



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, February 22, 2022
10:00 a.m.
Room 229 and Via Videoconference**

**On the following measure:
S.B. 2073, S.D. 1, RELATING TO TELEHEALTH**

WRITTEN TESTIMONY ONLY

Chair Baker and Members of the Committee:

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

The purpose of this bill is to allow for standard telephone contacts for telehealth purposes.

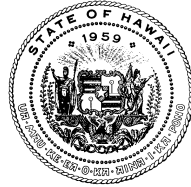
This bill would amend the definitions of "telehealth" in the State's insurance laws to remove an exclusion that currently applies to standard telephone contacts.

We appreciate efforts to expand access to healthcare services. However, it is unclear whether this amendment to the definition of telehealth would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a) or subject to defrayment provisions under 45 CFR § 155.170(b), which apply to benefits "in addition to the essential health benefits."

The adoption of telehealth services has reduced barriers to care during the COVID-19 public health emergency. The law on coverage for telehealth currently provides that telehealth reimbursement levels are equivalent to the same service provided via face-to-face contact. The National Association of Insurance Commissioners commented in a January 27, 2022 letter to the U.S. Department of Health and Human Services that the use of telehealth should be one factor in determining sufficient network coverage, but its value should be carefully considered and balanced with making in-person care sufficiently available. Telehealth is clinically different than in-person care and may not provide the same level of care in some situations.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Commerce and Consumer Protection
in SUPPORT of S.B. 2073, S.D. 1
RELATING TO TELEHEALTH

Tuesday, February 22, 2022 at 10:00 a.m.

CHAIRPERSON
Richard I. Ries Psy.D., M.S.Ed.

1st VICE CHAIRPERSON
Christopher Knightsbridge,
MAIR, MACL

2nd VICE CHAIRPERSON
Katherine Aumer, Ph.D.

SECRETARY
Eileen Lau-James, DVM

MEMBERS:

Antonino Beninato

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Jon Fujii

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Beatrice "Kau'i" Martinez

Kathleen Rhoads Merriam, LCSW,
CSAC

Tara Reed, BSW

Jennifer Renfro

EX-OFFICIO:

Marian Tsuji,
Deputy Director, Behavioral
Health Administration

Chair Baker, Vice-Chair Chang and Members of the Senate Commerce and Consumer Protection Committee:

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, collectively representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The majority of SCMH members **SUPPORT** the intent of this measure. Generally, we are supportive of using telehealth as an additional tool to communicate with people seeking health care services. Expanding coverage to allow standard telephone contacts for telehealth purposes related to behavioral health services is a step in the right direction for creating a health care system that is accessible to all people who live with and are challenged by mental health issues.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

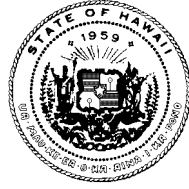
Who We Are

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The mission of the SCMH is to advocate for a Hawaii where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice. Should you want to contact us in the future, please e-mail DOH.SCMHChairperson@doh.hawaii.gov

For more information about the State Council on Mental Health, please visit: www.scmh.hawaii.gov

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 20, 2022

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

FROM: Cathy Betts, Director

SUBJECT: **SB 2073 SD1– RELATING TO TELEHEALTH.**

Hearing: Tuesday, February 22, 2022, 10:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments.

PURPOSE: The purpose of the bill is to allow for standard telephone contacts for telehealth purposes. Effective 1/1/2050. (SD1) The SD1 defected the effective date to encourage further discussion.

During the pandemic, the use of telehealth for many services increased. Also, during the pandemic, the Med-QUEST Division (MQD) increased flexibility to use telephonic modality to provide some health care services. The latter has been helpful during the pandemic when access to in-person care was limited. Flexible telephonic service also acknowledges and seeks to remedy digital health disparities for individuals without access to audio-visual technology needed for telehealth, such as populations in rural communities or geographic areas that lack internet access or infrastructure and those without "smart" devices.

As the pandemic has worn on, both nationally and locally, Medicaid programs, payers, and healthcare providers have been monitoring and assessing the use of telehealth and the use of the telephone for healthcare services' clinical outcomes, quality, costs, and program integrity. Regarding telephonic care, there is general agreement that some guardrails are

needed for the ongoing utilization of a telephonic modality. Parameters are needed to ensure positive clinical outcomes long-term, program integrity, and so that there is no inadvertent deepening of health disparities among those whose access to care would be mainly via the phone. MQD would like to have the option of adding guardrails as needed should this bill move forward.

The cost of care for in-person care, audio-visual technology, and the telephone is very different. The Department respectfully suggests reimbursement equity for telephonic modality and not the fiscal parity that currently exists for in-person care and the audio-visual telehealth modality.

Therefore, DHS appreciates the intent to allow the use of telephonic healthcare; however, has concerns regarding the parity of telephonic modality with audio-visual telehealth and in-person care.

Thank you for the opportunity to testify on this measure.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, February 22, 2022 at 10:00 a.m.

By

Jerris Hedges, MD, Dean and
Lee Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO, UH JABSOM
John A. Burns School of Medicine

And

Michael Bruno, PhD
Provost
University of Hawai'i at Mānoa

SB 2073 SD1 – RELATING TO TELEHEALTH

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

Thank you for the opportunity to present testimony today. The John A. Burns School of Medicine (JABSOM) **supports SB 2073 SD1** which allows for standard telephone contacts for telehealth purposes.

