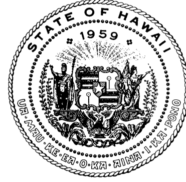

JOSH GREEN, M.D.
GOVERNOR OF HAWAI'I
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

KENNETH S. FINK, M.D., M.G.A., M.P.H.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

Testimony in SUPPORT of HCR49
REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

REP. MARK NAKASHIMA, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: March 29, 2023 Room Number: 329

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) established telehealth as a strategic
3 priority in our 2015 – 2018 strategic plan, and with the combined efforts of the informal
4 telehealth hui, the State of Hawaii became a model for telehealth policy and practice prior to the
5 COVID-19 pandemic.

6 Nevertheless, opportunities remain, exposed by the pandemic or otherwise, to more successfully
7 unlock the full potential of telehealth as a community standard of practice. In 2019, Act 139
8 authorized the State Telehealth and Health Care Access Coordinator in DOH, but due to the
9 hiring moratorium, this position was not established and filled.

10 A successful two-day telehealth summit was convened in 2017 at which community priorities
11 were identified. The summit report is attached to this testimony. This task force is an excellent
12 opportunity to analyze the gap between 2017's priorities and apply lessons-learned from the
13 pandemic to capitalize on one of the few silver linings of the pandemic.

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

15

APRIL 1, 2018

2017 TELEHEALTH SUMMIT FINAL REPORT

THE WAY FORWARD

October 12, 2017 (Pre-summit)– University of Hawaii, John Burns School of Medicine
October 13, 2017(Main Event) – Pomaikai Ballrooms, Honolulu, Hawaii

PREPARED BY:

HAWAII STATE DEPARTMENT OF HEALTH - OFFICE OF PLANNING, POLICY AND PROGRAM DEVELOPMENT

2017 TELEHEALTH SUMMIT FINAL REPORT

ACKNOWLEDGEMENTS

Thank you to our state colleagues at the Department of Labor and Industrial Relations for their grant support. Other sources of unrestricted funding whose support is also greatly appreciated were provided by private technology and health care organizations.

Also thank you to Governor David Ige, Dr. Virginia "Ginny" Pressler, Senators Brian Schatz and Rosalyn Baker, Dr. Aimee Grace, University of Hawaii Conference and Event Services Manager – Paul Donnelly, Pacific Basin Telehealth Resource Center, the Telehealth Planning Committee Members, session speakers, attendees, and OPPPD's registration staff for your encouragement, time, expertise, and support.

To view an infographic summary of this report, click here: Telehealth Summit Highlights.

EXECUTIVE SUMMARY

Telehealth is the use of electronic information and telecommunications technologies to support and promote the delivery of clinical health care, patient and professional health-related education, public health and health administration. Technologies include four modalities: store and forward, remote monitoring, live consultation and mobile health (excludes telephone contacts, facsimile transmissions, email and text).

Within the Pacific island region, the earliest documented instances of telehealth activity may have occurred in the 1990's between Tripler Army Medical Center (TAMC) and Kwajalein Missile Range Hospital (KMR).[1] Despite KMR's limited access to medical resources due to its remote location in Micronesia, TAMC delivered real-time telecommunication technologies using live video conferencing and provided KMR access to a variety of medical specialists in orthopedics, dermatology, radiology, urology, pediatrics, ophthalmology, and physical therapy.[2]

Today, telecommunication services have since greatly improved in quality and accessibility. Advances in technology have made it possible for the delivery of cost effective health care services through telehealth. And with Hawaii's progressive telehealth laws SB2469 (Act 159 SLH 2014) and SB2395 (Act 226 SLH 2016) which provides reimbursement parity for the same services as in-person (includes Medicaid and private payers) and ensures telehealth is covered when originating in a patient's home and other non-medical environments, the next steps will be essential towards integrating telehealth as a standard of care for Hawaii's people.

