

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

February 22, 2021

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Cathy Betts, Director

SUBJECT: **SB 1258 SD1 – RELATING TO TELEHEALTH.**

Hearing: Wednesday, February 24, 2021, 9:30 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments. The Committee on Health amended the measure by defecting the effective date.

PURPOSE: The purpose of the bill allows for standard telephone contacts for telehealth purposes. Effective 7/1/50. (SD1)

The coronavirus pandemic has substantially altered how people access health care services. Use of telehealth has significantly expanded over the past year helping to address some gaps in care when in-person visits were not feasible.

Telehealth itself also expanded during the pandemic. Both federal and state rules and laws were suspended or changed allowing standard telephone calls for telehealth.

As noted in the pre-amble, standard telephone calls have been particularly valuable during the public health emergency (PHE) for the Medicaid population for health equity reasons given the population's lack of access to computers, smartphones, or broadband necessary for telehealth modalities such as videoconferencing. Standard telephone calls have been used in healthcare long before the PHE and will continue as an important modality for healthcare access.

In Hawaii, telehealth is considered the equivalent of an in-person face-to-face visit, including financial parity. Although, highly supportive of standard telephone calls as one modality for care delivery when a physical exam is not necessary, it does not have the same costs as an in-person visit. Additionally, while telephone calls have been shown to be clinically effective for some services such as behavioral health, a standard telephone call may not produce the same health outcomes and be inappropriate for other health services. Finally, nationally, telephone call medical visits have been prone to program integrity issues of mis-use, over-utilization, and abuse.

Nonetheless, given the pandemic has demonstrated the value of standard telephone contacts for healthcare access for the Medicaid population. Thus, Med-QUEST (MQD) Division is actively engaged with Community Health Centers and with Medicaid health insurers to develop guidelines for the continued use of audio-only visits once the PHE ends that would have appropriate safeguards in place addressing some of the issues of clinical appropriateness, program integrity, and financial parity. This work can continue and be implemented without modifying the definition of telehealth.

Thank you for the opportunity to offer comments.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Wednesday, February 24, 2021 at 9:30 a.m.

By

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

SB 1258 SD1 – RELATING TO TELEHEALTH

Chair Baker, Vice Chair Chang, and members of the Committee:

Thank you for this opportunity to testify in **strong support** of SB 1258 SD1, which allows for standard telephone contacts for telehealth purposes.

This bill amends language in HRS §346-59.1, §431:10A-116.3, §432:1-601.5, and §432D-23.5 to allow standard telephone contacts for telehealth services. During the onset of the Coronavirus Pandemic, it was found that this language needed to be clarified in order to align with other CMS telehealth exemptions that allowed for the use of telephone (i.e., audio only) for telehealth visits.

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

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

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



1001 Bishop Street | Suite 625 | Honolulu, HI 96813-2830
1-866-295-7282 | Fax: 808-536-2882
aarp.org/hi | aarphi@aarp.org | twitter.com/AARPHawaii
facebook.com/AARPHawaii

**The State Legislature
The Senate
Committee on Commerce and Consumer Protection
Wednesday, February 24, 2021
9:30 a.m.**

TO: The Honorable Rosalyn Baker, Chair

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

Aloha Chair Keohokalole and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i.

AARP Hawai'i supports S.B. 1258, SD1 which allows standard telephone contact for the purpose of telehealth be used by medical professionals to provide necessary care to a patient at home.

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

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

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

Sincerely,

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

Keali'i Lopez, AARP Hawai'i

State Director



SB1258 SD1 Telehealth Edits

COMMITTEE ON HEALTH,

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair
- Wednesday Feb 24, 2021: 9:30: Videoconference

Hawaii Substance Abuse Coalition Supports SB1258 SD1:

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

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

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

SB-1258-SD-1

Submitted on: 2/22/2021 9:11:19 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John L Frattarelli	Testifying for Advanced Reproductive Medicine & Gynecology of Hawaii, Inc. dba: Fertility Institute of Hawaii	Support	No

Comments:

Strongly support.



