



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

NADINE Y. ANDO  
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.  
GOVERNOR | KE KIA'ĀINA  
SYLVIA LUKE  
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

DEAN I. HAZAMA  
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

KA 'OIHANA PILI KĀLEPA  
335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: (808) 586-2850  
Fax Number: (808) 586-2856  
cca.hawaii.gov

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committees on Labor and Technology  
and Health and Human Services  
Monday, February 13, 2023  
3:10 p.m.**

**State Capitol, Conference Room 224 and via Videoconference**

**On the following measure:  
S.B. 684, RELATING TO TELEPHONIC SERVICES**

Chair Moriwaki, Chair San Buenaventura, and Members of the Committees:

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

The purpose of this bill is to conform existing Medicaid requirements to health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth, including by way of an interactive telecommunications system; and to define "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

This bill adds a new definition, "interactive telecommunication system", to HRS §§ 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g). This definition includes the phrase "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." See p. 7,

lines 4-7; p. 11, lines 6-9; and p. 15, lines 12-15. We note that this phrase may lead to confusion, given that the definition of interactive telecommunication system proposed in this bill is similar, but not identical to, the definition in 42 CFR § 410.78(a).<sup>1</sup>

Additionally, the Insurance Division's authority to interpret this federal rule is unclear.

This bill also amends the definition of "telehealth" in HRS §§ 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g) by changing the current exclusion for standard telephone contacts, facsimile transmissions, or e-mail text to read: "Except as otherwise provided in this section, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service." See p. 8, lines 7-8; p. 12, lines 9-10; and p. 16, lines 15-16. These amendments presume that the bill brings standard telephone contacts, facsimile transmissions, or e-mail text into the definition of "telehealth." However, there are no such amendments in this bill. This may lead to confusion and statutory interpretation issues.

Additionally, because this bill does not bring standard telephone contacts within the scope of "telehealth", standard telephone contacts would continue to not be subject to reimbursement under HRS §§ 431:10A-116.3(c), 432:1-601.5(c), and 432D-23.5(c) under the amendments proposed.

Finally, we note that it is unclear whether current Medicare reimbursement policies for audio-only telehealth will continue indefinitely. The Consolidated Appropriations Act of 2023, in part, amends 42 U.S.C. 1395m(m) by providing that "the Secretary shall continue to provide coverage and payment under this part for telehealth

---

<sup>1</sup> 42 CFR § 410.78(a) provides:

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).

Testimony of DCCA

S.B. 684

Page 3 of 3

services ... as of the date of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the period beginning on the first day after the end of such emergency period and ending on December 31, 2024[.]”

Thank you for the opportunity to testify on this bill.



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

#### Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the  
Senate Committees on Labor and Technology and  
Health and Human Services  
Monday, February 13, 2023 at 3:10 p.m.

By

Lee Buenconsejo-Lum, Acting Dean  
John A. Burns School of Medicine  
University of Hawai'i at Mānoa

And

Michael Bruno, Provost  
University of Hawai'i at Mānoa

#### SB 684 – RELATING TO TELEPHONIC SERVICES

Chairs Moriwaki and San Buenaventura , Vice Chairs Lee and Aquino, and Members of the Committees:

Thank you for the opportunity to testify in **strong support** of SB 684 which conforms the State's law regarding telehealth to the Medicare standards by clarifying that telehealth services provided by way of an interactive telecommunications system be reimbursed.

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

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

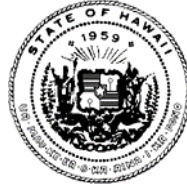
“(3) Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive

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

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

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

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

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

February 12, 2023

TO: The Honorable Senator Sharon Y. Moriwaki, Chair  
Senate Committee on Labor & Technology

The Honorable Senator Joy A. San Buenaventura, Chair  
Senate Committee on Health and Human Services

FROM: Cathy Betts, Director

SUBJECT: [SB 684](#) - RELATING TO TELEPHONIC SERVICES.

Hearing: Monday, February 13, 2023, 3:10 p.m.  
Conference Room 224, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) offers comments on Section 1 and proposes an amendment.

**PURPOSE:** This bill conforms existing Medicaid requirements to health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth, including by way of an interactive telecommunications system. Defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

DHS supports telehealth, including the Medicare definition and rules for "interactive telecommunication system." However, as written, the bill does not align Hawaii's law to Medicare's definition of "interactive telecommunication standard" since it does not cite the full definition included in the Medicare final rule for "interactive telecommunication system" under 42 CFR 438.10(a). The current Medicare definition is:

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

The bolded sections were not cited in the definition (pages 2-3, lines 17-21, 1-10). We would also note that the use of "two-way, real-time audio-only communication technology" is Medicare's description of telephone calls specific to the treatment of a mental health disorder.

Besides the full definition not cited, more importantly, the full spectrum of requirements listed under 42 CFR 438.10 (b) is not included. This is significant since Medicare only allows telehealth under certain additional conditions listed in [42 CFR 410.78 \(b\)](#). Subsection (b) describes the documentation requirements for audio-only visits and that in-person visits should precede and follow audio-only visits with a set frequency. Medicare regulations state that these additional conditions are necessary to protect the patient's health and safety, assure the quality of care, and ensure program integrity. Therefore, by only mandating the adoption of the Medicare definition of "Interactive telecommunications system", this measure does not conform Hawaii's telehealth rules to the federal standards, and the proposed definition does not provide the same quality standards Medicare requires for its beneficiaries.