It is with this understanding that the Department of Health will help facilitate the development of telehealth in the State and advocate and foster collaborations within the community. We

[1] Bice, S., Dever, G., Mukaida, L., Norton, S., and Samisone, J. (1996) Telemedicine and Telehealth in the Pacific Islands Region: A Survey of Applications, Experiments, and Issues, Proceedings of the Pacific Telecommunications Conference '96, pp 574-581.

[2] Delaplain CB, Lindborg CE, Norton SA, Hastings JE (December 1993) Hawaii Medical Journal, 338-9.

believe that together we can improve the quality of life and health outcomes of Hawaii's people. Health is everyone's *kuleana* (i.e. right, responsibility, ownership, etc.)[3]

DESCRIPTION OF ACTIVITIES

In 2017, the Department of Health proposed a State Telehealth Summit and in collaboration with partners, acquired support in part from the Department of Labor and Industrial Relations. The summit was held over two days on October 12 and 13, 2017 at the University of Hawaii John A. Burns School of Medicine, Medical Education Building and Dole Cannery Square – Pomaikai Ballrooms, respectively. Pre-summit activities on day one offered participants practical information on telehealth technologies and practices. The main summit event on day two focused on policy and planning.

There were 276 registered attendees from Maui, Molokai, Kauai, Big Island, Lanai, and Oahu. Continuing medical education credits up to 6.5 AMA PRA Category 1 Credits™ were also made available to all attendees including the 74 physicians who signed-in at registration.

AGENDA OBJECTIVES

Day 1 (Pre-Summit Event):

- Experience the latest telehealth technologies, equipment, and service through vendor exhibits and demonstrations.
- Understand government assistance and subsidy programs, e.g., up to 65% discounts through the Universal Services Fund.
- Connect with Hawaii's telehealth stakeholders through e-Poster briefings.

Day 2 (Main Summit Event):

- Understand the current telehealth policy landscape at the State and Federal level, including recent reimbursement parity laws.
- Share practical advice and experiences from community practitioners of telehealth.
- Shape future goals and planning efforts for telehealth in the State of Hawaii.
- Network with senior leaders within state government, technology, and healthcare sectors.

A total of 16 panel speakers represented a range of topics at the federal and state level to actual examples of telehealth initiatives implemented across Hawaii statewide. The Department's hypothesis for low rates of telehealth adoption – no higher than 15% of practicing providers – is that technology and policy were no longer significant barriers, but rather provider and patient behavior. Although the overall goal of the summit was to facilitate stakeholder dialogue on telehealth, a **major objective was to educate the community about recent policy changes** which has been cited by providers as obstacles for decades. Based on evaluation responses collected at the summit (refer to Table. 1 below), the Department demonstrated meeting its first objective. The **second major objective was strategic alignment of stakeholders** for increased collaboration in health care, public health, workforce development, technology, and education.

[3] Nā Puke Wehewehe `Ōlelo Hawai`i Pukui/Elbert: http://wehewehe.org/

This objective was achieved with a facilitated group session which was structured in the summit finale.

MAIN SUMMIT "SPEAKER PRESENTATION SNIPPETS"

You may download speaker presentations from the Main Summit here. A few of the speaker presentation comments are listed below.

Queen's Healthcare Systems: Matthew Koenig, M.D., FNCS, Medical Director of Telehealth

"Stroke is the #1 cause of chronic disability in adults, the #3 cause of death in Hawaii."

"IV tPA must be administered within 4.5 hours of symptom onset. Standard of care is initiation of IV tPA within 60 minutes of patient arrival to the ER."

"In 2016, ~25% of the tPA treatments in the state of Hawaii were done by us using telemedicine."

Hawaii Pacific Health, Wilcox Medical Center: Amy Corliss, M.D., Chief of Staff

"TeleNephrology consults has a financial cost savings of at least $10,000 per patient in transfer costs. Families stay together at home and goals of care discussed without stress of transfer."

Medical Interstate Licensure Commission: Jon V. Thomas, M.D., MBA, Chair

"The process is systematically self-propelled without any manual intervention."

