



EXECUTIVE CHAMBERS

HONOLULU

NEIL ABERCROMBIE
GOVERNOR

HOUSE COMMITTEE ON HEALTH
The Hon. Della Au Belatti, Chair
The Hon. Dee Morikawa, Vice Chair
January 31, 2014, 8:30 a.m., Room 329

Support: HOUSE BILL 2411, RELATING TO TELEHEALTH

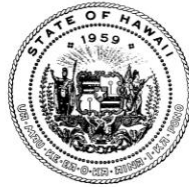
Presented by Beth Giesting, Healthcare Transformation Coordinator, Office of the Governor

Thank you for the opportunity to support HB 2411, Relating to Telehealth. We thoroughly agree with the premise that effective use of telehealth is essential to improve access to care in Hawaii, where our island geography presents us with unique challenges. We also endorse HB 2411's approach to clarify the practice of telehealth, ensure equitable payment, and continue to build the infrastructure that will support its use.

We note, however, that health care delivery and payment models are changing quickly, as is the technology that can support it. We expect that the regulations governing telehealth will also need to evolve and look forward to supporting your future work to legislate progressive policy in this area.

Thank you for the opportunity to support his measure.

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



GARY GILL
ACTING DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH
HB2411, RELATING TO TELEHEALTH.

LATE

Testimony of Gary Gill
Acting Director of Health

January 31, 2014
8:30 AM

1 **Department's Position:** Support.

2 **Fiscal Implications:** Unknown.

3 **Purpose and Justification:** The purpose of this measure is to establish parity for reimbursement
4 between qualified telehealth services and face-to-face healthcare encounters.

5

6 The Department of Health defers on any fiscal implications to the General Fund and to comments
7 submitted by the Department of Human Services as it impacts Med-QUEST reimbursement policies,
8 including the requirement to seek federal approval.

9

10 From a public health perspective, DOH contends that telehealth reimbursement parity will help
11 ameliorate healthcare access issues in rural and underserved areas. Overall cost-effectiveness and
12 improved health outcomes are likely to be achieved with enactment of this measure.

13

14 Thank you for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

January 31, 2014

TO: The Honorable Della Au Belatti, Chair
House Committee on Health

FROM: Patricia McManaman, Director

SUBJECT: **H.B. 2411 - RELATING TO TELEHEALTH**

Hearing: Friday, January 31, 2014; 8:30 a.m.
Conference Room 329, State Capitol

PURPOSE: The purpose of this bill is to require reimbursement for telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient, clarifies what health care providers are able to perform telehealth, and amends references to telemedicine to telehealth for consistency.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) provides comments for consideration.

The Med-QUEST Division (MQD) supports evidence-based telehealth to expand access to quality healthcare. The MQD does cover telehealth psychiatric services and currently does provide for equivalent reimbursement for a face-to-face visit. However, we currently do have a requirement that the provider is required to have had at least one actual face-to-face visit prior to initiating telehealth visits.

The MQD does not support paying the same for disparate services. Payment typically follows Current Procedural Terminology methodology and is based on history, physical, and decision making. More comprehensive physical examinations can be performed in person. When a physical examination is not performed, the visit may be shorter in duration, and the provider may not be fully informed to develop a treatment plan.

In addition, while we believe that telehealth can be another tool to be utilized by healthcare professionals, we have concerns that codifying how reimbursement is to be made for services could impact the Medicaid program. The MQD must obtain approval from the federal government for all services provided through the Medicaid program, including reimbursement rates. Should the State mandate a reimbursement methodology that is not approved by the Centers for Medicare and Medicaid Services, it will result in the MQD having to provide and fund those services with 100% State funds.

Thank you for the opportunity to testify on this measure.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
January 31, 2014

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committee:


SUBJECT: HB 2411 – Relating to Telehealth

The State Council on Developmental Disabilities **SUPPORTS HB 2411**. The purpose of this bill is to: (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers, such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists; and (3) Amend references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" for consistency.

