homes for an in-person visit with their health provider. Some are not comfortable using telehealth even with access to a computer and internet connection, while a telephone remains the

preferred mode for communication for many especially kupuna. Therefore, it is critical that audio-only is recognized as a valid telehealth modality

AARP has been supporting this initiative along with local stakeholders/community partners such as the Hawaii Primary Care Association (HPCA), the Hawaii Psychological Association, the National Association of Social Workers, and others in the "Hui" who want to ensure patient access to audio-only mental health services while establishing reasonable restrictions on loss costs. We appreciate the recent negotiations that the Hawaii Primary Care Association have reached with HMSA and support the amendments agreed upon between the parties as reflected in HPCA's testimony for HB 907, HD2. Amendments highlights include:

- 1) 80% cap on reimbursement for mental health services provided through audio-only telehealth services
- 2) Easing the requirement for private insurers that exists in Medicare that an in-person visit take place at least 6-months prior to an initial audio-only mental health telehealth visit and 12-months prior to a subsequent visit by allowing an audio-visual mental health telehealth visit be substituted for the in-person visit;
- 3) Clarifying the definition of "interactive telecommunications system" to include "two-way, real-time audio-only communication

Thank you very much for the opportunity to testify in support of the agreement, as specified in the draft proposed by HPCA and urge the Committee to include the proposed amendments as House Draft 3.

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. López". The signature is written in a cursive, flowing style.

Keali'i S. López
State Director



American Cancer Society
Cancer Action Network
2370 Nuʻuanu Avenue
Honolulu, HI 96817
808.460.6109
www.fightcancer.org

House Committee on Finance
Representative Kyle Yamashita, Chair
Representative Lisa Kitagawa, Vice Chair

Date: Thursday, February 23, 2023

ACS CAN SUPPORTS HB 907 HD2 – RELATING TO TELEHEALTH.

Cynthia Au, Government Relations Director – Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to **SUPPORT** HB 907 HD2 – RELATING TO TELEHEALTH. American Cancer Society Cancer Action Network (ACS CAN) acknowledges the agreement between parties on this issue and confirm that the draft proposed by HPCA reflects this agreement. ACS CAN supports the agreement as specified in the draft proposed by HPCA and urges the Committee to approve the proposed draft as House Draft 3.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies that reduce death and suffering from cancer. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

ACS CAN recognizes that telehealth increases access to quality cancer care among populations that are underserved (e.g., residents of rural communities, individuals with limited income, patients with low health literacy, and people of color). It is especially important for access to healthcare services in rural areas or areas on the neighbor islands with limited broadband access. Audio only telehealth can also improve health equity.

A particular benefit of telehealth emerged during the coronavirus pandemic - cancer patients vulnerable to COVID-19 could conduct a video or audio visit with their providers from the safety of their home without risking additional exposure to the virus. The pandemic has demonstrated the importance of adaptable policies around telehealth that allow patients to reap the optimal benefits of telehealth.

ACS CAN, through the Survivor Views program, asked a cohort of cancer patients and survivors about their experience with and interest in telehealth. Overwhelming majorities of cancer patients and survivors who have had telehealth visits believed their issues and questions were well-addressed. 55% of respondents had a phone visit and 43% had a video visit with a telehealth provider about an issue related to their

cancer care that otherwise would have been an in-person office visit (not a prescription refill or appointment booking). In both cases, 94% said their issues and questions were addressed well.

Again, ACS CAN acknowledges the agreement between parties on this issue and confirm that the draft proposed by HPCA reflects this agreement. ACS CAN supports the agreement as specified in the draft proposed by HPCA and urges the Committee to approve the proposed draft as House Draft 3.

Thank you again for the opportunity to provide testimony in SUPPORT on this important matter. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.

2023 Hawaii Leadership Board

Lori McCarney, Chair
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*Lunalilo Home
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Commerce*

Caroline Witherspoon
*President
Becker Communications*

LJ R. Duenas
*Executive Director
Alzheimer's Association*

Testimony to the House Committee on Finance Thursday, February 23, 2023, 1:30 p.m. Hawaii State Capitol, Conference Room 308 and Videoconference

RE: House Bill No. 907 House Draft No. 2, RELATING TO TELEHEALTH

Chair Kyle Yamashita, Vice Chair Lisa Kitagawa, and Members of the Committee:

I am Ron Shimabuku, Director of Public Policy and Advocacy with the Alzheimer's Association. We are testifying in support of **House Bill No. 907 House Draft No. 2.**

The Alzheimer's Association was established to assist those facing Alzheimer's disease and other dementias by providing local support groups and educational resources while advancing crucial research and public policy initiatives.

Although the Alzheimer's Association has not taken an official position on telehealth for patients with dementia, we recognize the significance of access to healthcare services, most especially in rural areas and vulnerable populations. We also acknowledge that certain communities throughout the state have limited to no broadband access. Telehealth via telephonic means has been a mode of access to bridge this digital divide, allowing individuals with limited broadband to receive healthcare services.