Therefore, we request an amendment to replace the definition on pages 2-3, lines 17-21, 1-10, and to include a reference to "two-way real-time audio-only communication", to read in whole:

"" [Interactive telecommunications system](#)" has the same meaning as the term is defined in Title 42 Code of Federal Regulations section 410.78 (a), as amended, and "two-way real-time audio-only communication" is subject to the same

meaning and conditions as in title 42 Code of Federal Regulations section 410.78, as amended.

This will ensure that Hawaii's law will remain aligned with federal regulations by referring to the CFR without requiring additional state law amendments, and that Hawaii's Medicaid program has the same quality standards for their members as Medicare has for their beneficiaries.

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





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

---

**ON THE FOLLOWING MEASURE:**

S.B. NO. 684, RELATING TO TELEPHONIC SERVICES.

**BEFORE THE:**

SENATE COMMITTEES ON LABOR AND TECHNOLOGY AND ON  
HEALTH AND HUMAN SERVICES

**DATE:** Monday, February 13, 2023      **TIME:** 3:10 p.m.

**LOCATION:** State Capitol, Room 224

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Erin N. Lau or Lili A. Young, Deputy Attorneys General

---

Chairs Moriwaki and San Buenaventura and Members of the Committees:

The Department of the Attorney General provides the following comments.

This bill amends a medical assistance statute and several insurance statutes to require reimbursement for services provided by a physician to a patient through the use of an "interactive telecommunications system." It includes audio-only technology for behavioral health services.

The bill amends four different statutory sections to add the same definition of "interactive telecommunications systems" as follows:

"Interactive telecommunications system" means 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; 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 able 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.

See, page 2, line 17, through page 3, line 10; page 6, line 14, through page 7, line 7; page 10, line 16, through page 11, line 9; and page 15, lines 1-15.

The proviso that the definition "shall have the same meaning as the term is defined in title 42, Code of Federal Regulations [CFR] section 410.78, as amended" makes the definition unclear and ambiguous because the definition substantially copies the definition of "interactive telecommunications system" in 42 CFR § 410.78, except that the bill does not include the requirement for a modifier designated by the Centers for Medicare and Medicaid Services to be added onto a claim, as required by the federal definition. By omitting that requirement, this bill creates an internal conflict by defining the term in a different way from the federal law, but then stating that the term is to have the same meaning as in the federal law. Further, including the words "as amended" in reference to the federal law makes the definition ambiguous because 42 CFR § 410.78 has been amended several times, and the bill does not specify the amendment it relates to or whether it is intended to incorporate all prior and future amendments.

To clarify the definition, we recommend that the definition be amended to read as follows:

"Interactive telecommunications system" shall have the same meaning as the term is defined in title 42, Code of Federal Regulations section 410.78.

The current definition of "telehealth" explicitly excludes the use of "standard telephone contacts, facsimile transmissions, or email text[.]" See, sections 346-59.1, 431:10A-116.3, 432:1-601.5, and 432D-23.5, Hawaii Revised Statutes. The bill, at page 3, line 20, through page 4, line 14; page 7, line 16, through page 8, line 10; page 11, line 18, through page 12, line 12; and page 16, lines 3-18, sets forth and amends the definition of telehealth in these four statutory sections as follows:

"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."

This amendment is ambiguous because it seems to reference an exception for the use of telephone contacts, facsimile transmissions, or e-mail text which are otherwise excluded. Yet neither the bill nor the statute provides a clear exception set out for these methods of communication. Instead, the bill adds a new term to the statutes, "interactive communications system" (as set out above), which includes a "two-way, real-time audio-only communication technology." Because different wording is used, it is not clear that "interactive communications system" includes telephone contacts, facsimile transmissions, or e-mail text, or that those are things that should be included in reimbursement.

To address the ambiguity, we recommend revising the amendment in the definition of "telehealth" on page 4, lines 11-12; page 8, lines 7-8; page 12, lines 9-10; and page 16, lines 15-16, to read as follows: "[~~Standard~~] Except as provided through an interactive telecommunications system, standard telephone contacts. . . ."

Finally, the bill is also ambiguous because it defines the terms "telehealth" and "interactive telecommunications system" separately, as if these are different covered services. But in the reimbursement sections, the bill adds "interactive telecommunications system" for reimbursement as if it is included as a method of "telehealth," rather than as a separately covered service:

"Reimbursement for services provided through telehealth, ***including 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."

See page 1, lines 7-8; page 5, lines 9-10; page 9, lines 5-6; and page 13, lines 8-9 (emphasis added). If the intent is that "interactive telecommunications system" is a method of "telehealth," we suggest striking the revisions regarding reimbursement, and instead suggest amending the definition of telehealth to include interactive telecommunications systems:

"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, interactive telecommunications system, 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 provided through an interactive telecommunications system, 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."

We respectfully ask the Committee to consider the recommended amendments.



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

**The State Legislature  
The Senate Committee on Labor and Technology  
The Senate Committee on Health and Human Services  
Monday, February 13, 2023  
3:10 p.m.**

TO: The Honorable Sharon Moriwaki, Chair  
The Honorable Joy San Buenaventura, Chair  
RE: Support for S.B. 684 Relating to Telehealth

Aloha Co-Chairs Moriwaki, San Buenaventura and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. **AARP strongly supports S.B. 684** which conforms existing Medicaid requirements to health insurers and others to cover services provided by way an interactive telecommunications system including real time audio-only communication(telephone) be reimbursed.

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

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

With the continued presence of COVID-19, many people are still reluctant to leave their homes for an in-person visit with their health provider. Some are not comfortable using telehealth

even with access to a computer and internet connection, while a telephone remains the preferred mode for communication for many especially kupuna. Therefore, it is critical that audio-only is recognized as a valid telehealth modality.

Thank you very much for the opportunity to testify in support of SB 684.

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. López". The signature is written in a cursive style with a large, stylized initial 'K'.