The DD Council would like to highlight the second purpose noted within the bill, which is to clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers, such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. The DD Council is responsible for the development and implementation of a Five-Year State Plan. Our current State Plan (FY 2012-2016) includes an Objective, "Address all medical gaps in services, as indicated within the Individualized Service Plan by September 30, 2016." An activity to address the objective is to pursue statewide telemedicine opportunities. This bill would assist in the delivery of enhanced statewide health care services, increase access to services, and provide timely information to patients and health care providers.

Thank you for the opportunity to offer our **support of HB 2411**.

Sincerely,


Waynette K.Y. Cabral, MSW
Executive Administrator


J. Curtis Tyler III
Chair



Friday – January 31, 2014 – 8:30am
Conference Room 329

The House Committee on Health

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB 2411 — Relating to Telehealth

The Healthcare Association of Hawaii (HAH) is a 116 member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to testify in support of HB2411, which would (1) require reimbursement for telehealth services to be equivalent to reimbursement for the same medical services provided in person; and (2) include primary care providers, mental health providers, oral health providers, advanced practice registered nurses, psychologists, and dentists as eligible telehealth providers.

HB 2411 would modernize the practice of medicine in Hawaii by promoting telehealth—which is used effectively and extensively throughout the county—by requiring coverage for telehealth services. Telehealth is vitally important to a state like Hawaii, where many segments of the population face challenges in accessing quality health care due to geography. HB 2411 would allow residents on the neighbor islands and in rural areas to access essential services that are readily available to patients in Honolulu. HAH supports HB 2411, which would improve the quality of healthcare—and quality of life—for patients throughout the state through the expanded use of telehealth.

Thank you for the opportunity to testify in support of HB 2411.



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N
Quality Healthcare For All

**House Committee on Health
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair**

Friday, January 31, 2014
Conference Room 329
8:30 a.m.
Hawaii State Capitol

Testimony Supporting House Bill 2411, Telehealth; Insurance; Healthcare Providers; Reimbursement. Requires reimbursement for services provided via face-to-face contact between a health care provider and a patient. Clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists and dentists. Amends references to “telemedicine” in the Hawaii Revised Statutes to “telehealth” for consistency.

Alice M. Hall
Acting President and Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony in support of HB 2411.

Telehealth has proven to be an outstanding technique and tool for healthcare providers and patients/families to collaborate on healthcare and educational information to improve the health of our island communities. Its technologies enable our facilities to connect among those within and outside the system.

We appreciate the Committee’s focus on improving healthcare for our island communities. Thank you for the opportunity to testify before this committee. We respectfully recommend the Committee's support of this measure.

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www.hhsc.org <<http://www.hhsc.org>>



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Friday, January 31, 2014
TIME: 8:30 AM
PLACE: Conference Room 329

TO:
COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

FROM: Hawaii Medical Association
Dr. Walton Shim, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ron Keinitz, DO, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

RE: HB 2411 RELATING TO TELEHEALTH

Position: Support

This measure requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. This measure amends references to "telemedicine" in the Hawaii Revised Statutes to "telehealth" for consistency.

HMA supports this measure on behalf of our neighbor island patients who rely on telehealth to maintain a regular relationship with their treating physician. Telehealth can be an important tool if used properly. HMA advises that a previous face-to-face consultation between the patient and the provider take place before a telehealth relationship is used to care for the patient.

The HMA also strongly supports provider to provider consultation via telehealth. Provider to provider consultation is very important for patients that see providers on more than one island and can be extremely helpful in an emergency medical situation.

Thank you for introducing this bill and for the opportunity to provide testimony.

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**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Friday, January 31, 2014
8:30 a.m.

TESTIMONY ON HOUSE BILL NO. 2411, RELATING TO TELEHEALTH.

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am one of the Executive Officers of the Hawaii Medical Board ("Board"). In the past, the Board has discussed amending references to "telemedicine" in Chapter 453, Hawaii Revised Statutes, to "telehealth" for consistency. Therefore, it agrees with these changes.

The Board has not had an opportunity to review this bill, but will be discussing it at the next meeting on February 13, 2014. As such, we are not able to offer comments on other amendments at this time.

Thank you for opportunity to provide testimony on House Bill No. 2411.

Written Testimony Presented Before the
House Committee on Health
January 31, 2014, 8:30 a.m.