Furthermore, through a coalition of local organizations that the Alzheimer's Association has participated in, we acknowledge the agreement reached between the lead stakeholders in this proposal, i.e. the Hawaii Primary Care Association (HPCA), and the Hawaii Medical Service Association (HMSA). It is our belief that this will assist with addressing access to healthcare services temporarily, and encourage further discussion on the need to resolve this issue permanently.

We respectfully urge your favorable consideration of this bill.

Thanks for the opportunity to testify. If you have questions, please contact me at 808.451.3410 or rkshimabuku@alz.org.

Mahalo,



Ron Shimabuku
Director, Public Policy and Advocacy
Alzheimer's Association – Hawaii

HB-907-HD-2

Submitted on: 2/21/2023 8:01:01 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Brenda Lovette, PsyD	Lokahi Consulting Group, Inc.	Support	Written Testimony Only

Comments:

As a psychologist working with individuals in their 70s and 80s, I find it very discriminatory toward these kupuna that telephonic mental health treatment could possibly be denied. These patients do not have computers in their homes and use phones that are incompatible with video conferencing. Since data inform us that telephonic treatment is as effective as in person sessions, I do not understand the reasoning behind discontinuing mental health access to those who prefer to use phones or must. I also have 2 middle aged patients who prefer phones over computer telehealth as personal preferences and due to poor computer/phone video capabilities from their residences. Research also tells us that those who are not economically capable of owning computers or having consistent wifi services will suffer access to mental health benefits if telephonic access is discontinued. If we are a state that cares for those who are suffering, elderly, or economically challenged, we will ensure that those patients have access to mental health services by phone. And especially, given that Hawai'i is called the "health state," it is imperative that we ensure access to mental health services by any means that is deemed by research to be effective for those in need to live up to our title.

HB-907-HD-2

Submitted on: 2/21/2023 10:01:16 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy Quick	HIAMFT	Support	Written Testimony Only

Comments:

2/22/23

Re: HB907

Mr. Kyle T. Yamashita, Finance Committee Chair

Ms. Lisa Kitagawa, Vice Chair

Members of the House Committee on Finance

I strongly support this bill. There currently is great need for additional professional mental health services in Hawaii,. This bill allows for people to use their medical insurance when speaking to a provider on the phone. The telephone is an important factor for marginalized people to receive help. People may live in places with no or poor internet reception or have no access to a computer at all. They may not have necessary skills to connect digitally with a therapist, especially if elderly or if English is not their first language.

Unaddressed mental health needs may result in lost time at work/unemployment, relationship challenges/divorce, domestic violence, child abuse, homelessness, alcohol and drug addiction, suicide, and other challenges. The cost to a society for unmet mental health needs cannot be adequately measured in dollars, which is considerable. We owe it to the citizens of Hawaii to reduce barriers to these services and allow for easy familiar access.

Thank you, S. Joy Quick, MA, LMFT, CSAC



February 21, 2023

House Representative Kyle Yamashita, Chair

House Representative Lisa Kitagawa, Vice Chair

Testimony to the House Committee on Finance

Thursday, February 23, 2023; 1:30 pm. State Capitol, Conf. Room 308 & via Videoconference

RE: House Bill 907 HD2 – RELATING TO TELEHEALTH

Aloha Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

On behalf of the Epilepsy Foundation of Hawaii (EFH), we urge your **SUPPORT** of House Bill 907 HD2, RELATING TO TELEHEALTH.

The Epilepsy Foundation of Hawaii is an independent 501(c)(3) non-profit organization whose mission is to advocate and provide services for the almost 14,000 individuals living with epilepsy throughout Hawaii, along with their caregivers and community. Collectively, we foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition characterized by seizures, which are sudden surges of electrical activity in the brain, that affects a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy, and approximately 1 in 10 people will experience a seizure, at some point in their lifetime.

Telehealth services can prove extremely significant in supporting healthcare in persons with epilepsy, particularly for their role in facilitating the interactive exchange of information between patients and physicians. We want to ensure accessibility and equity for all patients especially those in vulnerable and difficult to reach populations with limited access to broadband. Telehealth via telephonic serves to increase access and decrease barriers to address the needs of individuals and populations with limited broadband to receive healthcare.

As such, through active participation in a coalition of non-profit organizations, the Epilepsy Foundation of Hawaii acknowledges and supports the tentative agreement reached between the Hawaii Primary Care Association and the Hawaii Medical Service Association. We firmly believe this is a step in the right direction to bridge the gap in access to healthcare services and we look forward to supporting this conversation.

On behalf of the Epilepsy Foundation of Hawaii and our Board of Directors, we humbly thank you for the opportunity to testify and urge your support for House Bill 907 SD2.

Mahalo nui loa,

A handwritten signature in blue ink that reads "Naomi Manuel".