Since 1999, the use and expansion of telehealth services and technology in Hawai'i has been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the state. 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. We note that Medicare and Medicaid pay equally for telephonic and telehealth services, recognizing the importance of telephonic services. 42 CFR § 410.78 defining telehealth services provides as follows:

“(3) Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, **interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an**

interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” Emphasis added.

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 the opportunity to provide testimony on this bill.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129

February 22, 2022

LATE

TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senate Bill 2073, Senate Draft 1 – Relating to Telehealth

The Disability and Communication Access Board (DCAB) supports Senate Bill 2073, Senate Draft 1 Relating to Telehealth. This bill allows for standard telephone contacts for telehealth purposes.

Telehealth is a valuable option for people with disabilities. Telehealth appointments assist patients with mobility disabilities who may have transportation difficulties to attend in-person. Patients with disabilities who have certain underlying conditions may be at a higher risk for severe illness from COVID-19 and will have an option to schedule telehealth appointments.

Telecommunication services including standard telephone contacts is still a feasible telehealth option for many residents in underserved and low income communities. In addition, there are individuals with disabilities who prefer standard telephone calls to receive medical information instead of using a virtual platform.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

Kristine Pagano

KIRBY L. SHAW
Executive Director



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The State Legislature
The Senate Committee on Commerce and Consumer Protection
Tuesday, Feb 22, 2022
10:00 a.m.

TO: The Honorable Rosalyn Baker, Chair
RE: S.B. 2073 S.D.1 Relating to Telehealth

Aloha Chair Baker and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and over 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. **AARP supports S.B. 2073 S.D.1** which allows the use of standard telephone contact for telehealth purposes.

AARP believes that telehealth is a promising tool that can help people access health care in new ways and can make it easier for family caregivers to care for their loved ones. The use of telehealth technologies has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient.

However, we recognize that not everyone is comfortable with digital technology and/or know how to use video calls for their telehealth visit with their health care provider. Some people prefer to use the standard telephone especially if a face-to-face visit is not necessary. With inconsistent wi-fi connectivity in many areas, and limited access and knowledge in using video technology, a telephone remains the preferred mode for communication for many especially kupuna. This measure provides the residents with this option.

Thank you very much for the opportunity to testify in support on **S.B. 2073 S.D.1**.

Sincerely,

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

Keali'i S. López
State Director



February 22, 2022 at 10:00 am
Via Videoconference

Senate Committee on Commerce and Consumer Protection

To: Chair Rosalyn H. Baker
Vice Chair Stanley Chang

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: **Testimony Supporting Intent**
SB 2073 SD1, Relating to Telehealth

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 health care 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 **support the intent** of this measure. Telehealth was a critical way for many patients to receive needed care during the pandemic, and it is clear that this modality of care will become a permanent part of the care options available to patients and providers. There are many benefits to telehealth, including providing more specialized services to rural areas, making appointments easier for some patients to get to, and allowing many to seek care in the privacy of their own homes.

Many payors, providers, and researchers are still grappling with some questions regarding whether telehealth is clinically appropriate in all settings and for all causes. Further, as we expand our use of telehealth, we must consider what modalities can and should be used in certain cases, and how they should be paid. **We appreciate the intent of this measure and would suggest that the committee consider make telephonic telehealth services available permanently, but at a different rate of reimbursement than for face-to-face or audio-visual services.**

Thank you for your consideration of our comments.



SB2073 SD1 Use Telephone for Telehealth

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Tuesday, Feb 2 2022: 10:00 am : Videoconference

Hawaii Substance Abuse Coalition supports SB2073 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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

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 are in need of services that otherwise would not have access to services, especially for rural areas.

U.S. Congress has stated that preliminary evaluations have demonstrated that telehealth practices do save money and improve 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.

Telephone services are an integral part of Medicaid and Medicare and can be for commercial plans as well subject to financing and authorizations.

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.



February 18, 2022

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

Re: SB 2073 SD1 – Relating to Telehealth

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in opposition on SB 2073, SD1, which allows for standard telephone contacts for telehealth purposes. Effective 1/1/2050.

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, this modality does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify on SB 2073 SD1. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

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

From: Dr. Denis Mee-Lee Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association

Time: Tuesday, February 22, 2022

Re: SB 2073 SD1, RELATING TO TELEHEALTH

Position: **SUPPORT**

Dear Chair Baker, Vice-Chair Chang and Members of the Committee on Commerce and Consumer Protection:

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of SB2073 SD1, Relating to Telehealth, which allows for standard telephone contacts for Telehealth purposes.

HPMA represents between 100 and 200 Physicians, who, after four years of medical school, receive additional years of specialty training in Psychiatry.

HPMA appreciates that the American Psychiatric Association has worked closely with CMS on Telehealth legislation. While services delivered through audio-only technology are not our first choice when providing care, we recognize that telephonic care is an important tool to ensure continuity of care to certain vulnerable patients.

HPMA supports Telehealth with a focus on best practices and ensuring patient safety.

HPMA supports expanding access to care to Medically Underserved Populations in Medically Underserved areas. Still, we note that Hawaii's Underserved residents deserve safe, quality care as Telehealth access expands.

HPMA has concerns regarding the parity of telephonic modality with audio-visual Telehealth and in-person care.

Remote face-to-face patient-provider interaction allows for increased access and quality of care; while HPMA does support standard telephone contacts as a form of care delivery, clinical outcomes of this modality are not always equivalent to outcomes received with a face-to-face patient-provider interaction.

