

**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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JOSH GREEN, M.D.
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DIRECTOR OF HEALTH
KA LUNA HO'OKELE

Testimony in SUPPORT of HCR125

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

REP. DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Hearing Date: March 20, 2024

Room Number: 329

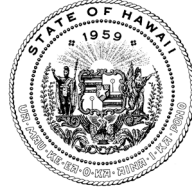
1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) supports HCR125 and looks
3 forward to participation.

4 Establishing telehealth as a community standard of practice was made a department strategic
5 priority in 2013. Since then, the landscape has seen significant progress with the involvement of
6 key stakeholders such as the University of Hawaii Pacific Basin Telehealth Resource Center
7 (PBTRC).

- 8
- [Act 159, Session Laws of Hawaii \(SLH\) 2014](#) vaulted Hawaii into the most progressive
9 telehealth policy space in the country.
 - [Act 226, SLH 2016](#) followed up with various amendments.
 - In 2018, DOH, the University of Hawaii PBTRC, and the Queens Health System
11 convened a two-day telehealth summit, attended by Governor Ige and US Senator Schatz,
12 which produced a [report of findings](#) and broad future next steps.
- 13

- 1 • [Act 139, SLH 2019](#) established a permanent position – the State Telehealth and
2 Healthcare Access Coordinator – to assure ongoing attention to telehealth.
- 3 ○ The hiring moratorium due to the COVID-19 pandemic halted establishment,
4 classification, and recruitment for this position, which has since restarted.
- 5 Although the pandemic drove exponential growth in telehealth adoption, it is appropriate to
6 review the pandemic experience, changes to the healthcare landscape since then, and future
7 expectations.
- 8 Should HCR125 move forward, DOH recommends amendments that require an analysis of
9 compliance to Act 159, SLH 2014, and Act 226, SLH 2016.
- 10 Thank you for the opportunity to testify.



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

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DIRECTOR | KA LUNA HO'OKELE

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health and Homelessness
Wednesday, March 20, 2024
10:30 a.m.
Conference Room 329 and Videoconference**

On the following measure:

H.C.R. 125 REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

Chair Belatti and Members of the Committee:

My name is Ahlani Quiogue, and I am the Licensing Administrator of the Department of Commerce and Consumer Affairs' (Department) Professional and Vocational Licensing Division. The Department appreciates the intent of and offers comments on this measure.

The purposes of this resolution are to establish the Telehealth Working Group to:

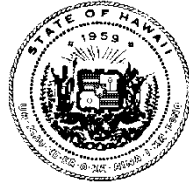
- (1) evaluate the impact of impact of widespread telehealth adoption in the State on safety, utilization, total cost of care, and patient and provider satisfaction to determine how best to integrate telehealth into in-person practice as the State transitions out of the COVID-19 pandemic would provide the State with greater insight into existing telehealth challenges and benefits;
- (2) examine the impact of widespread telehealth adoption

during the COVID-19 pandemic and identify public policy initiatives at the federal and state level to optimize telehealth utilization as the State transitions out of the COVID-19 pandemic; and (3) submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2025.

The Department understands the importance of the working group to identify the impacts of telehealth initiatives and the utilization of this modality to provide health care services. The Department respectfully requests that page 3, item (6), be amended to allow the Licensing Administrator of the Professional and Vocational Licensing Division to appoint/name a designee similar to the authority provided to the Insurance Commissioner on page 2, item (4).

Thank you for the opportunity to testify 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

TRISTA SPEER
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

March 18, 2024

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

FROM: Cathy Betts, Director

SUBJECT: [HCR 125/HR106](#) - REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

Hearing: March 20, 2024, 10:30 AM
Conference Room 329 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services supports this resolution.

PURPOSE: This resolution requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state levels to optimize telehealth utilization as the state transitions out of the COVID-19 pandemic.

DHS supports the review of telehealth adoption during and since the COVID-19 pandemic and looks forward to having the Med-QUEST Administrator or the Administrator's designee participate in this workgroup.

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



‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Health & Homelessness
Wednesday, March 20, 2024 at 10:30 a.m.

By

Denise E. Konan, Dean
College of Social Services

And

Lee Buenconsejo-Lum, Interim Dean
John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawaii at Mānoa

HCR 125/HR 106 – REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

Thank you for the opportunity to testify in **support** of HCR 125/HR 106 which requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and to optimize telehealth utilization as Hawaii transitions out of the COVID-19 pandemic.

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

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

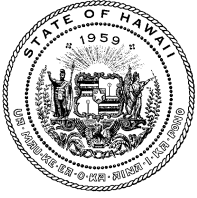
would increase the University of Hawai'i members on the working group to two (2): One from the Pacific Basin Telehealth Resource Center (as stated in HCR 125) and the other from JABSOM.