Naomi Manuel

Executive Director

Epilepsy Foundation of Hawaii

Our mission is to lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives. **Please learn more about our advocacy work at epilepsy.com/advocacy.**

Thursday, February 23, 2023, at 1:30 PM
Via Video Conference; Conference Room 308

House Committee on Finance

To: Representative Kyle Yamashita, Chair
Representative Lisa Kitagawa, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of HB 907, HD2
Relating to Telehealth**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of HB 907, HD2 which clarifies that telehealth services provided by way of an interactive telecommunications system be reimbursed, conforming State law on telehealth to the Medicare standards, and specifies that "interactive telecommunications system" includes two-way real-time audio-only communication.

Since 1999, the use and expansion of telehealth services and technology in Hawaii has been recognized as a strategy to increase patient access to healthcare by overcoming the geographic challenges across our state. Many of Hawaii's geographically access challenged patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally designated health professional shortage areas. Elderly, as well as medically- and socially complex patients often face transportation barriers, limited broadband access and personal difficulty navigating the technological requirements of accessing traditional video telehealth care services. In these instances, telephonic communication becomes a viable alternative for many in these communities to overcome barriers enabling them to access healthcare remotely.

HPH supports the development of a provider reimbursement system that also incorporates reimbursement for telephonic services. We have experienced challenges with our patients accessing acute care services (limited means to travel, poor or absent internet coverage, residence remote from care providers, infirm with limited mobility, immune compromise in the age of COVID, etc.) across our system. As a related example, within HPH charges for telephonic services represent 12-15% of total charges for remote physician to patient acute care service charges indicating a need for telephonic services as an alternative care modality. In the absence of telephonic services being provided or available, these at-risk individuals would have had to resort to travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether. Therefore, we foster a telehealth environment in Hawaii that allows both patients today the ability to access behavioral health

services remotely without unnecessarily foreclosing future opportunities to develop alternative reimbursement structures for other remote access modalities to flourish.

Thank you for the opportunity to testify.

COMMITTEE ON FINANCE
Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice Chair

February 23, 2023 1:30 P.M. - VIA VIDEO CONFERENCE – Rm 308

Testimony in Strong Support on HB907 HD2 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawaii (NASW- HI) strongly supports this measure, which incorporates the definition of “interactive telecommunications system” from the federal telehealth regulations adopted by the Centers for Medicare and Medicaid Studies for audio-only mental health treatment.

Under Title 42 Code of Federal Regulations section 410.78:

“Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” [Underlining added.]

As we pivoted to a socially distant way of life over the last few years, we’ve come to appreciate the breadth and utility of telehealth services. However, several members of our community are unable to avail themselves of these services because they may not live in an area equipped with broadband coverage; or they may lack the resources to purchase a smartphone, tablet, or computer; or they are elderly or disabled and cannot operate equipment that require technological know-how or manual dexterity.

COMPROMISE DRAFT:

Our organization agrees to and supports the compromise draft presented in the testimony given by the Hawaii Primary Care Association; and encourages this committee to pass this agreed upon language out in an HD3. We believe this agreement may be the best chance Hawaii currently has to advance access and utilization of much-needed mental health services through telephonic telehealth.

RESEARCH:

This bill removes barriers to access for so many disenfranchised members of our society who do not use the video technology required for telehealth. Recent studies have indicated that several vulnerable populations prefer audio-only treatments; and that expanding coverage in this way will meet the needs of the elderly, disabled, low-income, disenfranchised racial, ethnic, and linguistic groups, and many others who may simply utilize and respond better to telephonic treatment. On this access matter, the Dept. of Health and Human Services recently issued policy brief (entitled “National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services”), reporting that:

*“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video-enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage.** In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency.** In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.**”*

Likewise, the research indicates strong efficacy of Audio-only treatment. It is well-established in the research that behavioral health services administered over the telephone is not only as effective, but **sometimes more effective than face-to-face therapy**. For example, in one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: **“telephone-administered psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.”**

In a 2006 study published in the *British Medical Journal* entitled *“Telephone administered cognitive behaviour therapy for treatment of obsessive compulsive disorder: randomized controlled non-inferiority trial,”* researchers concluded **“[t]he clinical outcome of cognitive behaviour therapy delivered by telephone was equivalent to treatment delivered face to face and similar levels of satisfaction were reported.”**

Further, in the *Journal of Neurotrauma* 32:45-57 (January 1, 2015), researchers concluded that **“In-person and telephone-administered CBT [Cognitive Behavioral Therapy] are acceptable and feasible in persons with TBI [Traumatic Brain Injury] . . . [T]elephone CBT holds particular promise for enhancing access and adherence to effective depression treatment.”**