Thank you allowing HPMA the opportunity to testify on this important measure.



**Testimony to the Senate Committee on Commerce and Consumer Protection
Tuesday, February 22, 2022; 10:00 a.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: SENATE BILL NO. 2073, 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 THE INTENT** of Senate Bill No. 2073, Senate Draft 1, RELATING TO TELEHEALTH., and offer **PROPOSED AMENDMENTS** for your consideration.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would repeal the statutory prohibition on telehealth reimbursement for services delivered by standard telephonic contact. This bill would apply to Medicaid (Chapter 346, Hawaii Revised Statutes (HRS)), accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS).

This bill would take effect on January 1, 2050.

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

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

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

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

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

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

This Committee may wish to consider the inclusion of a definition for "interactive telecommunications system" that provides the basic requirements applicable for audio-only communications, and then allow MedQUEST to amend the specifics pertaining to health care providers, as they deem it necessary, and subject to inclusion into the State Medicaid Plan and approval by CMS.

Ultimately any change to the benefits provided through Medicaid in the State of Hawaii must be approved by the federal government.

Testimony on Senate Bill No. 2073, Senate Draft 1
Tuesday, February 22, 2022; 10:00 a.m.
Page 3

If similar language was applied to accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS), the same benefit would be applicable to ALL consumers. Specific concerns could also be addressed through rulemaking by the Insurance Commission for these chapters.

If it is good enough for Medicare and Medicaid why not private insurance as well?

For your consideration, attached please find proposed amendments that would integrate the definition of "interactive telecommunications system" from the 2022 Medicare Fee Schedule Final Rule into Hawaii's Telehealth Law. These amendments would allow audio-only telecommunications for the diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home if the patient is not capable of, or does not consent to, the use of video technology.

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

attachment

A BILL FOR AN ACT

RELATING TO TELEHEALTH.

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

SECTION 1. Section 346-59.1, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. 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 2. Section 346-59.1, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

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

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

"Interactive telecommunications system" means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communications between the patient and distant site physician or practitioner; provided that for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only

communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology; and provided further that the term shall have the same meaning as the term is defined in Title 42, Code of Federal Regulations Section 410.78, as amended.

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, critical access hospital, rural health clinic, federally qualified health center, a patient's home, and other non-medical environments such as school-based health centers, university-based health centers, or the work location of a patient.

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based

communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. ~~[Standard]~~ Except as otherwise provided for in this section, standard telephone contacts, facsimile transmissions[,] or e-mail text, in combination or by itself, does not constitute a telehealth service ~~[for the purposes of this section]."~~

SECTION 3. Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. 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 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

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

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

"Interactive telecommunications system" means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communications between the patient and distant site physician or practitioner; provided that for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology; and provided further that the term shall have the same meaning as the term is defined in Title 42, Code of Federal Regulations Section 410.78, as amended.

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider through telehealth, including but not limited to a health care provider's office, hospital, health care facility, a patient's home, and other nonmedical environments such as school-based

health centers, university-based health centers, or the work location of a patient.

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

SECTION 5. Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. 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 6. Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

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

453, advanced practice registered nurses licensed under chapter 457, psychologists licensed under chapter 465, and dentists licensed under chapter 448.

"Interactive telecommunications system" means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communications between the patient and distant site physician or practitioner; provided that for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology; and provided further that the term shall have the same meaning as the term is defined in Title 42, Code of Federal Regulations Section 410.78, as amended.

"Originating site" means the location where the patient is located, whether accompanied or not by a health care provider, at the time services are provided by a health care provider

through telehealth, including but not limited to a health care provider's office, hospital, health care facility, a patient's home, and other nonmedical environments such as school-based health centers, university-based health centers, or the work location of a patient.

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

transmissions[,] or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this chapter."

SECTION 7. Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) Reimbursement for services provided through telehealth by way of an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. 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 8. Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (g) to read as follows:

"(g) For the purposes of this section:

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

"Health care provider" means a provider of services, as defined in title 42 United States Code section 1395x(u), a

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

"Interactive telecommunications system" means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communications between the patient and distant site physician or practitioner; provided that for services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive

telecommunications system but the patient is not capable of, or does not consent to, the use of video technology; and provided further that the term shall have the same meaning as the term is defined in Title 42, Code of Federal Regulations Section 410.78, as amended.

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

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-

quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. [~~Standard~~] Except as otherwise provided for in this section, standard telephone contacts, facsimile transmissions[,] or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this chapter."

SECTION 9. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 10. This Act shall take effect upon its approval.

Report Title:

Medicaid; Accident and Sickness Insurance; Mutual Benefit Societies; Health Maintenance Organizations

Description:

Conforms Hawaii's Telehealth Law to Medicare standards by clarifying that telehealth services be reimbursed for telehealth services provided by way of an "interactive telecommunications system"

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



**WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

Testimony to the Senate Committee on Commerce and Consumer Protection

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

Tuesday, February 22, 2022; 10:00am

RE: SENATE BILL 2073, SD1: RELATING TO TELEHEALTH.

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. 2073, 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 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, where there is also a question of health equity for the largest Native Hawaiian population in the world.