HMSA Online Care: Katy Akimoto, Sr. Vice President

"74% of patients in the U.S. say they'd get their health care services online or by phone."

"50% of Kaiser's encounters are online."

Center for Connected Health Policy: Mei Wa Kwong, J.D., Policy Advisor & Project Director

"Potential trends are increased focus on using telehealth to combat opioid addition, network adequacy, reimbursement/licensing, prescribing, and looking at plans that limit their telehealth services to a third-party vendor."

Marghee's Mobile Medical, LLC – Health Care on Kauai & Neighboring Islands

"Provides urgent and primary care for patients by way of telehealth (like Skype) or home visits as appropriate."

DOCNow Virtual Healthcare Centers Telemedicine for Hawaii. Founded in early 2016 by Dr. Jim Barahal, Dr. Normal Estin and Managing Director Paige Williams.

"See a Doctor From Any Device…Lose The Wait…All Insurance Accepted…365 Days A Year 8am – 9pm. DocNowHawaii.com"

SUMMIT FINALE: FACILITATED GROUP DISCUSSIONS FOR STRATEGIC PLAN DEVELOPMENT

Following speaker sessions, attendees were divided into smaller groups to describe a "**perfect telehealth world for Hawaii**". Facilitators from the Department of Health Genomics Section led six small groups to gather participant input and highlight consensus areas for strategic planning and next steps. Following small group discussions, participants gathered into the main conference ballroom where group leads reported out to the larger group on common themes and shared highlighted areas of opportunity for strategic plan development.

A perfect world scenario for telehealth included "…statewide broadband especially rural areas…, workforce education and training, a telehealth advisory council, unified credentialing and privileging…, an interstate medical licensure compact…."

Based on the facilitated group discussions, there were significant areas of consensus amongst group participants which were asterisked on flip charts for collection, analysis and evaluation. For example, the need for telehealth education and training was discussed in nearly all groups. Key consensus areas of opportunity for strategic planning are listed below. These are:

- Development of a State Telehealth Council
- Integration of a Unified Credentialing and Privileging System Between Health Systems
- Support for a Medical Interstate Compact
- Development of a Telehealth-Ready Workforce (to include Community Health Workers)
- Workforce Education and Training on Telehealth
- Community Outreach
- Infrastructure Improvements (Broadband Bandwidth and Equipment)
- Enforcement of Parity Laws
- Marketing and Outreach to Increase Consumer and Provider Buy-In
- Development of Data Sharing/Governance Policies
- Campaign for Telehealth Awareness and Building Community Trust
- Development of Tax Incentives
- Funding for Rural Practices

EVALUATION AND ANALYSIS OF SUBMITTED EVALUATIONS

Evaluation forms were provided to summit attendees upon registration to capture attendee feedback on both summit days. On day two, attendees and group participants completed and returned evaluation forms in available collection boxes located at the registration table and conference room.

There were 79 out of 276 registered attendees who completed and submitted evaluation forms for a 30% response rate. Additionally, as an incentive to attending and completing the evaluation forms, physicians were offered up to 6.5 continuing medical education credits. Of the 74 physicians who signed-in at registration (at one or both summit days), there were 21 respondents who indicated their professional role as "clinician, clinician leadership, private practice, or urgent care provider" for a **28% response rate amongst the provider group**. Respondents also included 16 government agency representatives, 19 health care leaders, five community members, four elected officials, and two academics.

For both summit days, the overall rating in quality and helpfulness of all speaker sessions combined was "above average". There were no scores of "below average or poor" in any of the nine session elements assessed in either summit days.

Given recent policy changes, respondents were asked to rate their knowledge of policy changes using a rating scale of high, medium and low prior to and after the summit on services eligible for telehealth reimbursement (refer to Table 1 below). Based on the evaluation findings prior to the summit, 62% were unaware of malpractice coverage policy changes, 56% were unaware of private plan reimbursement policy changes, and 46% were unaware of Medicaid reimbursement policy changes. After the summit, respondents increased in their knowledge in all areas related to policy changes (refer to Table 2 below).