By
Dale M. Allison, PhD, APRN-Rx, FAAN
Dean and Professor
Hawai'i State Center for Nursing

LATE

HB 2411 RELATING TO TELEHEALTH

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health,
thank you for this opportunity to provide testimony on HB 2411.

As a member of the Board of the Hawai'i State Center for Nursing, I am speaking for the
Board in support the purpose of this Act is to:

- (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
- (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, The Hawai'i State Center for Nursing respectfully requests that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

Written Testimony Presented Before the
House Committee on Health
January 1, 2014, 8:30 a.m.

By
Kathy Yokouchi
Policy Analyst
Hawaii State Center for Nursing
University of Hawai'i at Manoa

HB 2411 RELATING TO TELEHEALTH

Chair Belatti, Vice Chair Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411.

The Hawaii State Center for Nursing supports the purpose of this Act is to:

(1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;

(2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, Hawaii State Center for Nursing respectfully requests that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

HB2411

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo	american association of nurse practitioners	Support	No

Comments: Written Testimony Presented Before the House Committee on Health January 31, 2014, 8:30 a.m. By Dr Lenora Lorenzo APRN, NP, FAANP Region 9 Director American Association of Nurse Practitioners HB 2411 RELATING TO TELEHEALTH Chair Belatti, Vice Chair Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411. The American Association of Nurse Practitioners supports the purpose of this Act is to: (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system. Therefore, American Association of Nurse Practitioners respectfully requests that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

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THE QUEEN'S HEALTH SYSTEMS

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-5900

H.B. 2411, Relating to Telehealth
House Committee on Health
January 31, 2014, 8:30am

Thank you for the opportunity to provide testimony in **support** of HB 2411, Relating to Telehealth. My name is Karen Seth, Director, Neuroscience Institute and Ancillary Services, of The Queens Medical Center.

Telehealth is a viable component to a solution to Hawaii's well-known challenges in healthcare resources and access to care. Telehealth has made some strides more recently, though issues still remain that inhibit its seamless use in Hawaii's healthcare delivery system. The Queen's Medical Center's Neuroscience Institute currently provides telehealth coverage for acute stroke consultation in the Emergency Departments at Wahiawa General, Molokai General, Hilo, and soon we will be adding Kona Hospital, QMC West, and North Hawaii over the next year. The telestroke project is currently supported through a Department of Health grant, through the Neurotrauma fund, but the system should seek to be self-sustaining, which includes reimbursements for professional fees.

QMC believes that telehealth is a clinically effective and cost efficient means to care for patients. It is a modality that we will continue to investigate and hope to expand for future clinical situations. Over the years, there have been telehealth projects in Hawaii that have been initiated, but closed as the funding was exhausted. The sustainability of telehealth is rooted in its ability to support a clinical need, easily fit into the clinical workflow, maintain the latest technology, serve a large population, and ensure appropriate reimbursement for financial viability. Streamlining and clarifying the reimbursement component will motivate the broader use of the technology.

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

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LATE**HB2411**

Submitted on: 1/31/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Wall	Community Alliance for Mental Health	Support	No

Comments: to: House Health re: HB2411 Aloha Rep. Belatti and the members of the committee, On behalf of the Community Alliance for Mental Health along with United Self Help we strongly support the passage of HB2411. Parity of payments is a critically important part in Hawai'i's Health Care Transformation. Scott Wall VP/Legislative Advocate Community Alliance for Mental Health

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55 Merchant Street
Honolulu, Hawai'i 96813-4333

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808-535-7401
www.hawaiiapacifichealth.org

Friday, January 31, 2014 – 8:30 am
Conference Room 329

The House Committee on Health



To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

From: Michael Robinson
Executive Director
Philanthropy & Government Relations

Re: **HB 2411, Relating to Telehealth**
Testimony in Support

My name is Michael Robinson, Executive Director, Philanthropy & Government Relations for Hawai'i Pacific Health (HPH). HPH is a not for profit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff,

I write in support of HB 2411 which requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient.