As the present pandemic surge subsides, as previously mentioned, there has been a change in the manner we administer healthcare in general, but especially in rural and underserved areas. Here, the ability to connect to a virtual visit remains greatly limited, while the barriers to keeping scheduled appointments, which have always resulted in an enormous number of missed appointments, remain unchanged, if not worse. Telehealth is a more valuable modality in these areas than those with good broadband coverage but a relatively healthy population. Behavioral Health has shown the most benefit over the past two years and many of these encounters have been over the telephone. This segment of the population is more likely not to have the means, technically or attitudinally, to use televideo services but satisfactory follow-up of these patients, using telephonic visits, has allowed continued care to some of our most vulnerable and was a revelation that superseded our most optimistic predictions.

An important fact to consider is the entity of clinical content and commitment employed during these visits. While a face-to-face visual component is lacking, the encounter otherwise employs all the powerful aspects of the Electronic Medical Record and is provided by a

certified, knowledgeable healthcare provider using the standard visit protocol. All aspects of record review & ordering capabilities are active and labs, X-rays, specialist referral notes, medications, and chronic conditions are at hand, with the capabilities of analyzing such and ordering further studies. Time employed in the medical visit is documented and reason for choosing this modality is noted. Since the medical visit is so comprehensive, and performed by a highly-trained provider (MD, DO, APRN), it should be compensated at the appropriate level of reimbursement.

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 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.

It should also be noted that we support the HPCA recommendations related to qualifying telephonic visits: *to qualify for full reimbursement the visit must be of defined length and intensity, there should be a documentation of the limitation on full telephonic service, there should be a follow-up services that include care coordination and care enabling as indicated with documentation provided in the medical record.* With these provisions, a telephone encounter is much more than a casual conversation but, rather, has the essential components of a normal medical visit and, therefore, merits full reimbursement according to the prevailing standards.

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.

Tuesday, February 22, 2022 at 10:00 AM
Via Video Conference

Senate Committee on Commerce and Consumer Protection

To: Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

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

Re: **SB 2073 SD1 – Testimony In Support
Relating to Telehealth**

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

Hawai'i Pacific Health writes in SUPPORT of SB 2073, SD1 which allows for standard telephone contact for telehealth purposes.

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

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.

HPH therefore supports the development of a provider reimbursement system that also incorporates reimbursement for telephonic services. Within HPH charges for telephonic services represent 12-15% of total charges for remote physician to patient acute care service charges indicating a need for telephonic services as an alternative care modality.

In the absence of telephonic services being provided or available, these at-risk individuals who confront challenges to broadband access would have need to resort to travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether.

Therefore, we support legislation that fosters a telehealth environment in Hawaii that allows both patients today the ability to access health care services remotely who face challenges accessing traditional audio/visual telehealth services. We also have no objection for telephonic services to be reimbursed at rates less than parity for similar face to face services.

Thank you for the opportunity to testify.

SB-2073-SD-1

Submitted on: 2/21/2022 6:59:32 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|--|---------------------------|-----------------------------------|
| shawna ledward | Testifying for Clinical Psychology Services, LLC | Support | No |

Comments:

I strongly support bill SB273 SDI to allow telephonic telehealth. Among my clinical population, the pandemic has identified groups of individuals who would not have been able to receive care if it were not for telephone telehealth. These include individuals without access to sufficient technology and/or knowledge about how to utilize the technology. Moreover, I have received feedback from patients that the use of telephonic telehealth has been helpful in allowing them to receive the services they needed. Therefore, in an effort to increase access to care for all, I strongly support bill SB273 SDI to allow telephonic telehealth.

Testimony of
Jonathan Ching
Government Relations Director

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

February 22, 2022
10:00 a.m.
Via Videoconference

Re: SB 2073, SD1, Relating to Telephonic Services

Chair Baker, Vice Chair Chang, and committee members, thank you for this opportunity to provide testimony on SB 2073, SD1, which allows for standard telephone contacts for telehealth purposes.

Kaiser Permanente Hawai'i provides the following COMMENTS on SB 2073, SD1.

Kaiser Permanente Hawai'i is Hawai'i's largest integrated health system that provides care and coverage for approximately 265,000 members. Each day, more than 4,400 dedicated employees and more than 650 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.

Since the COVID-19 pandemic began in 2020, the use of telehealth in Hawai'i has dramatically increased as telehealth has been critical to limit the risk of person-to-person transmission while helping to avoid overwhelming our healthcare facilities. While Kaiser Permanente Hawai'i was already providing high-quality care through telehealth modalities, we saw a dramatic increase in the use of telehealth visits between 2019 and 2020. In 2019, approximately 1,000 of our outpatient visits were done as video visits and 458,000 as telephone visits. In stark contrast, in 2020, approximately 67,000 video visits were performed and 777,000 telephone visits. In 2021, approximately 84,000 video visits were performed and 700,000 telephone visits. We expect this number to continue to increase in 2022 in response to the ongoing pandemic and surges fueled by variants such as Omicron.

Kaiser Permanente Hawaii utilizes audio-only telephone visits as a modality to provide access to high-quality care 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 using,

video conferencing technology. Therefore, we support the inclusion of audio-only telephone visits as part of the definition of “telehealth.” **However, we recognize that costs associated with different types of visits can vary substantially and we urge the legislature to take an equity approach to reimbursement rather than requiring all audio-only telephone visits to be paid at parity with in-person visits.** This approach accounts for the provider’s time and resources as well as the relative equivalency to in-person care and allows us to continue to leverage telemedicine as a strategy to make health care more affordable.

While we support the inclusion of audio-only telephone as part of the definition of “telehealth” and 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 should be reimbursed at parity with in-person visits.**

We offer the following amendments to SB 2073, 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 2073, 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 2073, SD1. Mahalo for the opportunity to testify on this important measure.