When participants were asked, "do you use telehealth in your practice or entity?", 37% of respondents answered "No". However, of those respondents who answered no, all are now willing to consider telehealth in their practice or entity.

Table 1: Prior to Summit: Percentage of Respondents Who Were Unaware of Equivalency Changes

UNAWARE OF EQUIVALENCY CHANGES	
	➢ 62% Were unaware of Malpractice Coverage Parity policy changes ➢ 56% Were unaware of Private Plan policy changes ➢ 46% Were unaware of Medicaid policy changes

Table 2: After Summit: Change in Knowledge (all subject areas showed an increase)

INCREASED CHANGE IN KNOWLEDGE ON POLICY CHANGES	➢ 30% Practical impacts of integrating telehealth ➢ 27% Services eligible for telehealth (medical, oral, mental health, etc.) ➢ 27% Settings eligible telehealth reimbursement changes (home, school, work, etc.) ➢ 27% Malpractice coverage equivalent to face-to-face visits ➢ 23% Telehealth technologies and services ➢ 20% Establishing patient relationships via telehealth

CONCLUSION AND NEXT STEPS: DEVELOPMENT OF A STATEWIDE PLAN FOR TELEHEALTH

Overall, the Hawaii Telehealth Summit held on October 12 and 13, 2017 was well received. Attendee feedback, both qualitative and quantitative, was overwhelmingly positive.

Both objectives of the summit were met on education about significant changes in telehealth law, specifically reimbursement and malpractice parity, as well as improving provider knowledge, attitudes, and behaviors regarding telehealth. The following summarizes summit findings.

- Over 200 attendees from healthcare, technology, education, and community attended the telehealth summit.
- Most promising finding of the summit is that more than one-third (74) were practicing physicians who registered to attend either one or both summit days.
- Although the summit's attendance exceeded expectations, neighbor Island representation was still lacking at less than 10% based on returned evaluation forms which highlighted the need to work further with neighbor island community representatives.
- There were panel presentations from a total of 16 speakers representing federal, state and private industry who covered a variety of in-depth telehealth topics from Hawaii telehealth parity reimbursement laws to practical telehealth experience.
- A lack of provider knowledge, education and awareness of policy changes and reimbursement laws appear to be a key barrier to provider adoption. Data analysis from the summit evaluation forms indicated that attendees were unaware of reimbursement equivalency for Medicaid or private plans, or of malpractice coverage prior to conference.
- Almost all of those that said they do not currently use telehealth said they are willing to consider it. Training and education of health care providers on clarifying reimbursement laws would likely increase telehealth providers in the state.
- A perfect world for telehealth in Hawaii included a statewide telehealth council to lead and guide telehealth development, unlimited supply of accessible providers, interstate medical licensure compact, unified credentialing and privileging between health systems, broadband interconnectivity, "one-touch" easy technology access, provider training and education of parity laws, and government enforcement of parity reimbursement.

In conclusion, these findings are encouraging but reveal much more work is needed since participants were already more familiar with telehealth than colleagues surveyed at the 2017 Health Care Workforce Summit, 44% versus 15%, respectively.

The next steps for telehealth is the development of a statewide telehealth plan with participation and input from community stakeholders. The DOH will develop a concept draft plan from summit findings collected at the group session and evaluation forms. The concept plan will be made available in May 2018. The anticipated timeline for planning activities is May through August.

If you're interested in participating in the development of the statewide telehealth plan, please register here: Telehealth Planning Group

March 29, 2023

The Honorable Mark Nakashima, Chair
The Honorable Jackson Sayama, Vice Chair
House Committee on Consumer Protection and Commerce

Re: HCR49 – Requesting the establishment of a Telehealth Working Group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify Public Policy Initiatives at the Federal and State level to optimize telehealth utilization as the State transitions out of the COVID-19 pandemic

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of HCR49, which requests the establishment of a Telehealth working group to examine the impact of telehealth adoption during the COVDID-19 pandemic and future policy initiatives to optimize the use of telehealth in Hawaii.