February 24, 2021

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: SB 1258 SD1 – Relating to Telehealth

Dear Chair Baker, Vice Chair Chang, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1258, SD1, which allows for standard telephone contacts for telehealth purposes. Effective 7/1/50.

As a strong supporter of telehealth, HMSA was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. While HMSA does support standard telephone contacts as a form of care delivery, it does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Additionally, there is concern regarding the State's ability to determine telephone contact as a form of telehealth given the existing Federal rule set forth regarding Medicare and Medicaid.

Therefore, we respectfully request that this measure be amended to insert the following language:

Section 2: Section 346-59.1, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*

Section 3: Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*

Section 4: Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health*



care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.”

Section 5: Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.”*

Thank you for allowing us to testify on SB 1258 SD1. Your consideration of our comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew W. Sasaki', written in a cursive style.

Matthew W. Sasaki
Director, Government Relations



February 24, 2021

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

Senate Bill 1258 SD1 – Relating to Telehealth

Dear Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 1258, SD1, which allows for standard telephone contacts for telehealth purposes. Effective 7/1/50.

HAHP is concerned about the measure’s proposal to remove “standard telephone contacts” from the definition of telehealth throughout the Hawaii Revised Statutes. While HAHP supports telehealth as a modality of care for specific circumstances and care, we believe removing the exemption for “standard telephone contacts” is inappropriate at this time.

Thank you for allowing us to testify expressing concerns on SB 1258 SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

SB-1258-SD-1

Submitted on: 2/22/2021 9:22:16 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Doede	Testifying for Ka'u Wellness, Primary Care Clinic in Ocean View, HI	Support	No

Comments:

As a primary care physician in a very rural and underserved populaion on the Big Island, it's very important to have all aspects of accessibility for our patients, and many do not have video capability, or even internet to do video telemedicine, but many have benefitted from phone visits during the COVID pandemic through our office. I greatly appreciate your consideration to keep this service available and re-imburseable for our efforts to provide care.



**Testimony to the Senate Committee on Commerce and Consumer Protection
Wednesday, February 24, 2021; 9:30 a.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: SENATE BILL NO. 1258, SENATE DRAFT 1, RELATING TO TELEHEALTH.

Chair Baker, Vice Chair Chang, 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** Senate Bill No. 1258, Senate Draft 1, RELATING TO TELEHEALTH.

The bill, as received by your Committee, would codify the suspension of statutes that prohibit the use of telephone services under telehealth. The bill would also take effect on July 1, 2050, to facilitate continued discussion on this issue.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

Following efforts on the federal level to relax regulations on telehealth in both Medicare and Medicaid, the Governor suspended various statutes that specifically prohibited the use of telephone services from telehealth coverage. Government agencies found that for many of the elderly -- especially in rural areas -- they do not have adequate access to computers, smart phones, and broadband connection to make traditional telehealth methods feasible. Also, because of geographic isolation, many find their land line telephone as their only link to health care providers. With the suspension of these statutes, the Department of Human Services has been able to establish procedures that allow for telephone services to be incorporated into the provision of health care services in Medicaid.

Testimony on Senate Bill No. 1258, Senate Draft 1.
Wednesday, February 24, 2021; 9:30 a.m.
Page 2

For people with adequate broadband access, telehealth was intended to be a lifeline for the provision of essential primary health care services. Yet, because rural and underprivileged communities lack adequate broadband access, they are effectively cut off from primary care. Many are forced to bear their maladies until it became necessary to go to the emergency room.

The Governor's suspension of statutes that prohibit the use of standard telephonic service in telehealth has temporarily eased this inequity. For those without adequate broadband, at least for now, they are able to obtain basic primary care services over landline telephones. But that is neither adequate, tenable, nor fair to the thousands of citizens who lack broadband access.