American Cancer Society
Cancer Action Network
2370 Nu'uau Avenue
Honolulu, Hi 96817
808.460.6109
www.fightcancer.org

House Committee on Health and Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Chair

Hearing Date: February 16, 2022

ACS CAN SUPPORTS SB 2073 – RELATING TO TELEHEALTH

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

Thank you for the opportunity to provide testimony in SUPPORT of SB2073: RELATING TO TELEHEALTH.

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Research shows that while overall cancer mortality rates in the U.S. are dropping, populations that have been marginalized are bearing a disproportionate burden of preventable death and disease. And despite notable advances in cancer prevention, screening, and treatment, not all individuals benefit equitably from this important progress.

Telehealth can help to reduce these disparities and improve health outcomes for all individuals, regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status, or zip code by providing cancer patients with a means of accessing both cancer care and primary care. Advancements in telehealth have allowed for many face-to-face encounters with patients and their health care providers to be supplemented by or, in some cases, substituted with visits that enable providers to deliver clinical services from a distance using options of telehealth. The use of appropriate telehealth services for cancer patients in under-resourced communities can advance health equity.

Thank you for the opportunity to comment on this matter.



HIPHI Board

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Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai

Titiiimaea Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: February 21, 2022

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

Re: Support for SB 2073, SD1, Relating to Telehealth

Hrg: February 22, 2022 at 10:00 AM via videoconference

The Hawai'i Public Health Institute¹ is in **support of SB 2073, SD1**, which allows for standard telephone contacts for telehealth purposes.

HIPHI supports increased access to healthcare services through telehealth services. Telehealth is especially beneficial for neighbor islands and rural areas, where access may be more limited. The COVID-19 pandemic has increased the need and use of telehealth services. Allowing standard telephone contacts for telehealth purposes pursuant to SB 2073, SD1 will increase access to care beyond the pandemic.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink, appearing to read 'Amanda Fernandes', is written over a horizontal line.

Amanda Fernandes, JD
Policy and Advocacy Director

¹ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.



HAWAII MEDICAL ASSOCIATION

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SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Date: February 22, 2022

From: Hawaii Medical Association

Will Scruggs MD

Elizabeth England MD, Vice Chair, HMA Legislative Committee

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: SB 2073, RELATING TO TELEHEALTH

Position: Support

Physicians have rapidly adopted telemedicine technologies to better serve our population. Primary care physicians (PCPs) connect with patients via telemedicine to provide preventive and chronic disease services. Experience shows that many patients, due to limited understanding and/or access to technology and internet services, prefer audio-only interaction. The time and staffing resources physicians put into telephone visits with patients is on par with video visits.

While video telehealth appointments have offered an important alternative for patients, audio-only visits provide a means for our most marginalized communities to access care. Patients who are elderly, on Medicaid, non-English speaking and/or have limited internet access patients are more likely to use audio-only services than video visits.

Payment parity for audio-only telemedicine care is fair and appropriate. This will increase access to care for Hawaii's most vulnerable communities, improve health, and in doing so, reduce long term costs.

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

REFERENCES

Chen, J., Li, K.Y., Andino, J. *et al.* Predictors of Audio-Only Versus Video Telehealth Visits During the COVID-19 Pandemic. *J GEN INTERN MED* (2021). <https://doi.org/10.1007/s11606-021-07172-y>

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Volk J et al. States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. The Commonwealth Fund. Commonwealthfund.org. June 23 2021.

O'Reilly KB. Amid pandemic, CMS should level field for phone E/M visits. Ama-assn.org. Apr 20, 2020.

State Telehealth Laws and Reimbursement Policies Report, Fall 2021. CCHPCA.org. October 2021.

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Testimony to the Senate Committee on Commerce and Consumer Protection
Tuesday, February 22, 2022
10:00 a. m.
Via videoconference

Re: SB 2073 SD 1, RELATING TO TELEHEALTH

Dear Chair Baker, Vice Chair Chang, and Honorable Members of the Senate Committee on Commerce and Consumer Protection:

I am Gary Simon, immediate past president and a current board member of the Hawai'i Family Caregiver Coalition. The mission of the Hawai'i Family Caregiver Coalition (HFCC) is to improve the quality of life of those who give and receive care by increasing community awareness of caregiver issues through continuing advocacy, education, and training.

HFCC supports SB 2073 SD 1, RELATING TO TELEHEALTH, which would allow for standard telephone contacts for telehealth purposes.

Telehealth is especially valuable for those with limited mobility and for those who live in rural areas, hours away from the nearest specialist.

We urge you to support SB 2073 SD 1, and we urge you to recommend its passage.

On behalf of HFCC, I thank you for seriously considering the bill.

Very sincerely,

A handwritten signature in cursive script that reads "Gary Simon".

Gary Simon
Hawai'i Family Caregiver Coalition
Email garysimon@hawaii.rr.com





THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Senate Committee on Commerce & Consumer Protection

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

Date: February 22, 2022

Re: Comments on SB 2073 SD1 – Relating to Telehealth

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

Queen's appreciates the opportunity to provide comments supporting the intent of SB 2073 SD1, which would allow for standard telephone contacts for telehealth purposes. Throughout the COVID19 pandemic Queen's has relied increasingly on various modes of telehealth to deliver critical medical services to our patients – including those delivered through telephonic means.