Telemedicine can serve as a cost effective solution in overcoming the healthcare access barriers created by our disperse island geography and concentration of medical specialists on Oahu. Access to care to medically underserved areas can be increased by reducing the social costs associated with travel for both patient and medical professional through the adoption of telehealth technology.

Hawai'i Pacific Health whose affiliated hospitals deliver and coordinate care for patients between Lana'i, Kauai, Oahu and Statewide adopts telehealth in a variety of care settings. For example we utilize telemedicine to provide direct patient care via fetal tile-ultrasound from Kapi'olani Medical Center to neighbor island patients, as well as tele-cardiology for use with ultrasound imaging to provide convenient care to cardiac patients throughout our state.

By ensuring that reimbursement that all services provided through telehealth be equivalent to reimbursement for same services provided via traditional face-to-face contact between a health care provider and a patient will further incentivize adoption of this technology.

We urge your committees to pass SB 2411. Thank you for the opportunity to provide this testimony.



Affiliates of Hawai'i Pacific Health

Written Testimony Presented Before the House Committee on Health
on Jan. 31, 2014 by Ka Ho'Ailona Rural Health Clinic LLC; on Molokai
Mary Hoffman, APRN, Family Nurse Practitioner owner/ operator.
POB 1509, 10 N. Mohala St. Kaunakakai, HI 96748

LATE

RE: HB2411 Status relating to Telehealth.

Good morning Chair, Vice Chair, and members of the House Committee on health.

Mahaio Nui Loa for this opportunity to provide testimony on the importance of telehealth on Molokai. I opened my clinic on Molokai 3 years ago with my own monies. I currently have 1 office manager working 3 days a week. I work 10 hrs days Monday - Friday as a Family Practice Provider. I make house calls, mainly for the aged who cannot come into the clinic. My house calls are by in large shut-ins in need of mental health. There are no long term care facilities for our aged on Molokai with Dementia, Schizophrenia, Agoraphobia, Post Traumatic Stress Disorder,

We as care provider, I believe, need to go to our patients at times to provide the best care with sensitivity and empathy. I need a telehealth Psychiatry to collaborate with to improve health outcomes.

Additionally, the only visiting Dermatologist is through Na Puuwai and that is limited to 1-2 weekend visits a year. I have been trained in Telehealth dermatology from a provider working out of Queens. But that was canceled due to reimbursement. I was notified last week by Queens that an elder Diabetic man that had gangrene is being discharged. He listed me as his PCP. He lives on remote East End of Molokai. He has insurance issues. He has not called. I will make house calls once he contacts me, if I do not hear from him in 1 week I will see if he is home next Wed. A picture tells a thousands words. I could send it to his surgeon or Dermatologist from Queens. Diabetes places him at high risk.

Healthcare is changing we must change w technology. I've invested in a stethoscope that has blue tooth capabilities that can send an EKG strip anywhere in the world to a Cardiologist or ER doctor for consult with a 3M stethoscope as mine. Technology is there to help provide the best care and enhance lives though creative ideas. On Molokai, our Cardiologist are not here every week. We can better manage health w your support of telehealth.

Consider an Infectious disease doctor that can watch me do a physical exam and helped order added labs needed for evaluation prior their followup on Oahu to improve access, early diagnosis and treatment. It is being done elsewhere. I could speak to every system in our bodies that could benefit w telehealth care. We as providers are working together, collaboratively coming together, to give every person the

highest personal, professional, and ethical responsible care worthy of individual, family, and community trust.

Stewardship is a value of Ka Ho'ailona [the sign of] Rural Health Care clinic. I am mindful to wisely manage resources to sustain and reinvest my mission to contribute to Molokai's health and well-being, especially Native Hawaiians, by inspiring hope and providing the best care to every patient through working together in collaborative partnerships. I assist them with there specialty doctor appointments off island.

Finally, referrals are costly and time consuming not only for my small clinic but for everyone. Caring for the aged is a large part of my work. For example, those that travel w Ohana Insurance or Aloha Care are covered w ground, air and at times lodging overnight if air is overbooked. This is not a wise management of health monies when telehealth could suffice. As an Advanced Practice Registered Nurse I rely on care coordination to improve patient outcomes. To have to have appointments rearranged due to lack of air travel is frustrating when I am in the mist of a patient visit. The change is overdue to limit the expense.