Unless the Legislature codifies this suspension into law, health care providers will only be able to use telephonic services in telehealth as long as the Governor's Emergency Proclamation is valid. It should also be noted that *In Re Certified Questions from the United States District Court, Western District of Michigan, Southern Division (Midwest Institute of Health, PLLC v. Governor)*, Docket No. 161492 (October 2, 2020), the Michigan Supreme Court determined that dozens of Michigan executive orders issued to fight the coronavirus pandemic were unconstitutional.

The ruling invalidated orders ranging from business restrictions to mask mandates, and forced the Michigan State Legislature to return from recess early to enact many of these directives into law. Ruling in the case, the Michigan Supreme Court held, among other things, that the law authorizing the Governor to act in times of public emergency violated the constitution **because it delegated to the executive branch the legislative powers of state government indefinitely.**

Lastly, we want to emphasize that for our member FQHCs, telephonic telehealth is considered the method of last resort for engaging patients. Only when all other means are not available is telephonic telehealth utilized.

For these reasons, the HPCA urges your favorable consideration of this important 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@hawaiiipca.net.

Testimony of
Jonathan Ching
Government Relations Manager

Before:
Senate Committee on Commerce and Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair

February 24, 2021
9:30 a.m.
Via Videoconference

Re: SB 1258 SD1, Relating to the Telehealth

Chair Baker, Vice Chair Chang and committee members, thank you for this opportunity to provide testimony on SB 1258 SD1, which allows for standard telephone contacts for telehealth purposes.

Kaiser Permanente Hawai‘i offers the following COMMENTS on SB 1258 SD1 and requests an amendment.

Kaiser Permanente Hawai‘i is Hawai‘i’s largest integrated health system that provides care and coverage for approximately 260,000 members. Each day, more than 4,400 dedicated employees and more than 600 Hawai‘i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai‘i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Kaiser Permanente Hawaii also provides access to high-quality care through audio-only telephone visits as part of our integrated approach to care delivery, and we believe this modality is important to offer for individuals who do not have access to, or may not be comfortable with using, video conferencing technology. Therefore, we support the inclusion of audio-only telephone as part of the definition of “telehealth.” However, while we support appropriate payment for all telehealth modalities, given that the costs associated with different types of visits/encounters can vary substantially, we would not be in favor of mandating that all telehealth modalities be reimbursed at parity with in-person visits.

We offer the following amendments to SB 1258 SD1. These amendments would have the effect of permitting health insurers and providers to negotiate appropriate reimbursement rates for audio-only telephone visits, remote monitoring services, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange.

Proposed amendments to SB 1258 SD1:**1. In Section 3: Amend HRS §431:10A-116.3(c) to read:**

(c) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

2. In Section 4: Amend HRS §432:1-601.5(c) to read:

(c) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

3. In Section 5: Amend HRS §432D-23.5(c) to read:

(c) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

We ask the committee to adopt our proposed amendments for SB 1258 SD1. Mahalo for the opportunity to testify on this important measure.



HAWAII MEDICAL ASSOCIATION

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

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Date: February 24, 2021
From: Hawaii Medical Association
Michael Champion MD, President
Christopher Flanders DO, HMA Legislative Liaison
Stephen Kemble MD, HMA Legislative Liaison
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee
Linda Rosehill, Legislative Affairs

Re: SB 1258, Telehealth; Allows for standard telephone contacts for telehealth purposes.

Position: SUPPORT

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

This measure will positively impact access for Hawaii's elderly patients as well as those patients in rural/underserved areas and low income households, who only have standard telephonic service. We applaud the state lawmakers in these efforts to maintain this vital healthcare connection for our most vulnerable Hawaii patients who cannot afford or use the devices for video technology.