Keali'i S. López  
State Director

**SB-684**

Submitted on: 2/9/2023 5:07:10 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b>                            | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|--|---------------------------|------------------------|
| Louis Erteschik     | Testifying for Hawaii Disability Rights Center | Support                   | Written Testimony Only |

Comments:

Telephonic mental health services can be a lifeline for a person with a mental health issue. We believe it should be appropriately covered and reimbursed.

Monday, February 13, 2023 at 3:10 pm  
Conference Room 309 & Videoconference

**Senate Committee on Labor and Technology**

To: Senator Sharon Moriwaki, Chair  
Senator Chris Lee, Vice Chair

**Senate Committee on Health and Human Services**

To: Senator Joy San Buenaventura, Chair  
Senator Henry Aquino, Vice Chair

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

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

**Re: Testimony in Support of SB 684  
Relating To Telephonic Services**

---

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

HPH writes in SUPPORT of SB 684 which conforms existing Medicare requirements to health insurers, mutual benefit societies and health maintenance organizations to cover services provided through telehealth, including by way of an interactive telecommunications system..

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



these instances, telephonic communication becomes a viable alternative for many in these communities to overcome barriers enabling them to access healthcare remotely.

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

Thank you for the opportunity to testify.



February 10, 2023

The Honorable Sharon Moriwaki  
Chair, Senate Committee on Labor and Technology  
State Capitol  
Room 223  
Honolulu, HI 96813  
[senmoriwaki@capitol.hawaii.gov](mailto:senmoriwaki@capitol.hawaii.gov)

The Honorable Chris Lee  
Vice-Chair, Senate Committee on Labor and Technology  
State Capitol  
Room 216  
Honolulu, HI 96813  
[senlee@capitol.hawaii.gov](mailto:senlee@capitol.hawaii.gov)

RE: ATA ACTION SUPPORT WITH AMENDMENT OF S.B. 684

Dear Chair Moriwaki and Vice-Chair Lee,

On behalf of ATA Action, I am writing you to express our support with amendment of Senate Bill 684 relating to Medicaid and insurance coverage for telehealth.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

Senate Bill 684 would amend the Social Services and Insurance Codes to define “interactive telecommunications systems” as audio and video equipment permitting two-way, real-time interactive communications between patients and providers unless the provider is delivering mental health services, in which case two-way, real-time audio-only modalities qualify as interactive telecommunications systems. The legislation also includes standard phone contacts in the list of technologies which are not considered telehealth services.

While we approve of the Legislature's efforts to enable providers delivering mental health services to utilize audio-only technologies while delivering virtual care, we urge the Legislature to adopt a truly technology-neutral definition of telehealth. Our organization believes that telehealth providers should be able to use the full range of innovative technologies at their

**ATA ACTION**

901 N. Glebe Road, Ste 850 | Arlington, VA 22203  
Info@ataaction.org



disposal so long as the technologies being used are sufficient to meet the standard of care for the condition presented by the patient. We maintain that state policymakers should refrain from implementing policies which disfavor certain modalities, such as standard telephone contacts and emails, instead deferring to the licensed providers delivering virtual care as to which technologies are appropriate for use in any given telehealth interaction under the applicable standard of care.

Precluding standard phone contacts from the list of modalities considered telehealth services will make it more difficult for Hawaiians to receive high-quality health care. According to BroadbandNow, an organization that monitors Internet accessibility in all 50 states, although nearly all Hawaiian have access to broadband internet, eight in ten Hawaiians are not able to purchase broadband at an affordable price. By enabling Hawaiians to receive telehealth services through the use of audio-only technologies, the Legislature would ensure that unserved and underserved citizens, particularly those in rural and remote areas, receive the same level of access to high-quality health care as those who are able to take advantage of more reliable internet connections.

As far as the rate of reimbursement for telehealth services provided via interactive telecommunications systems is concerned, ATA Action believes that policymakers should set rational guidelines that are both fair to the provider of such services and reflect the cost savings the effective use of telehealth technologies offers to the health care system. In some instances, reimbursement parity may be appropriate; in other instances, it may not. We suggest including language which prohibits health care plans from requiring providers to accept reimbursement amounts greater than the amount these providers are willing to charge.

Thank you for the opportunity to comment. We urge the Committee to support Senate Bill 684 with the suggested amendment to expand Hawaiians' access to high-quality, affordable health care and drive better care coordination throughout the state. If you have any questions or would like to discuss the telehealth industry's perspective further, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", is written over a light grey rectangular background.

Kyle Zebley  
Executive Director  
ATA Action

**ATA ACTION**

901 N. Glebe Road, Ste 850 | Arlington, VA 22203  
Info@ataaction.org



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

Senate Committee on Labor and Technology  
Senator Sharon Moriwaki, Chair  
Senator Chris Lee, Vice Chair

Senate Committee on Health and Human Services  
Senator Joy San Buenaventura, Chair  
Senator Henry Aquino, Vice Chair

Hearing Date: Friday, February 13, 2023

**ACS CAN SUPPORTS SB 684 – RELATING TO TELEPHONIC SERVICES.**

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

Thank you for the opportunity to **SUPPORT** SB 684 – RELATING TO TELEPHONIC SERVICES.

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

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

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

ACS CAN, through the Survivor Views program, asked a cohort of cancer patients and survivors about their experience with and interest in telehealth. Overwhelming majorities of cancer patients and survivors who have had telehealth visits believed their issues and questions were well-addressed. 55% of respondents had a phone visit and 43% had a video visit with a telehealth provider about an issue related to their cancer care that otherwise would have been an in-person office visit (not a prescription refill or appointment booking). In both cases, 94% said their issues and questions were addressed well.