Please support HB2411 Telehealth to enhance lives of those I serve and help deliver the best outcomes and the highest quality of service through dedicated telehealth efforts.

Mahalo Nui Loa ~

Mary Hoffman APRN, FNP- Ka Ho-Ailona Rural Health Clinic
POB 1509, Mohala St #202, Kaunakakai, Hi. 96748. 808 6461155.

State of Hawai'i Legislature

House of Representatives

Committee on Health

Re: House Bill 2411

Hearing Date: Friday, January 31, 2014 at 8:30 a.m.

Testimony faxed to: 808-586-6281

3 pages total



LATE

HB2411
Relating to Telehealth
House Committee on Health

January 31, 2014

8:30 a.m.

Room 329

The Office of Hawaiian Affairs (OHA) **SUPPORTS** HB2411, which clarifies telehealth statutes and requires equity in reimbursement for services provided through telehealth programs.

OHA's strategic priorities include Maui Ola (Health), which represents our commitment to improving the conditions of Native Hawaiians. The recent "Assessment and Priorities for Health & Well-being in Native Hawaiians and Other Pacific Peoples" study by the Department of Native Hawaiian Health at John A. Burns School of Medicine (JABSOM) identified access to primary health care and mental health services as a key need in rural communities, many of which have large Native Hawaiian populations.¹ The JABSOM study also stressed the need for innovative strategies, particularly to address the lack of basic health and medical services, nutrition services and education, cardiometabolic disease care and behavioral and mental health services on the neighbor islands. **Telehealth programs are one method by which such services may be effectively and efficiently provided to rural areas and the neighbor islands.**

Ensuring that telehealth services are reimbursed at equivalent rates to health services provided face-to-face may remove barriers to delivery for many areas in critical need, such as rural areas and the neighbor islands where many of OHA's beneficiaries reside.

OHA therefore urges the committee to **PASS** this measure. Mahalo nui loa for the opportunity to testify.

¹ The JABSOM report is available online at <http://blog.hawaii.edu/uhmednow/files/2013/09/AP-Hlth-REPORT-2013.pdf>



An Independent Licensee of the Blue Cross and Blue Shield Association

January 31, 2014

LATE

The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair
House Committee on Health

Re: HB 2411 – Relating to Telehealth

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2411 which requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; clarifies that a health provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists; and amends references to “telemedicine” in the Hawaii Revised Statutes to “telehealth” for consistency. HMSA supports the intent of this measure, however, we have concerns with the Bill as drafted.

HMSA is heavily invested in furthering the usage of telemedicine specifically through its Online Care program (HOC), aimed at improving access to care throughout the Islands. Residents can speak with a local physician from HMSA’s network of credentialed participating physicians 24 hours-a-day, 7 days-a-week. Our unique geographic location necessitates that cutting edge ideas and technologies are fostered to help overcome issues regarding access to medical care especially in rural areas.

As written, HMSA believes further discussion is needed to discuss the following concerns:

- (1) Section 2 amends Section 209E-2, which are the definitions to the Hawaii Revised Statute chapter on State Enterprise Zones. Providing telehealth services does not appear to be consistent with the other enterprise zone functions. The definition specifically excludes “routine medical treatment or services.” This is unclear as the assumption is that those who provide telehealth within the enterprise zone would be providing “routine medical treatment or services.”
- (2) Section 3, 4, and 5 amends subsection (c) to require equivalent reimbursement “for the same services provided via face-to-face contact.” HMSA has concerns with this amendment because there is a difference in cost between a provider who provides telehealth services, compared to a provider who provides face-to-face services with an office and staff.

- (3) Section 6.1 and 6.2 appears to include a mandate for telework and telecommunicating. HMSA believes that telework and telecommunicating would be better addressed separately from this legislation.
- (4) Section 11 appears to be contradictory as it reads that "... a license shall not be required for: (1) A licensed medical practitioner in radiology; (2) A licensed practitioner of nuclear medicine. HMSA believes that the intent of this section is unclear, and believes clarification is needed to carry out the intent of the legislation as a whole.