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

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

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Thomas Kosasa, MD

Testimony to the Senate Committee on Commerce and Consumer Protection
Wednesday, February 24, 2021; 9:30 a.m.
State Capitol Via Videoconference

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

Chair Senator Rosalyn H, Baker, Vice Chair Senator Stanley Chang, and Members of the Committee on Commerce and Consumer Protection

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

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

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

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

- Patient does not have a camera enabled device (16%)
- Patient does not know how to use video app (7%)
- Patient has no internet access (7%)
- Patient has poor internet connectivity (42%)

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

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

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



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

DATE: February 24, 2021 9:30 A.M. - VIA VIDEO CONFERENCE

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

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

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

Thus, HPA believes more can be done legislatively to ensure greater parity between services provided through telephone contacts-telehealth, and that which is made through traditional face-to-face contact. **HPA therefore respectfully requests this committee to consider adding the language of HB384 to this bill, which more comprehensively addresses: reimbursement coverage; deductible copayment requirements; annual or lifetime durational limits; lifetime maximum benefits for services; utilization reviews; electronic communications technology platforms requirements; and prescribing medications.**

HPA joins the American Psychological Association in supporting and advocating greater **access** to evidence-based health services, including mental and behavioral health services, within public and private healthcare delivery systems. Such **access requires regulation that ensures insurance reimbursement rates and scope of practice provisions are equitable** for the full range of psychologists' services - including psychotherapy, health and behavior, testing, and telehealth services.

We believe the language of HB384 will help ensure that the full range of health and behavioral health services will continue to be in place and be reimbursable by accident and health or sickness insurance plans beyond the current state of Public Health Emergencies.

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

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee



ACOG
The American College of
Obstetricians and Gynecologists

*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American Samoa) Section*

TO: Senate Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

DATE: Wednesday, February 24, 2021

FROM: Hawai'i Section, ACOG
Dr. Reni Soon, MD, MPH, FACOG, Chair
Lauren Zirbel, Community and Government Relations

**Re: SB 1258_SD1 – Relating to Telehealth
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician-gynecologist physicians in our state, and we support SB 1258_SD1 which would allow standard telephone contact for the purpose of telehealth be used by healthcare professionals. Healthcare professionals, including many of our members, have been able to not only maintain, but also expand access to healthcare through telehealth during the COVID-19 pandemic. Despite statewide lockdowns, concerns about person-to-person transmission, and travel restrictions, OB/GYNs across our state have been able to continue to provide quality, patient-centered care through telehealth.

Not all of our patients, however, have access to broadband internet service or smart phones. This is not practical or feasible for some of our patients, and equity calls for allowing telephone contact to be able to deliver healthcare to all of Hawaii's residents.

Research has shown the benefits of telehealth in obstetric and gynecologic care.^{1,2} In many cases, these visits are deemed to be as effective as, or without statistically significant differences in outcomes from, in-person visits. For certain conditions, telehealth helps address barriers to access, reduces the number of unscheduled office visits, decreases ER visits and readmissions to the hospital, and improves rates of adherence to treatment guidelines. Patients often prefer telehealth visits in place of some in-person visits.

HI ACOG supports SB 1258_SD1 which would increase access to healthcare.

Mahalo for the opportunity to testify.

¹ Pflugeisen BM, McCarren C, Poore S, Carlile M, Schroeder R. Virtual visits: managing prenatal care with modern technology. MCN Am J Matern Child Nurs 2016;41:24-30.

² DeNicola N, Grossman D, Marko K, Somalkar S, Butler Tobah YS, Ganju N, et al. Telehealth interventions to improve obstetric and gynecologic health outcomes: a systematic review. Obstet Gynecol 2020;135:371-82.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Rosalyn Baker, and members of the Senate Committee on Commerce and Consumer Protection

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

Decision Making Date: February 24, 2021

Hearing Time: 9:30 a.m.

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

Position: **SUPPORT**

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

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

We are encouraged that telehealth expansion during the health crisis has enabled many individuals to receive much-needed treatment for mental health and substance use disorders, some for the first time. The changes were necessary to comply with stay-at-home orders and preventive measures. Hawai'i psychiatrists quickly adapted to telehealth. No-show rates significantly decreased; with patients no longer having to leave their homes to access care. Some reported a no-show rate of 0%. For older patients who cannot use video software and patients who lack broadband access or technology for video-only, the current ability to reach patients solely over the telephone has been critical to ensuring continuity of care. These changes have also allowed many clinics and practices to stay open when they may have otherwise been forced to close down.