The Department of Human Services offered technical amendments to the reference to federal regulations for a similar bill before the House, they are good amendments. For purposes of continued discussions, ACS CAN urges the committee to move this bill forward.

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



**Written Testimony to the Senate Committee on Labor and Technology  
and the Senate Committee on Health and Human Services  
Monday, February 13, 2023 at 3:10 PM  
State Capitol Conference Room 224 & Videoconference**

**SUBJECT: Testimony in STRONG SUPPORT of SB684 RELATING TO TELEPHONIC SERVICES**

Aloha Chair Moriwaki and Vice Chair Lee,  
Aloha Chair San Buenaventura and Vice Chair Aquino,

The Hawaii Parkinson Association (HPA) **STRONGLY SUPPORTS** SB684 – RELATING TO TELEPHONIC SERVICE. Parkinson's is an incurable disease. The best that can be done is to treat the symptoms so people with Parkinson's can live the best life possible.

There are three methods for healthcare providers to treat patients - in-person visits, via video telemedicine and via audio telemedicine. In-person visits and video telemedicine are widely accepted as effective treatment methods. Audio telemedicine is still being widely debated.

However, as confirmed by recent research from the Pandemic, access to audio telemedicine is critical to treating vulnerable groups of patients: (1) the elderly; (2) low-income; (3) mobility- challenged; (4) limited English proficient; and (5) rural residents. The disparities are evident between the patients who use audio-only/telephone calls vs. the videoconferencing technologies of telehealth – during the pandemic - has been thoroughly researched and recognized.

We note that the Hawaii Primary Care Association (HPCA) and Hawaii Medical Service Association (HMSA) are leading the efforts to reach a compromise position on SB684 and other related proposed legislation. *However, one aspect of the proposed compromise is to authorize audio telemedicine by landline only. This compromise would artificially limit access to audio telehealth as the CDC's National Health Interview Survey (NHIS) Early Release Program **estimates in for the first six months of 2022 reveal 70.7% of adults and 81.7% of children lived in wireless-only households.*** Including a landline only requirement would severely restrict access to audio telemedicine for both adults and children.

**For purposes of facilitating continued discussions, the Hawai'i Parkinson Association urges the Committees to approve SB684.**

Thank you for the opportunity to testify on this measure.

Jerry Boster  
President, Hawai'i Parkinson Association



**Testimony to the Senate Joint Committee on Labor and Technology, and  
Health and Human Services  
Monday, February 13, 2023; 3:10 p.m.  
State Capitol, Conference Room 224  
Via Videoconference**

**RE: SENATE BILL NO. 0684, RELATING TO TELEPHONIC SERVICES.**

Chair Moriwaki, Chair San Buenaventura, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 0684, RELATING TO TELEPHONIC SERVICES.

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

This bill, as received by your Committee, would:

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

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

**Testimony on Senate Bill No. 0684**  
**Monday, February 13, 2023; 3:10 p.m.**  
**Page 2**

We note that a substantively similar bill, Senate Bill No. 1038, is scheduled to be heard by the Senate Committee on Health and Human Services today at 1:00 p.m. in Conference Room 225. While the title to Senate Bill No. 1038 is RELATING TO TELEHEALTH., the title to Senate Bill No. 0684 is RELATING TO TELEPHONIC SERVICES. The HPCA believes that the title to Senate Bill No. 1038 would be less likely the subject of a "single-title, single-subject" challenge and accordingly prefers Senate Bill No. 1038 as the vehicle for this issue moving forward.

We also note that the bill presently before this Committee is substantively similar to a measure heard and reported by the House Committee on Health and Homeless -- House Bill No. 0907. That Committee amended the bill by incorporated the amendments proposed by the Department of Human Services on the definition of "interactive telecommunications system" to include "two-way real-time audio-only communication". The HPCA has reviewed this language and believes it clarifies the definition, and as such, we do not object to it.

With that said, we believe this issue is fundamentally one of equity for the patients who are covered by private insurance with those who are covered by Medicare and Medicaid. As we stated last year, what is good for Medicare should be good for private insurance. To that end, we firmly assert that private insurers cannot justify why benefits that are required under Medicare and Medicaid should not likewise be required for private insurers.

Last year, we tried to work a compromise that would ensure access while addressing concerns on loss costs. However, HMSA declined to participate. Since then, we successfully reached out to HMSA and have engaged in constructive discussions that are ongoing. It is our hope that these discussions will result in an outcome that will be agreeable to all. For that, we thank HMSA for working with us and commend them for their efforts in this regard.

**Accordingly, for the purpose of facilitating continued discussions on this issue, the HPCA respectfully urges your favorable consideration of this measure.**

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





## **SB684 Use Telehealth and Telephone**

### **COMMITTEE ON LABOR AND TECHNOLOGY**

Senator Sharon Y. Moriwaki, Chair

Senator Chris Lee, Vice Chair

### **COMMITTEE ON HEALTH AND HUMAN SERVICES**

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Monday, Feb 13 2023: 3:10 : Room 224 Videoconference

## **Hawaii Substance Abuse Coalition supports SB684**

*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 and recovery services.*

### **Medicare rules**

We appreciate this bill's revising Hawaii's law to meet Medicare standards to address the full spectrum of requirements listed under 42 CFR 438.10 (b). The current Medicare definition is:

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

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

## Telehealth


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

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

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

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

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



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

**SB-684**

Submitted on: 2/12/2023 9:35:17 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b>                            | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|--|---------------------------|------------------------|
| Jennifer Stevens    | Testifying for Private Practice, mental health | Support                   | Written Testimony Only |

Comments:

I have patients who are sometimes unable for a variety of reasons to have an in person appointment for psychotherapy. They also do not have a working computer or smartphone with ability to have video sessions. To provide care and continuity of care it is important that these patients be allowed to have audio only psychotherapy as an option.