HMSA believes that the Bill does not adequately address the potential impact it may have on Medicaid/QUEST guidelines, which currently follows the Centers for Medicare and Medicaid Services (CMS) Telehealth requirements and guidelines.

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink, appearing to read 'JD', with a long horizontal stroke extending to the right.

Jennifer Diesman
Vice President
Government Relations

Written Testimony Presented Before the
House Committee on Health
January 31, 2014, 8:30 a.m.

By
Emilie Smith, Past President, AONE-Hawaii

HB 2411 RELATING TO TELEHEALTH

Chair Della Au Belatti, Vice Chair Dee Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411

The American Organization of Nurse Executives - Hawaii supports the purpose of this Act which:

(1) Requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;

(2) Clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within healthcare by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, the American Organization of Nurse Executives-Hawaii respectfully requests that this Committee pass HB 2411 unamended. Thank you.

Written Testimony Presented Before the
House Committee on Health

DATE: Friday, January 31, 2014

TIME: 8:30 AM

PLACE: Conference Room 329
State Capitol

By

Dr. Linda Beechinor, APRN

TO: Chair Rep. Della Au Belatti, Vice Chair Rep. Dee Morikawa, and
members of the Health Committee.

Thank you for this opportunity to provide testimony in support of this bill to:

(1) require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;

(2) clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes.

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, I respectfully request that this Committee pass HB 2411 unamended.

Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 29, 2014 12:40 PM
To: HLTtestimony
Cc: bishopmattj@gmail.com
Subject: Submitted testimony for HB2411 on Jan 31, 2014 08:30AM

HB2411

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Bishop	Individual	Support	No

Comments: I support this measure without reservations, it will allow APRN's throughout the state to continue to advance care through tele medicine.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 29, 2014 5:56 PM
To: HLTtestimony
Cc: inocencio@livemail.uthscsa.edu
Subject: Submitted testimony for HB2411 on Jan 31, 2014 08:30AM

HB2411

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Beverly LG Inocencio	Individual	Support	No

Comments: Chair Belatti, Vice Chair Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411. The purpose of this Act is to: (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient- provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes Further, HB 2411 will enable APRNs to more fully utilize their skills in clinical integration, analytics, and case management of chronic disease populations to improve upon the quality and efficiency of the health care system. Therefore, I respectfully request that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

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Written Testimony Presented Before the
House Committee on Health
January 31, 2014, 8:30 a.m.

By
Elaine Kaneshiro

HB 2411 RELATING TO TELEHEALTH

Chair Bellati, Vice Chair Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411 RELATING TO TELEHEALTH.

I, Elaine Kaneshiro supports the purpose of this Act is to:

- (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
- (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, Hawaii State Center for Nursing respectfully requests that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

Written Testimony Presented Before the
House Committee on Health
January 31, 2014, 8:30 AM a.m.
By

Susan Lee, RN

HB 2411 RELATING TO TELEHEALTH

Chair Della Au Belatti, Vice Chair Dee Morikawa and members of the Committee on Health,

thank you for this opportunity to provide testimony on HB 2411.

I, Susan Lee, RN supports the purpose of this Act is to:

- (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
- (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, Hawaii State Center for Nursing respectfully requests that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 29, 2014 2:30 PM
To: HLTtestimony
Cc: jake.moore@att.net
Subject: Submitted testimony for HB2411 on Jan 31, 2014 08:30AM

HB2411

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jacob W Moore Jr	Individual	Support	No

Comments: My name is Jacob (Jake) Moore and I am testifying as an individual and not on behalf of any organization for whom I may be employed. I have been a licensed Nurse Practitioner in the state of Hawaii for 11 years practicing in multiple geriatric settings –Hospice, Nursing Home, Assisted Living, and home bound primary care. I support HB2411 which will allow equivalent reimbursement for providers of telehealth services to that of face-to-face services as well as include Nurse Practitioners in the list of eligible providers. Much of the care for remote populations or home-bound frail elderly is currently being provided by Advance Practice Nurses. By effectively combining telehealth services with full reimbursement, providers would be motivated to implement telehealth practices which would improve preventive care and take a step towards a reduction of inappropriate Emergency Department visits and Hospitalizations. With Nurse Practitioners designated as providers of telehealth services, patient would benefit from expanded health care teams allowing Advance Practice Registered Nurses to bring their patient care and population management skills to the mix of health care services available to the people of Hawaii. The combination of these elements would both improve the health of the population and reduce costs associated with care. Therefore, I respectfully request that this Committee pass HB2411 unamended. Thank you for your consideration of this testimony. Jacob (Jake) Moore, Jr.