In another study published in *American Journal for Geriatric Psychiatry* in 2012, entitled *“A Randomized Controlled Trial of Telephone-Delivered Cognitive-Behavioral Therapy for Late-Life Anxiety Disorders,”* doctors used audio-only therapy and concluded **“These results suggest that CBT-T [cognitive behavioral therapy delivered by telephone] may be efficacious in reducing anxiety and worry in older adults.”**

In 2011, the American Psychological Association’s *Journal, Professional Psychology: Research & Practice* Vol. 42, no. 6, 543-549, published a study entitled *“Benefit and Challenges of Conducting Psychotherapy by Telephone”* concluded that with audio-only therapies: **“Results of randomized, controlled trials indicate high client acceptance and positive outcomes with this method of delivering psychotherapy.”**

THE FEDERAL APPROACH ASSURES BEST PRACTICES:

By “following the feds,” and using CMS’s definition to help administer telephonic telehealth in Hawaii, NASW- Hawaii believes we can ensure best practices will be followed. If it’s good enough for Medicare and Medicaid, it is good enough for private plans.

Accordingly, we support any amendments state agencies deem necessary to assure this bill’s language is clear, unambiguous, consistent with the legislative purpose of expanding audio-only access, and avoids conflicts of law.

There is such great demand and such a limited supply of providers, we want to enable and bolster all the methods that can be employed in addressing Hawaii’s mental health needs. We therefore strongly support this proposal as it improves access to quality mental health services – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Thank you for the opportunity to provide this testimony in support.

Sincerely,

 MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawaii Chapter



ALOHACARE

To: The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Thursday, February 23, 2023, 1:30pm

RE: **HB907 HD2 Relating to Telehealth**

AlohaCare appreciates the opportunity to provide testimony in **support of HB907 HD2 with comments**. This measure will clarify that reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact while also defining interactive telecommunications system to have the same meaning as defined in title 42 Code of Federal Regulations section 410.78 Telehealth services.

Founded in 1994 by Hawai`i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai`i's only health plan exclusively dedicated to serving 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.

AlohaCare is committed to improving access to care. This measure provides another way for our members and residents across our State to access mental health care more easily, consistent with requirements provided under the Medicare program. We understand the value of audio-only mental health services especially for patients who are not always able to or comfortable with using video technology.

We offer the following comments. Consistent with 42 CFR section 410.78, we underscore the importance of proper medical records and claims documentation for providing the appropriate location of service modifier designated by the Centers for Medicare and Medicaid Services. This information helps to verify that the services have in fact been provided and that the conditions for audio-only telehealth services have been met. We also want to highlight the intermittent frequency of face-to-face visits required under 42 CFR section 410.78 providing for audio-only services. While the legislation references 42 CFR section 410.78, we would ask that you consider adding these provisions of the regulations into this measure to ensure important guardrails are in place.

HB907 HD2 will increase access to mental health services for our members and Hawai`i residents broadly, and adding these provisions will ensure important safeguards for quality care.

Mahalo for this opportunity to testify in **support of HB907 HD2 with comments**.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org



February 23, 2023

The Kyle Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

Re: HB 907 HD2– Relating to Telehealth

Dear Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 907 HD2, which authorizes reimbursement of telehealth services provided by way of an interactive telecommunications system.

HMSA supports the intent of this legislation and has been working diligently on a compromise version of the bill with community health care providers since the bill was heard in the House Health and Homelessness Committee to ensure appropriate access. Copies of the compromise language were also shared with the Consumer Protection and Commerce Committee but in too short notice for any changes to be made.

The amendments noted below have been agreed to already and we respectfully request your consideration of amending the bill to reflect these changes that we have worked on together:

Page 5, Section 3, line 9: Section 431:10A-116.3, Hawaii Revised Statutes, subsection (c),
Page 8, Section 4, line 8: Section 432:1-601.5, Hawaii Revised Statutes, subsection (c), and
Page 11, Section 5, line 4: Section 432D-23.5, Hawaii Revised Statutes, subsection (c) will be amended to say:

Reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; provided that for two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home shall be paid at 80% of the same services provided via face-to-face contact between a health care provider and a patient; provided further that the health care provider has conducted an in-person or telehealth visit with the patient no longer than six months prior to the audio-only service and at least twelve months prior to any subsequent audio-only visit. 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.

Page 14, Section 7, line 3: is amended by adding: “*This Act shall take effect upon its approval and be repealed on December 31, 2025.*”

Thank you for the opportunity to provide comments on HB907 HD2.



Sincerely,

A handwritten signature in black ink, which appears to read 'Jennifer Diesman'. The signature is written in a cursive, flowing style.

Jennifer A. Diesman
Senior Vice President
Government Policy and Advocacy

HB-907-HD-2

Submitted on: 2/22/2023 1:27:28 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Alan R. Spector, LCSW	Alan R. Spector, LCSW, Psychotherapy	Support	Written Testimony Only

Comments:

Aloha -

I am a Licensed Clinical Social Worker in private mental health practice and writing in SUPPORT of this bill. The Covid Pandemic has caused a significant increase in the demand for mental health treatment services. Despite lockdown and ongoing health risks, we were able to continue to safely provide treatment via video telehealth.