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

Mahalo,

Megan Araujo, MD

Chair, Legislative Committee, Hawaii Psychiatric Medical Association

SB-1258-SD-1

Submitted on: 2/23/2021 3:33:50 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
stuart lerner	Testifying for Stuart Lerner, MD	Support	No

Comments:

As an addendum,

Please institute this bill as soon as possible.

Retroactive to JAn 1 2021 is ideal.

The begin date of 2050 is too late.

Patients need help now .

Thank you.

Stuart Lerner, MD

SB-1258-SD-1

Submitted on: 2/22/2021 1:30:55 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brijit Reis	Individual	Support	No

Comments:

I am a pediatrician. Our pediatric group, Reis Pediatrics, works at several offices. One of them is at a RHC (rural health clinic). At this clinic we often have difficulty connecting with our patients due to issues with bandwidth and other barriers. The patients we serve at the RHC are in the higher risk groups for becoming ill from COVID19. In order to provide them with equity in healthcare and protect our most vulnerable populations, we need to be able to offer them the option of telephonic visit access.

SB-1258-SD-1

Submitted on: 2/22/2021 5:58:16 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jerris Hedges	Individual	Support	No

Comments:

Please support this bill and build flexibility and capacity for reaching more in Hawaii who need health care.

Jerris Hedges, MD

SB-1258-SD-1

Submitted on: 2/22/2021 8:25:47 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ailea Apana	Individual	Support	No

Comments:

I support this bill.

SB-1258-SD-1

Submitted on: 2/22/2021 9:50:32 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

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

Comments:

Having audio-only telehealth services would provide access to rural areas/communities who have limited internet/wi-fi/broadband infrastructure and for those who can't afford a mobile cell phone with a data plan. Once connected to telehealth services, eventually these patients can convert to audio-video or physically in-person services once those become available in their area or if they can afford a data plan for their mobile phone.

SB-1258-SD-1

Submitted on: 2/22/2021 2:04:22 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ann chang	Individual	Support	No

Comments:

Hi I am an OB/GYN practicing in Honolulu, HI. A lot of my patients don't have reliable access to the internet or smartphones. A lot of patients have also been negatively affected by the COVID pandemic. It is not infrequently that I have a patient in isolation or quarantine needing a telehealth visit. Thus I often have to rely on standard phone only telehealth visits. It is pertinent that we continue to allow standard phone only visits, especially for our more vulnerable populations.

Thank you,

Ann Chang

SB-1258-SD-1

Submitted on: 2/22/2021 3:50:47 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Naomi Bikle MD	Individual	Support	No

Comments:

As a physician on the Big Island, I support this measure to increase access to our underserved, rural, and low income communities. Many of my patients do not know how to access telehealth platforms, or do not have a strong internet connection to have a good quality telehealth session, and I end up using the phone instead. Thank you for your consideration.

Naomi Bikle, MD | Kailua Kona, HI

TO: Committee on Commerce and Consumer Protection

DATE: February 24, 2021

FROM: Bliss Kaneshiro MD, MPH

Re: SB 1258

Position: STRONG SUPPORT

I am an obstetrician-gynecologist (OB/GYN) in Hawai'i, and I am writing in support of Senate Bill 1258 which would increase access healthcare by standard telephone contact for the purpose of telehealth. I have been a telehealth provider since 2016.

Although many patients are able to access videoconferencing, some are not and would benefit from care being delivered through standard phone calls. This is particularly true of older patients, neighbor island patients, rural patients, those without smartphones or reliable broad band service. Though smartphones and broadband service have helped many patients access healthcare, our most disadvantaged patients do not have access to either.

Passage of this bill could help to expand health care.

Thank you,

Bliss Kaneshiro MD, MPH

SB-1258-SD-1

Submitted on: 2/22/2021 6:48:44 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Harris	Individual	Support	No

Comments:

As an OBGYN, telehealth has allowed me to remain connected to my patients through the pandemic despite state lockdowns and patient concerns for in-person appointments.