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; approximately 11.5% of physician-patient acute telehealth services are classified as telephonic. Telehealth modalities assist with connecting our four hospitals statewide and allow our health care professionals to provide care to patients in their local communities who may not have access to critical health care otherwise.

While we strongly support efforts to ensure Hawai'i's telehealth statute remains nimble and able to adapt to new, diverse, and safe ways of delivering care – including telephonic service – we do not support changing the definition of telehealth to allow telephonic services to be reimbursed at the same rate as other telehealth modalities or in-person services.

Thank you for the opportunity to provide comments on SB 2073 SD1.

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



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 22, 2022 10:00 A.M. - VIA VIDEO CONFERENCE

The Hawai'i Psychological Association (HPA) strongly supports SB2073 SD1, which would codify 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.

SB2073 is a critical means of improving access and health equity for many vulnerable populations. Recent research on patient access and utilization of telehealth – examining audio vs. video engagements with providers – indicates strong disparities for several disenfranchised groups, particularly along racial, ethnic, linguistic, financial, and age-specific lines. As reported in a policy brief released on February 2, 2022, the United States Department of Health and Human Services (DHHS) entitled, "[National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services](#)"¹:

"[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.**"

We also note that the Centers for Medicare and Medicaid Services (CMS) includes telephone and audio-only communications technology in its definition of "interactive telecommunications system" when administering "telehealth" for mental disorders. It's also our understanding that a number of private plans do indeed consider treatment via telephone a covered expense – whether as a "telehealth" service or not. If our federal taxpayer-funded health plans are moving this direction, we should be following their lead and embracing similar approaches in private insurance.

Research clearly indicates 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. In many cases, telephonic treatment is not only as effective, but sometimes *more* effective than face-to-face therapy. For example, one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), concluded that: "***telephone-administered***

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

psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.”

HPA therefore 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 appropriate and equitable for the full range of providers’ services. For psychologists, that includes psychotherapy, health and behavior testing, and telehealth services that can be fully administered via telephone.

The pandemic has had devastating effects not only to our public health system and economies, but to our collective mental health. The disruptions, substance abuse, anxieties, depression, domestic abuse, chronic stress, and **all the related physical manifestations of these conditions** that COVID has created in our lives - prolonged now for over two years – have brought many in our community to the brink of emotional and physical collapse. The need for services could not be more apparent or pressing; and we must all do what is necessary to address this burgeoning need.

We all deserve access to quality health care. Ensuring audio-only treatment as telehealth as a covered expense in the administration of health services is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions. HPA thus supports such an effort and greatly appreciates legislative action to ensure old tools, like the standard telephone, are available to assure adequate lines of communication stay open; and that necessary health care is available 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 the more remote neighbor islands or in rural areas - out of reach of necessary broadband network capabilities.

Thus, HPA believes more can be done legislatively to ensure greater access and parity for clinically effective services provided through telephone contacts-telehealth. The technology, while revolutionary and expansive, is leaving far too many behind. This bill will serve as a necessary safety net for those most in need.

Thank you for the opportunity to provide input on this important bill.

Sincerely,



Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee



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

We know systems.

We know relationships.

We know FAMILY MATTERS.

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

DATE: February 22, 2022 10:00 A.M. - VIA VIDEO CONFERENCE

Testimony in Strong Support of SB2073 SD1 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB2073 SD1 which would allow the costs of treatment administered via telephone to be reimbursed by health insurance plans as “telehealth”. Mental health treatment through talk therapy, such as provided by Marriage and Family Therapists, fits squarely into the type of service covered by this proposal.

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. It is estimated that telehealth utilization had increased by over 300% to comply with social distancing protocols. The United States Department of Health and Human Services (DHHS) Assistant Secretary of Planning and Evaluation issued a policy brief¹ on February 2, 2022 highlighting the increased use of telehealth from 1% of visits to 80% in some high-prevalence areas during the initial outbreak peak from March – April 2020; and that Medicare telehealth utilization increased 63-fold between 2019 and 2020.

The wisdom of “necessity is the mother of invention” couldn’t be truer than with telehealth services. The efficiencies and improvements in patient health outcomes credited to remote treatment are unprecedented – and likely here to stay. Across the country multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

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

“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video-enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage**. In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely

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

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.**”

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

From a personal standpoint, my entire practice is based on remote telehealth; and far too often, my connections are lost, my patients have difficulty with the technology, or they simply prefer to use the telephone. Thus, use of audio-only contact is a common fallback measure in dire times for my clients. The lack of insurance reimbursement for such visits will push the costs for telephonic treatment – which is wholly on par with in-person and video modalities – to the patient. This becomes an unnecessary barrier to those needing to connect to their providers; and sadly, threatens to create a chilling effect because it is a digital barrier to receiving needed care.

Furthermore, it’s our understanding that the Centers for Medicare and Medicaid Services (CMS) **2022 Fee Schedule now allows telephone/audio-only treatment for mental disorders and behavioral health treatments as “telehealth”**. If audio-only treatment is acceptable for Medicare, it should also be allowed in private insurance – especially when the research indicates tremendous disparity for vulnerable groups. We recommend our laws follow the lead of CMS and the pioneering work they are doing in this area to assure there are no gaps in access and coverage due to economics, age, disability, residence, and/or patient and provider preference.

We believe ensuring audio-only treatment, as telehealth or otherwise, as a covered expense in the administration of health care is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions.