As an early supporter of telehealth access for our state, we believe in increasing access to health care services in Hawaii, especially for kupuna who may have limited digital literacy and for those living in rural and underprivileged communities where broadband coverage is lacking. As the Public Health Emergency related to COVID-19 comes to a close along with changes from Centers for Medicare & Medicaid Services, we think it's critical to better understand the role telehealth has played and the optimal role it will play in the future for Hawaii residents.

Thank you for the opportunity to testify in support of HCR49.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Testimony to the House Committee on Consumer Protection and Commerce
Wednesday, March 29, 2023; 2:10 a.m.
State Capitol, Conference Room 2:10 p.m.
Via Videoconference

RE: HOUSE CONCURRENT RESOLUTION NO. 049, REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

Chair Nakashima, Vice Chair Sayama, 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 Concurrent Resolution No. 049, and **OFFERS** an **AMENDMENT** 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 measure, as received by your Committee, would convene a Telehealth Working Group (Working Group) to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state level to optimize telehealth utilization as the State transitions out of the COVID-19 pandemic. The Working Group would submit its findings and recommendations to the 2024 Legislature.

The HPCA believes that the establishment of this Working Group is warranted in light of the numerous changes made in federal policy. This has been most evident in Medicare and Medicaid, where the redetermination of eligibility will likely result in approximately 20,000 to 30,000 Medicaid recipients in Hawaii being eliminated from the rolls.

We note that the composition of the Working Group appears to lack adequate inclusion of health care providers that focus on the Medicare and Medicaid populations. These were demographic groups that were most directly impacted by the easing of restrictions on telehealth during the COVID-19 pandemic, and include the poor, the residents of rural communities, and the elderly.

About 55% of the patients served by FQHCs are Medicaid recipients, and our member facilities are situated in rural communities and on the neighbor islands.

We also note that the HPCA was the first organization to bring to the Legislature's attention the issues surrounding telephonic telehealth [**See**, Testimony to the Senate Committee on Ways and Means on House Bill No. 2502, Senate Draft 1, dated July 2, 2020.]. In addition, it was the HPCA who brokered a compromise with HMSA on behalf of more than ten organizations that would ensure patient access to audio-only mental health services while establishing reasonable restrictions on loss costs. This compromise has been embraced by the Senate in its amendments to House Bill No. 0907, Senate Draft 1, which is scheduled for decision making by the Senate Committee on Commerce and Consumer Protection today at 10:01 a.m.

Accordingly, we ask that this resolution be amended to include the HPCA as a member of the Working Group. We offer our experience in working with the health plans on this issue and building consensus among providers and nonprofit organizations for the benefit of patients.

With this amendment, we urge your favorable consideration of this measure.

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

HCR49 Telehealth Work Group
COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair
Wednesday, Mar 29, 2023: 2:10 : Room 329 Videoconference

Hawaii Substance Abuse Coalition supports HCR49:

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

A work group for Telehealth impact makes sense because:

With access to Telehealth, rural communities, elderly, and highly chronic patients with mobility issues could use telehealth to get the care they need without delays due to time, money and opportunity.

- **Having broadband is essential** because when a community doesn't have access to broadband, local healthcare providers will be less likely to adopt telehealth in the first place.

While telehealth doesn’t replace the efficacy of face to face, especially for those who have more chronic conditions, it **certainly allows us to treat more people who need services** that otherwise would not have access to services.

U.S. Congress has recently stated that preliminary evaluations have demonstrated that telehealth practices does save money and improves care, especially for the elderly and behavioral health, as well as specialty care/primary care checkups. People with chronic conditions who have limited access to care need follow-up Telehealth and if not available, telephonic care to prevent ER and hospital care.

In many cases, it’s a **more efficient use of time** for those care givers and patients who could benefit well from the use of Telehealth.