Unfortunately some clients either lack adequate internet broadband service and/or lack a computer and/or lack the computer literacy skills needed to engage in a video session. For such clients, an audio-only session is their lifeline and only access to mental health care. Currently Medicare and Medicaid allow audio-only sessions.

Mahalo

Alan R. Spector, LCSW

Kaneohe



The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)

We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON FINANCE
Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice Chair

February 23, 2023 1:30 P.M. - VIA VIDEO CONFERENCE – Rm 308

Testimony in STRONG SUPPORT of HB907 HD2 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB907 HD2, which promises an overall improvement and increased access to quality mental health services by incorporating the federal Centers for Medicare and Medicaid Services definition of “interactive telecommunications system” to allow:

“services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, [where] interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology . . .”

HIAMFT believes this language achieves a well-reasoned balance based on robust research, analysis, and deliberation on audio-only telehealth conducted at a federal level.

COMPROMISE DRAFT:

Our organization agrees to and supports the compromise draft presented in the testimony given by the Hawaii Primary Care Association; and encourages this committee to pass this agreed upon language out in an HD3. We believe this agreement may be the best chance Hawaii currently has to advance access and utilization of critical treatment through audio-only telehealth.

RESEARCH SHOWS AUDIO-ONLY WORKS

HIAMFT also appreciates the clinical outcomes achieved by audio-only mental health treatment through “talk therapy”, such as frequently provided by Marriage and Family Therapists. Not only does audio-only talk therapy help our patients just as effectively, (and sometimes more effectively) than in-person or video meetings, the telephonic services allowed in this proposal will increase access to and utilization by several marginalized and/or remote populations who otherwise would not seek or be able to maintain service. In one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: **“telephone- administered psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.”**

In a 2006 study published in the *British Medical Journal* entitled “*Telephone administered cognitive behaviour therapy for treatment of obsessive compulsive disorder: randomized controlled non-inferiority trial*,” researchers concluded **“[t]he clinical outcome of cognitive behaviour therapy delivered by telephone was equivalent to treatment delivered face to face and similar levels of satisfaction were reported.”**

Further, in the *Journal of Neurotrauma* 32:45-57 (January 1, 2015), researchers concluded that **“In-person and telephone-administered CBT [Cognitive Behavioral Therapy] are acceptable and feasible in persons with TBI [Traumatic Brain Injury] . . . [T]elephone CBT holds particular promise for enhancing access and adherence to effective depression treatment.”**

Phone: (808) 291-5321 Email: hawaiianislandsmfts@gmail.com Address: PO Box 698 Honolulu, HI 96709 Website: www.hawaiimft.org Social Media: FB - @mfthawaii, IG - @hawaiimft

In another study published in American Journal for Geriatric Psychiatry in 2012, entitled “A Randomized Controlled Trial of Telephone-Delivered Cognitive-Behavioral Therapy for Late-Life Anxiety Disorders,” doctors used audio-only therapy and concluded **“These results suggest that CBT-T [cognitive behavioral therapy delivered by telephone] may be efficacious in reducing anxiety and worry in older adults.”**

In 2011, the American Psychological Association’s Journal, Professional Psychology: Research & Practice Vol. 42, no. 6, 543-549, published a study entitled “Benefit and Challenges of Conducting Psychotherapy by Telephone” concluded that with audio-only therapies: **“Results of randomized, controlled trials indicate high client acceptance and positive outcomes with this method of delivering psychotherapy.”**

“TELEHEALTH” INNOVATION SHOULD NOT FORFEIT ACCES TO THOSE INCAPABLE OF USING THIS TECHNOLOGY

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. However, as much as we need to embrace change, we should not turn our back on old reliable tools for meeting our most vulnerable where they are. Across the country multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

As is confirmed by recent research, telephonic service is critical to improving access to several **vulnerable groups of patients: (1) the elderly; (2) low-income; (3) mobility- challenged; (4) limited English proficient; and (5) rural residents.** The disparities evident between the patients who use audio-only/telephone calls vs. the video-conferencing technologies of telehealth – during the pandemic - has been thoroughly researched and recognized by DHHS. The DHHS policy brief (entitled [“National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services”](#)) reported:

“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video- enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage.** In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency.** In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.”**

FOLLOWING THE FEDS ASSURES BEST PRACTICES:

HIAMFT believes if we “follow the feds,” we benefit from the research and deliberations determined by CMS to be best practices; and incorporate these best practices in Hawaii’s private insurance plans. If it’s good enough for Medicare and Medicaid, it is good enough for private insurance. We therefore support any amendment executive agencies request to ensure this proposal is unambiguous and consistent with federal law.