**SB-684**

Submitted on: 2/12/2023 9:57:05 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b>                | <b>Organization</b>                       | <b>Testifier Position</b> | <b>Testify</b>            |
|------------------------------------|---|---------------------------|---------------------------|
| Dr. John Souza, Jr.,<br>LMFT, DMFT | Testifying for Elemental<br>Guidance, LLC | Support                   | Written Testimony<br>Only |

Comments:

Aloha,

I am a mental health professional and co-owner of a telehealth group private practice (based in Hilo). Roughly 20% of my clients either prefer or need to use audio-only telehealth services. Each week these people come to me (and the other providers in our practice) to receive such services because using a telephone is feasible (those in rural areas often have poor internet service and/or live far from town centers where in-person services might be available). But sometimes the preference for telephone services is due to a clinical issue, making audio-only a best practice, particularly for those with anxiety disorders.

It's really simple: Audio-only telehealth is feasible and effective and should be considered on a par with in-person and audio/video services.

Mahalo for your consideration.

Dr. John, LMFT



# 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 LABOR AND TECHNOLOGY

Senator Sharon Y. Moriwaki, Chair

Senator Chris Lee, Vice Chair

## COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

February 13, 2023 3:10 P.M. - VIA VIDEO CONFERENCE – Rm 224

### **The Hawai'i Psychological Association (HPA) strongly supports SB684 RELATING TO TELEHEALTH**

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

This bill recognizes these disparities and incorporates the solution, as adopted and as amended, by the Federal Centers for Medicare and Medicaid Services (CMS) in its definition of “interactive telecommunications system.” The CMS approach promises to expand access and improve patient outcomes.

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

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

Thus, we believe it prudent to “follow the feds” – as the research, analysis, and advocacy at the federal level is ongoing and robust. Whatever best practices CMS ultimately determines is necessary for meeting the mental health needs of our most vulnerable; these practices should likewise be incorporated into our state statutes.

If it’s good enough for Medicare and Medicaid, it is good enough for private insurance.

In this regard, we have no objection to the amendments to Hawaii’s Medicaid law in Chapter 346-59.1 which the State Department of Human Services had asked for in other measures substantially similar to this bill – as this will ensure our state Medicaid law will not conflict with federal regulation.

We are also open and amenable to further discussions with other stakeholders on alternative approaches that will advance access and utilization of mental health services through telephonic telehealth. Accordingly, we encourage your committee to pass this bill to continue this dialogue.

Nevertheless, we believe this bill 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 treatment 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.

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

Sincerely,

A handwritten signature in cursive script that reads "Alex Lichton, Ph.D.".

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

**SB-684**

Submitted on: 2/12/2023 11:09:11 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| Submitted By        | Organization   | Testifier Position | Testify                |
|---------------------|--|--------------------|------------------------|
| Anuheha St. Laurent | Testifying for Anuheha St.Laurent- Marriage and Family Therapy LLC | Support            | Written Testimony Only |

Comments:

**Aloha, My name is Anuheha St. Laurent and I am a Marriage and Family Therapist in strong support for SB 684. I have seen the incredibly high demand of mental health therapy skyrocket throughout and following the pandemic along with the tremendous rise of mental illness, substance abuse addictions, suicide and self-harm rates, abuse, neglect, homelessness, etc. I also live in Hilo, Hawaii and have witnessed many clients seek services via telehealth throughout the entire state of Hawaii via telehealth because it is more accessible; more convenient, more affordable, safer with less risk of contracting physical illness, more approachable, and more sustainable given tremendously stressful and demanding day-to-day lives. However, many clients are not able to or prefer not to conduct telehealth sessions using video for various reasons; Lack of finances to access to smart phones/devices/internet, lack of education/skills to utilize said devices, lack of internet connection strong enough to maintain good connection using both video and audio capabilities, lack of privacy due to sharing their home with other family members or being in their work environments, feeling uncomfortable, unsafe, or intimidated by interacting using video because of mental health symptoms and/or cultural background, etc. Our most vulnerable populations are less likely to be able to utilize in-person and telehealth services which require both audio and video; elderly, victims of domestic violence, severely mentally ill, addicts, minorities, low to medium income individuals/families, etc. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.**

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

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

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

**SB-684**

Submitted on: 2/12/2023 1:14:04 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b>                                       | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---|---------------------------|------------------------|
| Lyann Kauhini       | Testifying for Pacific Counseling Partners of Hawaii, LLC | Support                   | Written Testimony Only |

Comments:

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

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

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

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



**SB-684**

Submitted on: 2/12/2023 1:22:53 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b>                  | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|--------------------------------------|---------------------------|------------------------|
| Zoey Faught         | Testifying for Presence of Mind, Inc | Support                   | Written Testimony Only |

Comments:

I have been providing Telehealth services to clients for over 20 years. From telephonic tobacco cessation with the Hawai'i quit line to the psychotherapy clients I've been helping for years now. Outcomes are just as high with Telehealth as in person therapy. Our rural communities on the big island, Puna area, cannot always come in nor have adequate Wi-Fi to support video sessions. Walk n talk therapy using voice only helps our depressive clients become more active and reduces their symptoms. For all of these reasons, I support this bill.