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

THE QUEEN'S HEALTH SYSTEM

To: The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
Members, House Committee on Consumer Protection & Commerce

From: Dr. Matthew Koenig, Director of Telemedicine, The Queen's Health System

Jacce Mikulanec, Director of Government Relations, The Queen's Health System

Date: March 29, 2023

Re: Testimony in **support** of HCR49: REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai‘i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai‘i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai‘i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Thank you for allowing us to provide testimony in **support** of HCR49. Throughout the COVID19 pandemic, Hawaii's healthcare systems have utilized telehealth modalities more so than at any point in history. Our state's early adoption and subsequent investments in telemedicine proved pivotal when our community faced the unprecedented need to pivot to online delivery of health services during the health crisis. With the federal government's decision to end the official public health emergency (PHE) declaration on May 11th of this year, we feel the timing is right to bring together this working group to access and evaluate the utilization of telehealth services.

Queen's provides a number of telemedicine specialties in areas such as, but not limited to, stroke and neurology, psychiatry, wound care, and critical care. Telehealth programs assist with connecting our four hospitals across the state and allow our health care professionals to provide care to patients in their local communities. Since the start of the COVID19 pandemic, Queen's has made substantial investments in shifting to telehealth as a modality for providing quality care for patients – including those requiring behavioral health services.

This resolution is an effort to bring stakeholders together to review broad success and challenges faced through the pandemic while also looking forward to challenges we can expect in the future.

Examining evolving technology, policies, and preferences within public and private sectors are critical for preparing for changes in telehealth utilization; now is the time to bring this group together and make sure we are prepared for the next possible natural and/or human induced disaster.

Queen's appreciates the opportunity to testify on this measure and looks forward to participating in the working group. Mahalo.

March 29, 2023

To: Chair Nakashima, Vice Chair Sayama, and Members of the House Committee on Consumer Protection and Commerce

From: Hawaii Association of Health Plans Public Policy Committee
Date/Location: March 29, 2023; 2:10 p.m., Conference Room 329/Videoconference

Re: Testimony on HCR 49 – Relating to establishing a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state level to optimize telehealth utilization as the state transitions out of the COVID-19 pandemic.

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide comments on HCR 49. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP believes in the benefits of telehealth and its ability to increase access, especially for members living on Neighbor Islands and rural areas of our state. By establishing a telehealth working group to examine the impact of widespread telehealth adoption, we'll be better able to optimize telehealth utilization and ensure quality of care and access for our members. We appreciate the legislature's efforts to include representatives from Hawaii's health plans as members of this working group.

Thank you for the opportunity to testify on HCR 49.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

March 29, 2023 at 2:10 p.m.
Conference Room 329

House Committee on Consumer Protection & Commerce

To: Chair Mark M. Nakashima
Vice Chair Jackson D. Sayama

From: Robert Choy, MPH
Director, Post-Acute Care
Healthcare Association of Hawaii

Re: Support
HCR 49: Requesting the Establishment of a Telehealth Working Group to Examine the Impact of Widespread Telehealth Adoption During the COVID-19 Pandemic and Identify Public Policy Initiatives at the Federal and State Level to Optimize Telehealth Utilization as the State Transitions out of the COVID-19 Pandemic

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

Thank you for the opportunity to provide **support** for this resolution, which will establish a Telehealth Working Group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state level to optimize telehealth utilization as the State transitions out of the COVID-19 pandemic. We note that our organization has been listed as a participant in the working group and would be happy to serve as one of its members.

The pandemic has changed – and will continue to change – the way that patients access care. The wider adoption of telehealth holds the potential to enhance patient access, promote efficiency, and improve health outcomes. Convening a working group to better understand how the pandemic has accelerated previous trends in telehealth utilization, identify lessons learned during this process, and propose thoughtful policies is an important step for discussion of the subject in future sessions.

Thank you for the opportunity to submit testimony in support of this resolution.