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Thank you for this opportunity to provide testimony on HB 2411

I support the purpose of this Act to:

- (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
- (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

I am an APRN in practice in Hilo. Hawaii Island experiences a distressing shortage of specialty and primary health care providers. APRNs have begun to fill the gap, and play an important role in providing otherwise inaccessible health care to the residents of Hawaii Island.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, I respectfully request that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

Allen Novak, APRN
Hilo, Hawaii

Written Testimony Presented Before the
House Committee on Health
January 31, 2014 8:30 a.m.

By
Anne Scharnhorst, MN, RN-BC
UHMC Allied Health Department Co-Chair

HB2411 RELATING TO TELEHEALTH

Chair Rep. Della Au Belatti, Vice Chair Rep. Dee Morikawa, and members of the Committee on Health, thank you for this opportunity to provide testimony on HB2411.

The purpose of this Act is to:

(1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;

(2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, I respectfully requests that this Committee pass HB2411 unamended. Thank you for the opportunity to testify.

HB2411

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
terri squires	Individual	Support	No

Comments: I am a Family Nurse Practitioner as well as a Psychiatric Mental Health Nurse Practitioner, double boarded in two specialty areas and I live in Maui County, Hawaii. I am a Psychiatry Medical Provider seeing patients via tele psychiatry in Arizona and Colorado in rural areas, on native american reservations where the wait to see a Psychiatrist and/or Practitioner would be 6 weeks or longer. I have been doing tele psychiatry for four years and I am an independent Nurse Practitioner practicing psychiatry via tele psychiatry. Telehealth/Telepsychiatry allows patients to see an expert in the specialty area that they need in a timely manner. The research is well documented on the success of tele psychiatry/telehealth since the 1990's and patients get the excellent care from an expert in their needed specialty. Nurse Practitioners practice independently and tele health is another avenue that can serve the people of Hawaii in rural areas with timely access to expert care in the needed specialty (psychiatry, family practice) or for patients that cannot get out of their residence. I support this bill so nurse practitioners can practice to the full scope of their practice and help the people of Hawaii who deserve "expert" and competent care in a timely manner. Respectfully submitted, Terri Squires, FNP-C, PMHNP-C Family Nurse Practitioner-Board Certified Psychiatric Mental Health Nurse Practitioner-Board Certified 808 866 6533 Alternative Mental Health Treatment, LLC 181 Lahainaluna Road, Suite K Lahaina, HI 96761 alternativementalhealthpractitioner.com

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 29, 2014 3:57 PM
To: HLTtestimony
Cc: dtrankel@hawaii.edu
Subject: Submitted testimony for HB2411 on Jan 31, 2014 08:30AM

HB2411

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Debrah Trankel	Individual	Support	No

Comments: Telemedicine is one creative way to help minimize healthcare disparities, increase access, particularly in rural communities or some of our Pacific Island communities with limited care and providers. I strongly support this measure. I have been to Pago Pago and can see how this would improve healthcare!

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LATE

I am testifying in support of HB 2411 that would require reimbursement for telehealth services provided by a range of providers. I am an APRN practicing both at The Queen's Medical Center and at Lanai Community Health Center. As a diabetes specialist I think the ability to provide services to patients on the neighbor islands would greatly help people with barriers to these services. The prevalence of diabetes is higher on the neighbor islands. I could also follow my patients on Lanai more closely using Skype to be in touch when a phone call alone is insufficient to make an assessment. As hopefully more people will have access to primary care under the Affordable Care Act, the primary health care system in Hawaii will need creative ways to meet this demand. Telehealth is one of those ways to reach remote and rural areas with services that are accessible and responsive to immediate needs. Mahalo.