Limitations to video visits include internet access or availability of a smart phone. Telephone visits should counted as telehealth in order to provide equal access to patients with these barriers.

Thank you for the opportunity to testify.

SB-1258-SD-1

Submitted on: 2/22/2021 5:47:26 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eric Lindborg MD	Individual	Support	No

Comments:

As a physician with long experience in telemedicine, as a past staff physician with Kaiser and a current physician at West Hawaii Community Health Center. I strongly support reimbursement for telephone consults commensurate with videoteleconferencing. In many cases the phone consults are equivalent in providing high quality care, and they are superior in supporting pateint access to medical care.

SB-1258-SD-1

Submitted on: 2/23/2021 8:39:30 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Celia Ona	Individual	Support	No

Comments:

I am a Board Certified Psychiatrist and a Distinguished Fellow of the American Psychiatric Association; and have been in psychiatric practice for over 30 years. I fully support SB1258 SD1 on behalf of my patients and the population I served.

SB-1258-SD-1

Submitted on: 2/23/2021 8:46:10 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rika suzuki	Individual	Support	No

Comments:

Aloha,

I would like to submit testimony in **SUPPORT OF SB 1258 SD1.**

Telehealth has been a valuable, lifesaving modality of delivering care in my psychiatric practices, both private and public community work/patients.

Due to having many seniors or those impoverished without broadband/wifi and also technological limitations, telephone contact visits have been very critical for maintaining continuity of care and have been very helpful for maintaining my pt's psychiatric and medical care in these times of acute mental health crises. Please consider the needs of those who cannot engage in video formats at this time especially as mental health impacts of Covid are surging.

Thank you, Rika Suzuki MD adult and geriatric psychiatry

SB-1258-SD-1

Submitted on: 2/23/2021 8:34:37 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark R. Villarin	Individual	Support	No

Comments:

I am a board certified OB/GYN physician who practices in Honolulu. Many of my patients do not have access to smart phones or broadband internet. One such a patient was a woman with chronic hypertension who I called several times on the phone to help her hypertension . She ultimately did well, but may not have if I had not called her.

Thank you for your consideration.

Sincerely,

Mark R. Villarin, MD, FACOG

SB-1258-SD-1

Submitted on: 2/23/2021 9:29:13 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
An Phan	Individual	Support	No

Comments:

I support expanding telehealth for physicians and other healthcare providers to expand access and reach to all of Hawaii's vulnerable populations.

SB-1258-SD-1

Submitted on: 2/23/2021 9:53:33 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ing, MD	Individual	Support	No

Comments:

I strongly support this bill

SB-1258-SD-1

Submitted on: 2/23/2021 9:02:00 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Denis Mee-Lee	Individual	Support	No

Comments:

I strongly support this Bill. If not passed, a quarter of my patients would not receive psychiatric services in this troublesome time.

LATE

SB-1258-SD-1

Submitted on: 2/23/2021 11:28:18 AM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tamarin McCartin	Individual	Support	No

Comments:

I am an OB/GYN physician who practices in Aiea. Many of my patients do not have access to smart phones or broadband internet. Additionally many of my patients are caregivers for their children who are being schooled at home due to COVID restrictions whereby a face-to-face visit or a video chat would be extremely burdensome or impossible. Many more of my patients are elderly, are at high risk of infection, and are not internet savvy. In my practice there are dozens of examples of patients for whom standard telephone contact was vital to their diagnosis and care given all of these reasons. I strongly support the use of standard telephone contact for telehealth benefits.