HIAMFT supports legislative action to ensure that time-tested modalities, like standard telephone conversations – equal in content, duration, and clinical outcomes as in-person or telehealth treatments, are available to patients; and not precluded from insurance reimbursement. HIAMFT also supports efforts to ensure that insurance laws and regulations do not create unnecessary barriers to the provision of appropriate treatment within the clinical judgment of providers.

This measure will go far in increasing access and utilization - as a consumer *and* health equity matter.

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

Sincerely,



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

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

DATE: Tuesday, February 22, 2022
TIME: 10:00AM
PLACE: Via Videoconference

Testimony in Strong Support of SB2073 SD1 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB2073 SD1, which would authorize insurance reimbursement for telephonic services as “telehealth”.

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; they may lack the financial resources to purchase a smartphone, tablet, computer, or necessary bandwidth; or they may be elderly, disabled, and/or limited English proficient and cannot easily operate equipment requiring technological know-how or manual dexterity.

Allowing telephone contacts to qualify as telehealth will help immensely in meeting this gap in access to health services. Moreover, it is not new idea. In his emergency proclamation on December 16, 2020, Governor Ige suspended the restriction on the use of standard telephone contacts as telehealth; and it has shown to be profoundly successful in reaching many in need of services. This measure would merely codify a proven and critical means of improving patient access and clinical outcomes - which shouldn't go away just because the exigencies of the pandemic that drove this innovation are waning.

As social workers, we feel it's necessary to highlight the disparities that result by limiting the use of telephone contacts in administering adequate health care was. This was a major focus in a recent policy brief issued by the United States Department of Health and Human Services (DHHS) entitled [“National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services,”](#) 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 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.**”*

Furthermore, in a 2021 publication in JAMIA Open¹, researchers found:

*“Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. **Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases.**”*

The benefits of audio-only treatment in all healthcare contexts is clear and conclusive. Even more so in behavioral health, as talk therapy is the principal modality of through which positive patient outcomes result. Talk therapy can be just as effectively administered via telephone as it is via video. In fact, in many situations involving social anxiety and a patient’s reluctance to seek help in-person – due to structural, familial, or economic barriers (or during pandemic-imposed regulations on social gatherings) telephone contact is the only way of reaching those in dire need.

It’s also important to note the policy developments coming out of the DHHS Centers of Medicare and Medicaid Services (CMS). According to CMS’s 2022 Fee Schedule, telephone/audio-only treatment is now reimbursable for mental disorders and behavioral health treatments. If audio-only mental health treatment is allowed in taxpayer-funded health plans, it should also be allowed by private insurers.

NASW-HI believes access to quality health care should be streamlined. Allowing telephonic health visits to qualify as “telehealth” is critical to our collective recovery from the chronic stressors presented by the pandemic. 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 health care needs. We thus support this proposal as it significantly improves access to quality mental healthcare – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

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

Sincerely,

 MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai’i Chapter

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8496485/>



LATE

February 18, 2022

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

Senate Bill 2073 SD1 – Relating to Telehealth

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

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify in **opposition** on SB 2073 SD1. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

While HAHP believes that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care, standard telephone contacts as a form of care delivery does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Should this bill move forward, we respectfully request that the State Auditor first conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes since the bill creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify on SB 2073 SD1. Your consideration of our comments is appreciated.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan | UHA Health Insurance | UnitedHealthcare

SB-2073-SD-1

Submitted on: 2/22/2022 1:37:27 AM

Testimony for CPN on 2/22/2022 10:00:00 AM

LATE

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|---|---------------------------|-----------------------------------|
| Nancy & Zeb Jones | Testifying for Hydroponics Alternatives LLC | Support | No |

Comments:

Aloha Chair Baker, Vice Chair Chang and Honorable Members of the House Commerce & Consumer Protection:

We submit this testimony in SUPPORT of SB2073, SD1, which allows for standard telephone contact – among other options – for medical appointments. We fully support the four (4) modalities of communication outlined in this bill for healthcare purposes. Indeed, we would have been completely lost but for the lifelines provided by the Dept. of Veterans Affairs and the Wai`anae Coast Comprehensive Health Center offered during this COVID pandemic in the form of either: 1) telephone calls; and/or 2) Zoom/videoconferencing/FaceTime visits with our nurse practitioners and/or doctors. Since SO many medical professionals have left Hawai`i as a result of this COVID pandemic, we believe that incorporating this “telehealth” component makes complete sense to try and continue providing as many patients as possible with much needed care in a timely manner.

For all of the above reasons, we urge your honorable committee to please pass SB2073, SD1 out of your committee. Mahalo again for this opportunity to present this testimony supporting SB2073, SD1.

With warm aloha,

Nancy & Zeb Jones

Hydroponics Alternatives LLC

Dear Sir and/or Madam,

I am writing in support of SB2073 as I have observed a significant benefit to many of my clients who were unable to utilize video-based services due to low broadband, lack of technological experience, or lack of internet services. Many of these clients are already significantly marginalized due to permanent disability, poverty, or age. The ability to utilize phone (audio) telehealth services during the pandemic ensured continued access to mental health services, which would have otherwise been interrupted. As such, the minimal impact on the status of their mental health was observed and their impact on the "system" was minimal. Because several of my clients are permanently disabled due to mental illness, a potential interruption in services could have resulted in an increased reliance on crisis-related services, hospitalization, and emergency room visits. The ability to access mental health services via telephone allowed these clients to maintain connectedness and continued access to their treatment provider throughout the pandemic.