UNIVERSITY OF HAWAIʻI SYSTEM
ʻŌNAEHANA KULANUI O HAWAIʻI

Legislative Testimony
Hōʻike Manaʻo I Mua O Ka ʻAhaʻōlelo

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Wednesday, March 29, 2023 at 2:10 p.m.
By
Denise E. Konan, Dean
College of Social Services
And
Lee Buenconsejo-Lum, Interim Dean
John A. Burns School of Medicine
And
Michael Bruno, Provost
University of Hawaiʻi at Mānoa

HCR 49 – REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Thank you for the opportunity to testify in **strong support** of HCR 49 which requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and to optimize telehealth utilization as Hawaiʻi transitions out of the COVID-19 pandemic.

The University of Hawaiʻi College of Social Sciences and the Social Science Research Institute houses the Pacific Basin Telehealth Resource Center (PBTRC). The PBTRC is one of fourteen Telehealth Resource Centers in the United States, which is Federally funded by the Health Resources & Services Administration (HRSA). The PBTRC serves as a regional telehealth resource center for the State of Hawaiʻi and the U.S. Affiliated Pacific Islands, and brings together telehealth stakeholders throughout the State of Hawaiʻi, including a Telehealth leadership Hui with representation from health care providers and systems.

The John A. Burns School of Medicine (JABSOM) would welcome the opportunity to participate on the telehealth working group and be able to provide valuable insight and information regarding telehealth, as JABSOM have been working on this issue with the UH College of Social Sciences, Social Science Research Institute (CSS-SSRI) Pacific Basin Telehealth Resource Center for several years. **The University of Hawaiʻi request that one JABSOM faculty member be permitted to be a part of the working group**. This would increase the University of Hawaiʻi members on the working

group to two (2): One from the Pacific Basin Telehealth Resource Center (as stated in HCR 49) and the other from JABSOM.

Since 1999, the use and expansion of telehealth services and technology in Hawaiʻi 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.

During the COVID-19 pandemic, telehealth became an important tool in the delivery of healthcare throughout the state. Patients suffered through the inability to access providers via in-person visits and had no alternative but to turn to telehealth. One of the realities for Hawaiʻi is that many of those most in need of telehealth, including 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 access to necessary healthcare. An examination of the utilization of telehealth during the pandemic would provide meaningful data and information that may shape the future use of telehealth as a viable means to deliver healthcare.

The University of Hawaiʻi recognizes the importance of telehealth adoption and its potential to impact safety, utilization, total cost of care, and patient satisfaction in the State of Hawaiʻi. A full evaluation of the impact of widespread telehealth adoption in the State will provide valuable insights into existing challenges and benefits. We appreciate the efforts made to promote the use of telehealth in the State.

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

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair

March 29, 2023 2:10 P.M. - VIA VIDEO CONFERENCE – Rm 329

Testimony in Support on **HCR49 REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.**

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports this measure.

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.

We therefore believe this Working Group will assist in legitimizing the utility of *Audio-only Telehealth* as a policy – in spirit with the compromise language reflected in HB907 HD2 SD1 – a proposal for which we thank this committee for advancing. If patients prefer and respond most favorably to telehealth treatment administered via the telephone, we should be removing barriers to such care.

RESEARCH ON TELEHEALTH DISPARITIES:

Many disenfranchised members of our society 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 the 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."**

NASW HAWAI'I CHAPTER
National Association of Social Workers

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."**

HAWAII SHOULD ADOPT NATIONWIDE BEST PRACTICES:

By examining and adopting federal and state level policy on telehealth, NASW- Hawaii believes we can ensure best practices will be followed.

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 physical and mental health needs. We therefore strongly support this measure as it may be an important step to improve access to quality health services – especially to our vulnerable populations.

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

Sincerely,

Sonja Bigalke-Bannan, MSW, LCSW
Executive Director,
National Association of Social Workers- Hawai'i Chapter

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LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

Hawaiʻi Psychological Association

For a Healthy Hawaiʻi

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Honolulu, HI 96808
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COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair

March 29, 2023 2:10 P.M. - VIA VIDEO CONFERENCE – Rm 329

The Hawaiʻi Psychological Association (HPA) strongly supports HCR49 - REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

We strongly support the creation of a working group to study pandemic-era Telehealth policy and initiatives. We hope this group will determine how to optimize for implementation in Hawaii, the best practices that have been developed nationwide. This Working Group should be a strong step in broadening access, expediting timely service, and ultimately improving patient outcomes and reducing health care costs for all.