Nevertheless, we believe audio-only treatment is a critical measure in reaching vulnerable groups who do not have access to digital telehealth, either because they: lack of the financial means to obtain the necessary equipment or broad band service; live in rural and remote areas; do not have an adequate command of the English language to navigate the online platforms; or maybe because they are uncomfortable using high technology.

Thank you for the opportunity to testify in STRONG SUPPORT on this critical access to care legislation.

Sincerely,



Dr. John Souza, Jr., LMFT, DMFT, President
The Hawaiian Islands Association for Marriage and Family Therapy

HB-907-HD-2

Submitted on: 2/21/2023 12:38:20 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Cards Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cards Pintor

HB-907-HD-2

Submitted on: 2/21/2023 6:45:17 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia Carlton-Jarmon	Individual	Support	Written Testimony Only

Comments:

Thank you for accepting my testimony supporting the passing of HB907 HD2 for Audio Only Tele-Mental Health Treatment. My name is Cynthia Carlton-Jarmon. I am a Marriage and Family Therapist and a Veteran, retiring from the United States Army.

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for considering passing HB907-Audio-Only Tele-Mental Health Treatment.

Mahalo,

Cynthia Carlton-Jarmon, MFT, Ret/USArmy

HB-907-HD-2

Submitted on: 2/21/2023 9:56:22 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Doug Fitch Schwartzsmith	Individual	Support	Written Testimony Only

Comments:

Re HB 907, Audio-Only Tele-Mental-Health Treatment

Dear Representatives, I am a licensed clinical psychologist in Hawai'i. I urge you to vote in favor of HB 907 to allow audio only tele mental health services. Many of my clients do not have access to a computer, a cellphone with adequate coverage, or cannot operate such systems. In addition, most HIPAA-secure video platforms remain fraught with performance problems. Sometimes I have to call clients to resume a session that was disconnected or wouldn't work at all.

Removing audio-only contact will adversely effect the poor, disabled, elderly, and outer island clients in particular. These are the people that often are the most in need of services .

Thank you and vote with your heart.

Doug Schwartzsmith PsyD

HB-907-HD-2

Submitted on: 2/22/2023 9:45:47 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Danni Sutana Gardner	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

MORE BACKGROUND:

After reviewing patient utilization and outcomes of telehealth during the pandemic, the US Department of Health and Human Services -Assistant Secretary for Planning & Evaluation Office of Health Policy issued [policy brief](#) on February 2, 2022 concluding that *“telehealth usage was similar across demographic groups, but white people, young adults, people earning at least \$100,000 and the privately insured were most likely to use video services.”* Meanwhile, *“people of color, people with lower incomes, adults without a high school degree and seniors skewed toward using audio-only services.”* Other [research](#) reached similar conclusions: *"Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable*

populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases."

Kevin L. Johnson, Ko Olina, Hawai'i

**The State Legislature
House Committee on Finance
Thursday, February 23, 2023, Conference Room 308, 1:30 p.m.**

TO: The Honorable Kyle T. Yamashita, Chair
RE: Support for HB907, HD2

Thank-you for this opportunity to offer my full throated **support of HB 907, HD2**. I testify today, as a former healthcare practitioner and a current patient but most importantly as a citizen with a belief that everyone deserves access to comprehensive healthcare.

Much of my time as a pharmacist, was spent on the telephone, counseling patients. We often delivered or mailed prescriptions to shut-ins and we had to use telecommunication to provide counseling and answer their questions. When I started, in 1979, we of course accomplished this with no face-time or zoom.

I have a chronic condition that while relatively minor, does require annual labs and monitoring to maintain control. Along with these tests comes a visit with my physician to discuss the test results and address plans going forward. Nothing about my condition is visually apparent. It only makes sense that this visit could be done over the phone and nothing about that makes it any less of my physician's practice than if I was physically or visually present.

Many Hawai'i residents do not have adequate broadband service. There are also many who may have the service but are unable to use it. During the pandemic, we learned newer communication methods are not adequate to reach everyone. Logging into the internet to report an illness, receive care or get a vaccination was simply a non-starter for countless folks. Requiring face-to-face communication for these people relegates them to second-class patients in the healthcare system.

In order for all Hawai'i citizens to have equal access to the highest quality of healthcare, I would ask you to compassionately **support HB 907, HD2**.

Sincerely,

Kevin L. Johnson

TO THE HOUSE OF REPRESENTATIVES
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

COMMITTEE ON FINANCE
Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice Chair

DATE: Thursday, February 23, 2023
TIME: 1:30 p.m.

PLACE: VIA VIDEOCONFERENCE
Conference Room 308
State Capitol 415 South Beretania Street

BILL No. HB907 HD2
RELATING TO TELEHEALTH

POSITION: STRONG SUPPORT

The continued presence of COVID-19 creates reluctance in the community particularly among seniors to leave their homes for an in-person visit with their health provider, PCP (Primary Care Physician). In addition, many within the senior population are not comfortable using telehealth, lack the digital literacy to use such services, or do not have access to a computer and internet connection.