Prior to the pandemic, many of these clients also demonstrated difficulty in attending regularly scheduled sessions due to lack of transportation, frequent illness, and lack of financial resources to catch the bus or pay for the Handivan. As such, their attendance was often inconsistent. Since they have been allowed to access services via audio-only means, they consistently attend their appointments. The rate of no show/late cancellations improved significantly with this population, an incidental outcome that hopefully results in attracting more interest from providers who were reluctant to work with these populations due to inconsistent attendance.

I humbly ask that you consider these factors when making your decision to vote on this matter. Thank you for your time and consideration.

Sincerely,

Sherrie M Takushi-Isara, Psy.D., ABPP

SB-2073-SD-1

Submitted on: 2/20/2022 9:21:28 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|-----------------------------|---------------------|---------------------------|-----------------------------------|
| Christine Martinez-Suzukawa | Individual | Support | No |

Comments:

Aloha, Chair Baker and Members of the Senate Committee on Commerce and Consumer Protection:

I am testifying in strong support of SB2073 SD1.

Research shows that people of color, people with lower incomes and education, non-English speakers, and seniors are more reliant on telephone than video for care.

The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. Moreover, the availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, limited English proficient, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

Traditionally, well before the internet, standard telephone contacts were used by healthcare professionals to provide necessary access to primary care where a patient is home-bound or otherwise unable to access face- to-face care - calling into question the need to exclude this treatment medium in the first place.

Please pass SB2703 SD1 as an important measure to improve access and utilization to much needed health care services - particularly to groups out of reach of quickly advancing technologies.

Thank you for this opportunity to provide this testimony.

Aloha,

Christine Martinez-Suzukawa

SB-2073-SD-1

Submitted on: 2/20/2022 9:24:39 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|---------------------|---------------------------|-----------------------------------|
| Stacie M Burke | Individual | Support | No |

Comments:

Sen Rosalyn H. Baker, Chair

Sen Stanley Chang, Vice Chair

Senate Committee on Commerce and Consumer Protection

Tuesday February 22, 2022

Support of SB No. 2073 Relating to Telehealth

I am writing in strong support of SB 2073.

Seniors and those without access to reliable wi-fi will benefit tremendously .

Mahalo

Stacie Burke

Aiea, Hawai'i

2/20/22

Aloha, Chair Baker and Members of the Senate Committee on Commerce and Consumer Protection:

I am testifying in strong support of SB2073 SD1.

Research shows that people of color, people with lower incomes and education, non-English speakers, and seniors are more reliant on telephone than video for care.

The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. Moreover, the availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, limited English proficient, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

Traditionally, well before the internet, standard telephone contacts were used by healthcare professionals to provide necessary access to primary care where a patient is home-bound or otherwise unable to access face- to-face care - calling into question the need to exclude this treatment medium in the first place.

Please pass SB2703 SD1 as an important measure to improve access and utilization to much needed health care services - particularly to groups out of reach of quickly advancing technologies.

Thank you for this opportunity to provide this testimony.

Mahalo,

S. Joy Quick, MA, LMFT, CSAC

2/22/2022

STRONG SUPPORT FOR SB2073SD1, RELATING TO TELEHEALTH

To: Senate Committee on Commerce and Consumer Protection
Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

From: Le‘a Minton, MSN, APRN, CNM, IBCLC

Time: Thirty-First Legislature Regular Session of 2022
Tuesday, February 22, 2022 at 10:00AM

Dear Senator Rosalyn Baker, Senator Chang and committee members:

Thank you for this opportunity to testify in strong support of SB2073SD1 relating to telehealth.

As a licensed advanced practice registered nurse who has cared for clients who are underserved, unsheltered, living in rural areas, and/or have complex medical conditions, I can attest, as many others have, that audio only telephonic visits are vital to the wellbeing of our community. Further, I would like to emphasize that telehealth access also allows me, as a health professional, to see more clients because I don't miss as much work time while taking care of my own health. It seems that we are all in agreement that we need to keep audio-only telehealth visits as a reimbursable type of telehealth.

I recognize that there is still discussion to be had in figuring out should audio only visits be reimbursed at a different rate than on par with face-to-face visits, and the processes and impacts of this implementation moving forward for all parties involved. I appreciate all the voices at the table moving this forward and finding an equitable way to ensure continued reimbursable access to this telehealth modality.

My one recommendation is for a small amendment to SB2703SD1: include licensed midwives as part of the definition of health care providers.

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

Respectfully,

Le'a Minton, MSN, APRN, CNM, IBCLC

LATE

SB-2073-SD-1

Submitted on: 2/22/2022 9:06:27 AM
Testimony for CPN on 2/22/2022 10:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|---------------------|---------------------------|-----------------------------------|
| Bracken Gott | Individual | Support | No |

Comments:

Aloha, Chair Baker and Members of the Senate Committee on Commerce and Consumer Protection:

I am testifying in strong support of SB2073 SD1.

Research shows that people of color, people with lower incomes and education, non-English speakers, and seniors are more reliant on telephone than video for care.

The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. Moreover, the availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, limited English proficient, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

Traditionally, well before the internet, standard telephone contacts were used by healthcare professionals to provide necessary access to primary care where a patient is home-bound or otherwise unable to access face- to-face care - calling into question the need to exclude this treatment medium in the first place.

Please pass SB2703 SD1 as an important measure to improve access and utilization to much needed health care services - particularly to groups out of reach of quickly advancing technologies.

Thank you for this opportunity to provide this testimony.

Aloha,
Dr. Bracken Gott