HPA also greatly appreciates legislative action in advancing HB907 HD2 SD1 Relating to Telehealth, which will ensure old tools, like the standard telephone, are available to provide mental health services for a temporary period via *Audio-only Telehealth*. If passed, this policy initiative will provide valuable data on local populations for this Working Group to examine as it relates to *Audio-only Telehealth*.

HPA believes *Audio-only Telehealth* policies help keep lines of communication open to provide necessary treatment to those who are: not comfortable with video-conferencing platforms; not equipped with the necessary technology or equipment due to expense; or those who live on more remote neighbor islands or in rural areas - out of reach of necessary broadband network capabilities.

Because mental health treatment is administered predominantly through "Talk Therapy," we strongly encourage this Working Group to examine the legislative intent of HB907 to increase utilization and capitalize on the efficacy of Audio-only modalities in these contexts.

Conclusive Research on Disparities in Access to Telehealth Access without Audio-only

Recent research indicates strong disparities between those who use audio versus video health and mental health services – particularly along racial, ethnic, linguistic, financial, and age-specific lines. On February 2, 2022, the United States Department of Health and Human Services (DHHS) issued a policy brief entitled "National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services"[1] which 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

[1] https://aspe.hhs.gov/sites/default/files/documents/4e1853c0b4885112b2994680a58af9ed/telehealth-hps-ib.pdf

> 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**."

Conclusive Research on the Strong Efficacy of Audio-only Treatment for Mental Health

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**."

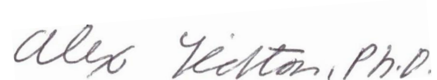
Further, in the Journal of Neurotrauma 32:45-57 (January 1, 2015), researchers concluded that "**In-person and telephone-administered CBT [Cognitive Behavioral Therapy] are acceptable and feasible in persons with TBI [Traumatic Brain Injury] . . . [T]elephone CBT holds particular promise for enhancing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

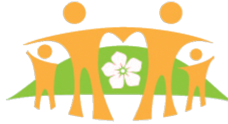
Thank you for the opportunity to provide testimony in strong support of this measure.

Sincerely,



Alex Lichton, Ph.D.
Chair, HPA Legislative Action Committee

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.



**The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)
We know systems.
We know relationships.
We know FAMILY MATTERS.**

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice Chair

March 29, 2023 2:10 P.M. - VIA VIDEO CONFERENCE – Rm 329

Testimony in SUPPORT of HCR47 REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) supports HCR49, which would create a working group to study pandemic-era Telehealth policy and initiatives. We hope this group will determine how to optimize for implementation in Hawaii, the best practices that have been developed nationwide. This Working Group should be a strong step in broadening access, expediting timely service, and ultimately improving patient outcomes and reducing health care costs for all.

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

While devasting 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.

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**."

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HIAMFT hopes this Working Group will carefully consider the utility of *Audio-only Telehealth* policies – to help keep lines of communication open to provide necessary treatment to those who are: not comfortable with video-conferencing platforms; not equipped with the necessary technology or equipment due to expense; or those who live on more remote neighbor islands or in rural areas - out of reach of necessary broadband network capabilities.

Because mental health treatment is administered predominantly through "Talk Therapy," we strongly encourage this Working Group to examine the legislative intent of **HB907 HD2 SD1** to increase utilization and capitalize on the efficacy of Audio-only modalities in these contexts, and we likewise encourage this Committee to support that measure as it contains compromise language among multiple stakeholders committed to help make Audio-only work.

RESEARCH SHOWS AUDIO-ONLY THERAPY IS EFFECTIVE

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."**

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

Sincerely,

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