Yet, there are instances where persons that do have access to a computer but lack sufficient broadband speeds which hinder CMS (Center for Medicare and Medicaid Services) service reimbursement to FQHCs (Federally Qualified Healthcare Centers) and other medical service providers ships because of the slow internet speeds that do not comply with federal law. Other factors may include but are not limited to a lack of reliable transportation for office visits or not having access or not qualifying for federal programs such as the non-emergency medical transport program funded by CMS.

This situation mostly affects hard-to-reach rural communities but also the urban space as well. Though there are plans for broadband expansion, funding, educational outreach, and other points not mentioned regarding robust, high-speed broadband access and digital literacy; the utilization of the telephone remains the preferred mode of communication for many of our kupunas. Therefore, it is critical that audio-only is recognized as a valid telehealth modality. I support the intent of HB907 HD2 -and hope that this committee will consider including compromise language suggested from the Hawaii Primary Care Association (HPCA). HPS's support of HB907 and its intent is based upon CMS's Medicare Telemedicine Health Care March 17, 2020, Provider Fact Sheet,

Source: <https://www.cms.gov/newsroom/press-releases/medicare-telemedicine-health-care-provider-fact-sheet>

In the 2020 study, CMS states the following:

"During the pandemic, audio-only telehealth became crucial to health care access."

Accompanying the study provided was a survey conducted by the United States Department of Health and Human Services which concluded:

"Patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits."

The passage of HB907 HD2 will reduce barriers to care and enable patients to continue to see their providers, even in times of hardship. I understand the concern the insurance providers have as to the efficacy of audio-only services. Other testimony cited academic peer-reviewed articles including the National Institutes of Health National Center for Biotechnology Information, the National Library of Medicine, and others - having gone through academic rigor and security to be published.

Insurers who are apprehensive about the use of audio-only services and claim that the service lacks efficacy must be able to provide studies within respected peer-reviewed academic journals that refute the evidence to the contrary from prestigious research institutions. They should be able to prove why it's more important to require treatment be in-person or include visuals than it is to allow patients the choice to decide what works best for them. Patients should have a choice, as expressed by consumer supporters of HB907 HD2, such as the Association of American Retired Persons (AARP).

In summation, it is my recommendation that bill HB907 HD2 be passed out of this committee with appropriate amendments in keeping with the introducer's intent. The passage of this bill will increase the standard of living for many in Hawaii and increase prevention measures. Thank you for the opportunity to submit my testimony.

Mahalo,

Ken Farm



To: Committee on Finance

Hearing Date/Time: Thursday February 23, 2023 1:30 PM

Re: Testimony in Support of HB 907

From: Heather Lusk, Hawaii Health and Harm Reduction Center

Dear Chair Yamashita, Vice Chair Kitigawa and Members of the Committee:

The Hawaii Health & Harm Reduction Center (HHHRC) supports HB 907 which authorizes reimbursement of telehealth services that are conducted through an interactive telecommunications system.

HHHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities.

HHHRC's clients are often unhoused, struggling with chronic physical and behavioral health issues and have challenges with transportation and while video telehealth is preferred, there are times when a telephonic session is all the client has the capacity to do and this bill would allow us to seek reimbursement for these services through insurance instead of having to use unrestricted funds. We very much appreciate your consideration of this measure.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

HB-907-HD-2

Submitted on: 2/22/2023 4:53:55 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Haunani Iao	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

If some patients can receive therapy through the telephone, there is hope they'll receive any treatment at all.

The Federal Department of Health and Human Services surveyed the research during the pandemic and concluded that patients who are elderly, on Medicaid, mobility-challenged, non-English speaking, and/or having limited internet access are more likely to use audio-only services than video visits.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

Mahalo nui,

Dr. Haunani Iao

HB-907-HD-2

Submitted on: 2/22/2023 5:38:11 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel Lehn	Individual	Support	Written Testimony Only

Comments:

I support the passage of HB 907.

HB-907-HD-2

Submitted on: 2/22/2023 6:31:31 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Taylor Hoepner	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am in support of HB907 to for Audio-Only Tele-Mental Health Treatment and respectfully ask this committee to pass this bill.

Through the pandemic, patients and physicians alike have embraced telehealth technology to increase access effectively and broadly to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment or would otherwise forego treatment altogether.

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Thank you for this opportunity to support this critical access bill.

Taylor Hoepner

HB-907-HD-2

Submitted on: 2/22/2023 7:33:55 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Mayumi Coloma	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

Mayumi Coloma, LCSW

HB-907-HD-2

Submitted on: 2/22/2023 11:22:42 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Hitomi "Mimi" Demura-Devore	Individual	Support	Written Testimony Only

Comments:

I am writing my testimony in support of HB907 HD2.