LATE

SB-1258-SD-1

Submitted on: 2/23/2021 12:51:06 PM
Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Erik Masayuki Shipley	Individual	Support	No

Comments:

As a General and Child Psychiatrist, i am receiving on-the-go feedback from patients and families. I have a tremendous respect for the utility of telehealth for providing psychiatric and medical services. My patients and families are improving in their health and functioning. By being able to provide telehealth services, they are not bound to difficulties going to appointments like traffic, timing, daycare needs, time off from work. They are more able to function and telehealth has empowered them. The outcomes are improving. No-show appointments are now uncommon and that is completely due to telehealth as an option for care. I believe that having the telehealth option available is critical to helping patients adapt to an ever-changing, technologically driven and more-demanding world of work and school. Please allow us to continue offering these services and make sure that they are reimbursed.

LATE

SB-1258-SD-1

Submitted on: 2/23/2021 12:24:33 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Emilie Stickley, MD	Individual	Support	No

Comments:

I am an OB/GYN physician, practicing on Hawai'i Island. This is an extremely underserved area of Hawai'i. Many of my patients live in very rural areas without the ability to access video conferencing, wifi, or smart phones. This is a very at-risk population, with limited access to medical services, and often no transportation.

I have seen a significant impact on my ability to provide care to these patients through standard telephone visits. This has improved their access to necessary medical education and health care management. Through standard telephone care, I have been able to establish a relationship with an adult survivor of cult-related sexual abuse that lives remotely with no wifi access and has never seen an OBGYN in her life. Following establishment of telephone care she then came to see me for an in-person visit. I have also been active in fracture prevention through osteoporosis counseling and treatment for the elderly population without smartphones and video conferencing abilities. These are just a few examples of the wide-reach of standard telephone medical care.

Telephone care is not meant to replace regular in-person visits, but is meant to serve as a supplement for at risk populations, to allow us to reach individuals that previously have not had access to a physician. This type of medical care will improve long-term outcomes, and ultimately reduce health care costs through preventative care, counseling, education and continuity.

I strongly support the use of standard telephone contact for telehealth benefits.

SB-1258-SD-1

Submitted on: 2/23/2021 1:37:52 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Adam Kusic	Individual	Support	No

Comments:

I have had the privilege of providing care to patients via Telehealth as a psychiatry resident during the COVID19 pandemic. I have seen an incredible benefit to patients in their ability to access care from their physicians when it is not safe to travel, or they do not have the means/technical capacity to use video modalities. Reducing barriers for patients to access their physicians is something that can only improve health outcomes. I support SB1258.

SB-1258-SD-1

Submitted on: 2/23/2021 1:49:13 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Imanaka	Individual	Support	No

Comments:

Strongly support tele health and its ability to provide access to individuals with transportation difficulties or who may be reluctant about being seen going to a mental health provider for confidentiality reasons. Working tele health for the past year I have found it extremely beneficial for my patients.

STUART LERNER, MD

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LATE

2/20/21

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Re: SB 1258 SD1 – Relating to Telehealth

Dear Chairs and Committee Members.

I am a physician in primary care and rise in strong support of SB 1258.

During the recent pandemic, telephone and Telehealth visits have been invaluable in enabling physicians in all specialties to care for patients of all ages and locations, safely and efficiently.

President Trump's executive order expanding Telehealth and telephone visits in Medicare, reimbursed equivalently to office rates, are still in place, and will likely be made permanent under President Biden due to the enhanced access to care. It is the only thing the 2 presidents agree on. All insurers in Hawaii are continuing the Medicare statute's intent, except one.

The insurer's objection that care will not be 'equitable' is simply untrue and without merit. There is no difference in a physician's ability to care for patients over the phone versus video. If a serious condition was discovered by phone, patients would be asked to come to the office or ER. On the other hand, just yesterday, I evaluated a patient over the phone and prevented a much costlier visit to an urgent care. Telephone visits save time and money!

Phone visits, including texts and Telehealth should be treated the same, as medical assessments and decisions are made with either technology. Video adds little to most phone encounters. Also, elderly patients, many who do not have a computer or smart phone, are being discriminated against by having decreased access to care if they 'only' have a phone, and it cant be used. Imagine if this committee or any service business was told they would not be able to get paid if they used a telephone to do business. It would be laughable.