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 11:31 AM
To: HLTtestimony
Cc: mamaupin@hotmail.com
Subject: Submitted testimony for HB2411 on Jan 31, 2014 08:30AM

LATE

HB2411

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin	Individual	Support	No

Comments: Research shows that health outcomes for APRN's vs MD's is about the same. Therefore, APRN's are as equipped to offer televised health care as MD's are.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 12:56 PM
To: HLTtestimony
Cc: patbilyk@gmail.com
Subject: *Submitted testimony for HB2411 on Jan 31, 2014 08:30AM*



HB2411

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Bilyk	Individual	Support	No

Comments:

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HB 2411

LATE

Bill scheduled to be heard by HLT on Friday, 01-31-14 8:30AM in House conference room 329.

Delete Language that targets Naturopathic Physicians and Wellness.

1. This represents a BOYCOTT already illegal under the Insurance Code in Hawaii
2. Not in harmony with provisions of Obamacare and FTC.

HB 2411 seems to promote health care except for page 14 through 16 Section 455-1.5

Exceptions; scope of chapter that TARGETS NATUROPATHIC PHYSICIANS.

Some Insurance companies recognize the VALUE OF WELLNESS and Naturopathic Physicians.

The Legislative Auditor Study shows that Naturopathic Medicine Saves Money and reduces the cost of health care delivery and insurance premiums.

Since some companies do include coverage for Naturopathic Physicians why pass a law that targets their business decisions and prevents business for all companies.

Are you protecting and promoting health care or HMSA and Kaiser Plan?

January 30, 2014

**TESTIMONY FOR HB 2411 OR SB 2469
TELEHEALTH**

Written Testimony Presented Before the
House Committee on Health
January 31, 2014, 8:30 a.m.

By
Laura Westphal RN President Elect, AONE-Hawaii

LATE

HB 2411 RELATING TO TELEHEALTH

Chair Della Au Belatti, Vice Chair Dee Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411

The American Organization of Nurse Executives - Hawaii supports the purpose of this Act which:

- (1) Requires reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;
- (2) Clarifies that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within healthcare by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to help realize the vision of the ACA by utilizing their skills in clinical integration, analytics and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, the American Organization of Nurse Executives-Hawaii respectfully requests that this Committee pass HB 2411 unamended. Thank you.

HB2411

Submitted on: 1/31/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Murray	Individual	Comments Only	No

Comments: Chair Belatti, Vice Chair Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411. The purpose of this Act is to: (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient; (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists. Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes. Further, HB 2411 will enable APRNs to more fully utilize their skills in clinical integration, analytics, and case management of chronic disease populations to improve upon the quality and efficiency of the health care system. Therefore, I respectfully request that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify. Sincerely, Jackie Murray, NP Big Island, Hawaii Kau District

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Written Testimony Presented Before the
House Committee on Health
January 31, 2014, 8:30 a.m.

By
Pualani Gandall-Yamamoto MSN, APRN-Rx, FNP-BC

LATE

HB 2411 RELATING TO TELEHEALTH

Chair Belatti, Vice Chair Morikawa and members of the House Committee on Health, thank you for this opportunity to provide testimony on HB 2411.

The purpose of this Act is to:

- (1) Require reimbursement for services provided through telehealth to be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient;*
- (2) Clarify that a health care provider of telehealth includes primary care providers, mental health providers, and oral health providers such as physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.*

Advanced Practice Registered Nurses (APRNs) fulfill a leadership role within Accountable Care Organizations (ACOs) by demonstrating enhanced care coordination skills and fostering positive patient-provider relationships in complex care conditions. Utilization of telehealth informatics tools within a preventative care model, such as ACOs, can reduce readmission rates, contain costs, and improve patient outcomes

Further, HB 2411 will enable APRNs to more fully utilize their skills in clinical integration, analytics, and case management of chronic disease populations to improve upon the quality and efficiency of the health care system.

Therefore, I respectfully request that this Committee pass HB 2411 unamended. Thank you for the opportunity to testify.

*Pualani Gandall Yamamoto MSN, APRN-Rx, FNP-BC
American Association of Nurse Practitioners (AANP) Hawaii State Representative*