I have been providing psychotherapy as a Licensed Clinical Social Worker since 2015. I work with many seniors and people with disabilities who are on Medicare. Some of my clients are not able to use advanced technologies due to lack of internet connection and/or limited understanding of how to use a computer and the platforms for telehealth. Without an option to use audio-only tele-mental health, these clients would not have continued their therapy or started therapy to receive necessary service and care.

Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities. I'd like to be able to continue providing care for my clients who are part of the most vulnerable communities, therefore, I support this bill.

Thank you for this opportunity to express my opinion.

I am a private practice provider that has been working consistently in Hilo since 2000. Upon the onset of the pandemic, I became overloaded with returning clients, as well as new referrals, who needed support. However, living on a large rural island with little technological infrastructure became a huge barrier to access of services. Audio-only continues to be a large percentage of my practice. Please take this into consideration because it is definitely the poor and elderly most affected.

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities.

Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 2/23/2023 9:10:35 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Desiree U'ILANI Kiaha	Individual	Support	Written Testimony Only

Comments:

Aloha,

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Thank you for this opportunity to support this critical access bill.

Me ka ha'aha'a,

D. U'ilani Kiaha

MORE BACKGROUND INFO::

After reviewing patient utilization and outcomes of telehealth during the pandemic, the US Department of Health and Human Services -Assistant Secretary for Planning & Evaluation Office of Health Policy issued [policy brief](#) on February 2, 2022 concluding that “*telehealth usage was similar across demographic groups, but white people, young adults, people earning at least \$100,000 and the privately insured were most likely to use video services.*” Meanwhile, “*people of color, people with lower incomes, adults without a high school degree and seniors skewed toward using audio-only services.*” Other [research](#) reached similar conclusions: “*Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases.*”

There has been significant other research on access, utilization, and effectiveness of audio-only therapies - [click here](#) for abstracts and citations for the extensive evidence of this.

Other vehicles to watch:

SB1038

- https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1038&year=2023

SB684

- https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=684&year=2023

VIDEOS

Here is a [video](#) of some of the key testimony from HB907.

And here are some video testimonials from prominent mental health professionals on why Audio-only Telephonic Telehealth is so necessary and needed in Hawaii - explaining why this is critical as a matter of clinical effectiveness; patient choice, compliance, & financial means; and access – particularly in low broadband and rural areas for mental health.

[Richard Ries](#)

[Amanda Hess](#)

[Mitch Berman](#)

HB-907-HD-2

Submitted on: 2/23/2023 9:31:12 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Diane Logan	Individual	Support	Written Testimony Only

Comments:

Aloha,

As a clinical psychologist specializing in substance use disorders on Hawaii Island, I am acutely aware of the limited provider availability to serve the state and especially the county of Hawaii. Many of my most vulnerable patients do not have access to stable high speed internet or reliable transportation to ensure the continuity of video sessions.

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits.

If some patients can receive therapy through the telephone, there is hope they'll receive any treatment at all.

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Thank you for this opportunity to support this critical access bill.

HB-907-HD-2

Submitted on: 2/23/2023 10:21:11 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Teri Holter	New Waves Wellness Center, Inc.	Support	Written Testimony Only

Comments:

Due to disabilities, including vulnerability to poor Covid outcomes, I have a number of clients who will be unable to continue receiving psychotherapeutic support unless telephonic services continue to be covered by insurance.

I have additional clients whose poor reception can cause disruption of our usual video teletherapy sessions, causing us to then complete sessions via phone.

In spite of encouraging clients who are eligible for broadband assistance to apply, there are still numerous problems with inadequate infrastructure, given the poor coverage of rural locations.

I now work with clients on all islands and can testify that these problems occur on all outer islands.

Please ensure Hawaii's most poor, vulnerable and disabled clients do not lose the services they greatly need.

Mahalo,

Teri Holter, LCSW, DCSW, SEP

HB-907-HD-2

Submitted on: 2/23/2023 10:35:52 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Meghan Walles	Individual	Support	Written Testimony Only

Comments:

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HB-907-HD-2

Submitted on: 2/23/2023 11:08:09 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Anthony Caliano	Individual	Support	Written Testimony Only

Comments:

Members of the Finance Committee,

Telehealth has served as a lifeline during the pandemic for health services of all disciplines, and I have utilized this mode of medicine on more than one occasion.

This bill focuses on audio only, which is something I find very necessary in Hawaii, where geography and infrastructure--especially on the outer islands renders it maybe the only feasible option for many to access mental health services.

I also think patients and providers should have the liberty to determine the best form of delivery for their mental health services and have the right to choose the telephone.

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HB-907-HD-2

Submitted on: 2/23/2023 12:35:51 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Deborah L Scott	Deborah Scott, LCSW	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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Deborah Scott, LCSW

HB-907-HD-2

Submitted on: 2/23/2023 1:18:07 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy Tanimura Winquist	Individual	Support	Written Testimony Only

Comments:

Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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