**COMMITTEE ON LABOR AND TECHNOLOGY**  
**Senator Sharon Y. Moriwaki, Chair**  
**Senator Chris Lee, Vice Chair**

**COMMITTEE ON HEALTH & HUMAN SERVICES**  
**Senator San Buenaventura, Chair**  
**Senator Aquino, Vice Chair**

**Monday, February 13, 2023 - 3:10PM - Via Videoconference – Rm 224**

**Testimony in Strong Support on SB684 RELATING TO TELEHEALTH**

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports this measure, which conforms state telehealth law to the medicare and medicaid standards for the reimbursement of audio-only mental health treatment by using the federal definition of “interactive telecommunications system”.

Under Title 42 Code of Federal Regulations section 410.78:

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

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

**This bill removes barriers to access for so many disenfranchised members of our society who do not use the video technology required for telehealth.** Recent studies have indicated that several vulnerable populations prefer audio-only treatments; and that expanding coverage in this way

will the meet the needs of the elderly, disabled, low-income, disenfranchised racial, ethnic, and linguistic groups, and many others who may simply utilize and respond better to telephonic treatment. On this access matter, the Dept. of Health and Human Services recently issued policy brief (entitled “National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services”, reporting that:

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

By “following the feds,” and using CMS’s definition to determine the contours of telephonic telehealth coverage, NASW- Hawaii believes we can ensure best practices will always be followed in the administration of private health insurance, as CMS’s deliberations and policies evolve. If it’s good enough for Medicare and Medicaid, it is good enough for private insurance.

Accordingly, we support the amendments that the State Department of Human Services had requested to Hawaii’s Medicaid law in Chapter 346-59.1 (as we’ve seen in other similar measures) as we understand how important it is that state Medicaid law does not conflict with federal regulation. We are also open to consider alternative approaches with stakeholders that improve access and utilization of mental health services through telephonic telehealth; and respectfully request that your committee pass this bill to continue these discussions.

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

Thank you for the opportunity to provide this testimony in support

Sincerely,

 *Sonja Bigalke-Bannan*, MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai’i Chapter



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

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

---

## COMMITTEE ON LABOR AND TECHNOLOGY

Senator Sharon Y. Moriwaki, Chair

Senator Chris Lee, Vice Chair

## COMMITTEE ON HEALTH & HUMAN SERVICES

Senator San Buenaventura, Chair

Senator Aquino, Vice Chair

**Monday, February 13, 2023 - 3:10PM - Via Videoconference – Rm 224**

### **Testimony in STRONG SUPPORT of SB684 RELATING TO TELEPHONIC SERVICES**

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB684, which promises an overall improvement and increased access to quality mental health services by incorporating the federal Centers for Medicare and Medicaid Services definition of “interactive telecommunications system” to allow:

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

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

HIAMFT also appreciates the clinical outcomes achieved by audio-only mental health treatment through “talk therapy”, such as frequently provided by Marriage and Family Therapists. Not only does audio-only talk therapy help our patients just as effectively, (and sometimes more effectively) than in-person or video meetings, the telephonic services allowed in this proposal will increase access to and utilization by several marginalized and/or remote populations who otherwise would not seek or be able to maintain service.

### **“Telehealth” Innovation Should Not Forfeit Access to Those Incapable of Using this Technology**

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. However, as much as we need to embrace change, we should not turn our back on old reliable tools for meeting our most vulnerable where they are.

Across the country multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

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

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

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

HIAMFT believes if we “follow the feds,” we benefit from the research and deliberations determined by CMS to be best practices; and incorporate these best practices in Hawaii’s private insurance plans. If it’s good enough for Medicare and Medicaid, it is good enough for private insurance.

It’s our understanding that the State Department of Human Services had requested amendments to Hawaii’s Medicaid law in Chapter 346-59.1, in similar measures. We support this if it will ensure our state Medicaid law does not conflict with federal regulation. We are also otherwise available and open to further deliberations with stakeholders on other approaches to improve access and utilization of mental health services through telephonic telehealth; and respectfully request that your committee pass this bill to continue these discussions.

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

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

Sincerely,



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

February 13, 2023

The Honorable Sharon Moriwaki, Chair  
The Honorable Chris Lee, Vice Chair  
Senate Committee on Labor and Technology

The Honorable Joy San Buenaventura, Chair  
The Honorable Henry Aquino, Vice Chair  
Senate Committee on Health and Human Services

Re: SB 684 – Relating to Telephonic Services

Dear Chair Moriwaki, Chair San Buenaventura, Vice Chair Lee, Vice Chair Aquino, and Members of the Committees:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 684, which conforms existing Medicaid requirements to health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth, including by way of an interactive telecommunications system.

HMSA supports the intent of this legislation; however, we do not support this bill in its current form. As an early supporter of telehealth access for our state, we believe in increasing access to health care services in Hawaii. We also believe that it is critically important to ensure best practice and the highest quality of care for all our members.

There is also similar legislation that has been introduced in both the House, HB 907, and in the Senate, SB 1038. We request that this measure be deferred. We will continue to work with stakeholders to refine the other measures.

If this bill does move forward, here are some of our concerns regarding this legislation and suggested amendments below:

- There's currently no data to show that the quality of care provided by way of an interactive telecommunications system without a visual element is as effective as in-person or telehealth visits. Because of that, reimbursement for an audio-only visits should not be equivalent to when that same service is provided service via face-to-face contact.
- Additionally, behavioral health providers obtain valuable insights during a face-to-face interaction. These include facial expressions, body language, and even a patient's living conditions. In light of that, HMSA supports requiring guardrails similar to those observed by CMS, which include an in-person visit 6 months prior to audio-only interactions and every 12 months after these visits. <sup>1</sup> To acknowledge the challenge that in-person visits could present for some patients, HMSA would support substituting a telehealth visit as a way of fulfilling the in-person requirement.