In summary, I strongly urge you to support this bill for greater access to care, and more efficient use of your health care dollars. Please adopt this measure immediately and to apply to services retroactive to Jan 1, 2021, and not in 2050! It will certainly not matter by then.

Mahalo for your time.

Stuart Lerner, MD

LATE

SB-1258-SD-1

Submitted on: 2/23/2021 3:59:38 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jared Acoba	Individual	Support	No

Comments:

I am a medical oncologist who practices on Oahu. I am one of only three physicians with privileges to prescribe chemotherapy on Molokai. Many of my patients do not have access to smart phones or broadband internet. This includes two of my Molokai patients who are currently receiving chemotherapy. Without the option of telephone visits, these patients would need to fly to Oahu for visits and to receive their chemotherapy.

LATE

SB-1258-SD-1

Submitted on: 2/23/2021 7:33:54 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Nagamine	Individual	Support	No

Comments:

I am an OB/GYN physician who practices on Oahu. Many of my patients do not have access to smart phones or broadband internet. Additionally many of my patients are caregivers for their children who are being schooled at home due to COVID restrictions whereby a face-to-face visit or a video chat would be extremely burdensome or impossible. Many more of my patients are elderly, are at high risk of infection, and are not internet savvy. In my practice there are dozens of examples of patients for whom standard telephone contact was vital to their diagnosis and care given all of these reasons. I strongly support the use of standard telephone contact for telehealth benefits.

LATE

SB-1258-SD-1

Submitted on: 2/23/2021 10:56:29 PM

Testimony for CPN on 2/24/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MJL	Individual	Support	No

Comments:

I am an OB/GYN physician who practices in Honolulu. Many of my patients do not have access to smart phones or broadband internet. Additionally many of my patients are caregivers for their children who are being schooled at home due to COVID restrictions whereby a face-to-face visit or a video chat would be extremely burdensome or impossible. Even in a major hospital in Honolulu, there is often not enough bandwidth to conduct video telehealth visits with patients, so we often resort to telephone calls, because there is no other way to communicate. In my practice there are dozens of examples of patients for whom standard telephone contact was vital to their diagnosis and care given all of these reasons. I strongly support the use of standard telephone contact for telehealth benefits.

LATE

February 23, 2021

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

RE: SB 1258, SD1- Relating to Telehealth

RE: Wednesday, February 24, 2021
09:30am CR 229 & Videoconference

Aloha Chair Baker, Vice Chair Chang, and Committee Members:

My name is Maile Holokai, and I am a community health worker on Maui. I work primarily with homeless kupuna ensuring that they have access to healthcare. I am testifying in support of SB 1258, SD1.

For the past 4 years I have assisted homeless kupuna in obtaining Lifeline Mobile Service. They have difficulty operating smartphones. I used to simplify the home screen with only the phone function and hiding other apps on a secondary screen. With COVID I no longer have the ability to have contact face to face and it is difficult to instruct or assist. 100% of the kupuna prefer using a regular phone and have the ability to answer the phone without assistance.

Some of the homeless kupuna that I assist lack the broadband access which hinders the ability to transmit audio and video data at the same time. They are sometimes staying in remote areas where signal is too weak for video.

Although the Lifeline Mobile Service includes 4.5 GB of data they will run out of data before the end of the month. Most of them have complex medical diagnosis, mental health diagnosis and substance abuse. This means that doing a telehealth visit that includes video with different providers will use most of the data before the month is over.

Telehealth has made it easier for this population to stay engaged with both behavioral and medical health providers. Allowing standard telephone contacts will ensure that there is equity for engagement with medical and behavioral health providers for homeless kupuna. It ensures that they are not isolated because of their inability to navigate or difficulty of dexterity utilizing a smartphone when it is easier for them to press a button or flip open a phone. It includes kupuna who have a lack of broadband access to have video capabilities due to their remote location. It will also provide a way for those who will utilize all of their data for the month because of several telehealth visits with different providers. For these reasons I support SB 1258, SD1.

Mahalo,

Maile Holokai

808-879-8584