---

<sup>1</sup> MM12549 - CY2022 Telehealth Update Medicare Physician Fee Schedule (cms.gov)  
<https://www.cms.gov/files/document/mm12549-cy2022-telehealth-update-medicare-physician-fee-schedule.pdf>



- We also support including a sunset date to this legislation of 12/31/24, the same date that CMS is ending several temporary telehealth extensions. This will allow time to gather data to better determine the value and effectiveness of audio-only visits for behavioral health.

We respectfully request revisions to the following sections:

Section 1, page 1, line 6: Section 346-59.1, Hawaii Revised Statutes, subsection (b),

Section 2, page 5, line 8: Section 431:10A-116.3, Hawaii Revised Statutes, subsection (c),

Section 3, page 9, line 4: Section 432:1-601.5, Hawaii Revised Statutes, subsection (c), and

Section 4, page 13, line 7: Section 432D-23.5, Hawaii Revised Statutes, subsection (c) will be amended to say:

*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, except for two-way, real-time audio-only communication technology for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home as defined in title 42 Code of Federal Regulations section 410.78, which shall be paid at 80% of the same services provided via face-to-face contact between a health care provider and a patient, and only so long as the health care provider has conducted an in-person or telehealth visit with the patient no longer than six months prior to the audio-only service and every 12 months after these visits. 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, page 17, line 8: is amended by adding: “*This Act shall take effect on July 1, 2023 with a sunset date of December 31, f 2024.*”

Thank you for the opportunity to provide comments on SB 684.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations



**LATE**

To: Senator Sharon Moriwaki, Chair, Senate Committee on Labor and Technology  
Senator Chris Lee, Vice Chair, Senate Committee on Labor and Technology  
Senator Joy San Buenaventura, Chair, Senate Committee on Health and Human Services  
Senator Henry Aquino, Vice Chair, Senate Committee on Health and Human Services

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

Hearing: Monday, February 13, 2023, 1pm

RE: **SB684 Relating to Telehealth**

---

AlohaCare appreciates the opportunity to provide testimony in **support of SB684 with comments**. This measure will clarify that reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via face-to-face contact while also defining interactive telecommunications system to have the same meaning as defined in title 42 Code of Federal Regulations section 410.78 Telehealth services.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

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

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

SB1038 will increase access to mental health services for our members and Hawai'i residents broadly, and adding these provisions will ensure important safeguards for quality care.

Mahalo for this opportunity to testify in **support of SB684 with comments**.

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



**SB-684**

Submitted on: 2/9/2023 10:34:12 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Becky Gardner       | Individual          | Support                   | Written Testimony<br>Only |

Comments:

The landline is a lifeline. Please support.

**SB-684**

Submitted on: 2/11/2023 4:35:23 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| Submitted By | Organization | Testifier Position | Testify                   |
|--------------|--------------|--------------------|---------------------------|
| nancy sidun  | Individual   | Support            | Written Testimony<br>Only |

Comments:

**I fully support SB684. Through the pandemic, patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.**

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

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

**Audio-only telehealth for mental health treatment provides a means for our most marginalized communities to access care. Payment parity for audio-only tele-mental health will increase access to care for Hawaii's most vulnerable communities. Please pass this bill so we can continue to provide care for those patients that cannot access care other ways.**

**Respectfully submitted,**

**Dr. Nancy Sidun**

**SB-684**

Submitted on: 2/12/2023 10:15:14 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Leissa Horiuchi     | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**SB-684**

Submitted on: 2/12/2023 10:49:05 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| Submitted By  | Organization | Testifier Position | Testify                |
|---------------|--------------|--------------------|------------------------|
| Rachelle Fong | Individual   | Support            | Written Testimony Only |

Comments:

I am writing in support of this bill. Here are some reasons and evidence supporting this measure.

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

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

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

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

**MORE BACKGROUND on AUDIO-ONLY TELEHEALTH:**

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

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

Thank you,

Rachelle Fong

**SB-684**

Submitted on: 2/12/2023 12:00:30 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Christy Chadwick    | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**SB-684**

Submitted on: 2/12/2023 12:03:09 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Dr. Faith Joyner    | Individual          | Support                   | Written Testimony<br>Only |

Comments:

Aloha, I support this bill. Mahalo for your consideration.

The pandemic has fundamentally changed our approach to making mental health treatment accessible for our clients. It has added and refined options that were not considered in the past as viable options. The pandemic provided a 2-3 year study window to explore a range of different approaches. Patients and physicians alike have embraced telehealth technology as a means to effectively and broadly increase access to healthcare and serve Hawaii's population in new ways. However, these advanced technologies fail to reach several vulnerable groups due to limited understanding, access, comfort, and the expense of the technology and internet services needed to make telehealth work. A good number of my clients have a need for audio-based treatment, if not every time, but regularly. Reasons include:

- Availability of device: Most people access telehealth through their phones, many do not own a laptop/computer
- Incompatibility of technology: only if one owns an iPhone, a person can do Facetime, etc.
- Availability of Services: There are still many areas, in rural Hawaii, where internet is not available
- Low income: Many clients have text & talk services only, no WIFI or data availability due to their limited income
- Emergency/crisis situations: WiFi may not be available and using audio-based services is immediate and more direct
- Clients traveling: WiFi service availability
- Personal preference of client privacy

Many people in need prefer audio-only treatment, or would otherwise forego treatment altogether.

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

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

Audio-based telehealth for mental health treatment provides broadens the range of options for clients to receive the adequate mental health care and in addition it provides a means for our most marginalized communities to access care. Payment parity for audio-based tele-mental health will increase access to care for all clients, but in particular for Hawaii's most vulnerable communities.

Petra Wiesenbauer, MA MFT, HI License #748  
Pu'u honua Counseling Services, LLC  
Ph: 808-333-4862  
Email: puuhonuacs@gmail.com



**SB-684**

Submitted on: 2/12/2023 12:27:40 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

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

Comments:

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

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

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

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

**MORE BACKGROUND on AUDIO-ONLY TELEHEALTH:**

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



**SB-684**

Submitted on: 2/12/2023 12:33:36 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Amber Vantze        | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**SB-684**

Submitted on: 2/12/2023 12:52:06 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Ian Arruda          | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**SB-684**

Submitted on: 2/12/2023 1:43:04 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---------------------|---------------------------|------------------------|
| Eric Schrager       | Individual          | Support                   | Written Testimony Only |

Comments:

Aloha,

As a practicing therapist I can attest to the importance of telephonic counseling services. The majority of my clients prefer voice-only calls for their psychotherapy appointments. Some simply would rather not "be on camera" for a number of different reasons. The option to just talk on the phone without having to prepare (aka be "presentable") for a face-to-face session makes counseling sessions much more accessible to some. For others, access to broadband internet is simply not possible or only possible with great effort. This is due to the fact that some people don't have the financial means to pay for a data plan necessary to attend video sessions. Others lack the technical skills necessary to use a smartphone or computer to attend video sessions in a private setting. This is particularly true of some of my more senior clients.

Please allow us to continue to offer telephonic counseling services by voting in support of SB684.

Thank you,

Eric Schrager, LMFT

**SB-684**

Submitted on: 2/12/2023 2:00:15 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Kimberly Alailima   | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**LATE**

**SB-684**

Submitted on: 2/12/2023 3:19:00 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---------------------|---------------------------|------------------------|
| Patti Lynn          | Individual          | Support                   | Written Testimony Only |

Comments:

**I am a licensed Marriage and Family Therapist who utilizes telehealth including audio only for clients outside of service areas on Maui.**

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

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

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

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

**JUNE W. J. CHING, Ph.D., ABPP**  
*Diplomate in Clinical Psychology*  
*American Board of Professional Psychology*  
**1833 Kalakaua Ave., Suite 206**  
**Honolulu, Hawaii 96815**

**LATE**

**Secretary (808) 955-7372**  
**Fax: (808) 951-9282**

February 12, 2023

**Testimony in Strong Support for SB684: Relating to Telephonic Services**

**Audio-only Telephonic Telehealth is so necessary and needed in Hawaii.** This is critical as a matter of clinical effectiveness: patient choice, compliance, & financial means; and access – particularly in low broadband and rural areas for mental health.

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

Research has shown that the efficacy of Audio-only treatment in mental health contexts is on par with video visits. Telephone contact for telehealth purposes is endorsed nationally by the American Psychological Association.

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

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

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

Sincerely,  
June W. J. Ching, PhD, ABPP  
Board Certified Clinical Psychologist  
Licensed Hawaii



**LATE**

**SB-684**

Submitted on: 2/12/2023 8:00:28 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Brian Goodyear      | Individual          | Support                   | Written Testimony<br>Only |

Comments:

Aloha Senators,

Please support this bill that will increase access to mental health care for some of our most vulnerable communities.

Mahalo!

**LATE**

**SB-684**

Submitted on: 2/12/2023 9:35:12 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b>    | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|------------------------|---------------------|---------------------------|---------------------------|
| ELIZABETH K<br>TAITANO | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**LATE**

**SB-684**

Submitted on: 2/12/2023 11:11:01 PM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Noel Shaw           | Individual          | Support                   | Written Testimony<br>Only |

Comments:

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

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

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

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

**LATE**

**SB-684**

Submitted on: 2/13/2023 2:59:54 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

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

Comments:

As a clinical psychologist providing treatment for substance use and other mental health disorders, access to care is critical for our communities. Audio only telehealth expands access, reduces the burden on providers and patients, and is well supported in research and outcomes in best practices. Requiring annual face to face visits will restrict services across counties to our most vulnerable citizens.

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

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

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

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

**LATE**

**SB-684**

Submitted on: 2/13/2023 8:49:28 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| Submitted By   | Organization | Testifier Position | Testify                |
|----------------|--------------|--------------------|------------------------|
| Robin Miyamoto | Individual   | Support            | Written Testimony Only |

Comments:

Honorable Chairs Moriwai and San Buenaventura, Vice-Chairs Lee and Aquino and members of the committees, I am Robin Miyamoto, a Clinical Psychologist, serving the Medicare/Medicaid community across Oahu. I wish to submit this testimony in strong support of SB 684.

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

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

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

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

Thank you for your consideration.

Respectfully submitted by,

Robin E. S. Miyamoto, Psy.D.

677 Ala Moana Blvd. 1016

Honolulu, Hawaii 96813

Office: 808-692-1012

Fax: [808-587-8576](tel:8085878576)

[robinemi@hawaii.edu](mailto:robinemi@hawaii.edu)

**LATE**

**SB-684**

Submitted on: 2/13/2023 9:45:02 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Kathleen M McNamara | Individual          | Support                   | Written Testimony<br>Only |

Comments:

**Testimony in Support of SB684**

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

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

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

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

Please vote YES for SB684

Respectfully,

Kathleen M. McNamara, Ph.D.

**LATE**

**SB-684**

Submitted on: 2/13/2023 11:09:16 AM

Testimony for LBT on 2/13/2023 3:10:00 PM

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---------------------|---------------------------|------------------------|
| Brian Lim           | Individual          | Support                   | Written Testimony Only |

Comments:

Please support the option of audio-only/telephonic telehealth. I believe it is an extremely important resource, and indeed that it is often a critical lifeline for our clients/patients. Thank you very much.