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

During the COVID-19 pandemic, telehealth became an important tool in the delivery of healthcare throughout the state. Patients suffered through the inability to access providers via in-person visits and had no alternative but to turn to telehealth. One of the realities for Hawai'i is that many of those most in need of telehealth, including telephonic care (limited means to travel, poor or absent internet coverage or bandwidth, residence remote from care providers, infirm with limited cognition or digital literacy, immune compromise in the age of COVID, etc.) suffer the most from a lack of access to necessary healthcare. An examination of the utilization of telehealth during the pandemic would provide meaningful data and information that may shape the future use of telehealth as a viable means to deliver healthcare.

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

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



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO**

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

John C. (Jack) Lewin, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

**House Committee on Health and Homelessness
Representative Della Au Belatti, Chair,
Representative Jenna Takenouchi, Vice Chair,
and Committee Members**

RE: HCR 125 / HR106

**Requesting the Establishment of a Telehealth Working Group to Examine the Impact of
Widespread Telehealth Adoption During the COVID-19 Pandemic and Identify Public Policy
Initiatives at the Federal and State Level to Optimize Telehealth Utilization as the State
Transitions Out of the COVID-19 Pandemic**

**Testimony of John C. (Jack) Lewin, M.D.
SHPDA Administrator**

**Wednesday, March 20, 2024
10:30 a.m.**

1 **Agency's Position: SUPPORT**

2 **Fiscal Implications: none**

3 **Purpose and Justification:** SHPDA is evolving into the State's needed health care oversight
4 body for assuring universal access to high-quality, equitable, and affordable health and long-
5 term care for ALL citizens. While SHPDA appreciates the importance and value of in-person
6 health assessments and development of patient-clinician relationships, telehealth is a valuable
7 means in many clinical circumstances of increasing efficiency, convenience, and cost-
8 effectiveness in delivery of health care and behavioral health services. Telehealth will become
9 increasingly important in improving health outcomes in home and community-based services
10 for Kūpuna, for palliative care, and for management of chronic diseases.

1 SHPDA fully supports establishment of this working group, which should include the
2 DOH, the DHS, the EOA, SHPDA, and other state agencies as well as representation of the
3 public and private health sector to be effective.

4 Mahalo for the opportunity to testify.



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
Members, House Committee on Health & Homelessness

From: Dr. Matthew Koenig, Medical Director, Virtual Care, The Queen's Health System
Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 20, 2024

Re: In Support of HCR125: REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC.

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

Queen's appreciates the opportunity to provide testimony in **support** of HCR 125, which requests the establishment of a telehealth working group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify public policy initiatives at the federal and state levels to optimize telehealth utilization as the state transitions out of the COVID-19 pandemic.

In 2020, Hawaii experienced a 65-fold increase in video telehealth adoption so patients could seek medical care for low acuity conditions during the "lock down" phase of the pandemic response without risking contraction of COVID-19 in medical facilities. Since 2020, robust telehealth adoption has continued statewide and most visits occur with the patient at home using a consumer video device such as a smart phone or home computer. The persistently high volume of telehealth visits likely reflects consumer and provider satisfaction with these technologies but very little is known about the clinical impact on health-related outcomes, safety, and cost of care. In many ways, widespread adoption of direct-to-consumer telehealth in the home has been an "experiment" in Hawaii but we have not yet analyzed the results. The continued adoption of telehealth in Hawaii has been supported by progressive state laws that were enacted in 2017 as well as temporary federal waivers for Medicare beneficiaries that have been in place since 2020.

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

Hawaii has a larger influence on federal telehealth policy since our U.S. Senator Brian Schatz co-chairs the Senate Telehealth Caucus and is the author of the most significant telehealth bill in Congress, the CONNECT for Health Act of 2023 (S.2016). More data are now needed to study the impact of telehealth adoption on patient outcomes, cost of care, and safety outcomes like emergency department visits and hospitalizations. These data will help inform public policy at the state level – including coverage determinations and regulations – and provide additional data to CMS to determine which federal telehealth waivers should be made permanent. Although healthcare systems and payers have all the data that is needed to answer these questions, much of the data are considered confidential and proprietary.

HCR125 is necessary to convene representatives from healthcare organizations and payers to share de-identified data and to obtain epidemiology and biostatistics resources to analyze large data sets. The product of this analysis will be a report to the legislature about the impact of telehealth adoption with recommendations for public policy enhancements to support patient outcomes. We would also ask the Committee to consider an amendment to the resolution to include the Hawai'i Health Information Exchange (HHIE) as a member of the proposed working group.

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



March 20, 2024

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homelessness

Re: HCR125/HR106 – Requesting the establishment of a Telehealth Working Group to examine the impact of widespread telehealth adoption during the COVID-19 pandemic and identify Public Policy Initiatives at the Federal and State level to optimize telehealth utilization as the State transitions out of the COVID-19 pandemic

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of HCR125/HR106, which requests the establishment of a Telehealth working group to examine the impact of telehealth adoption during the COVID-19 pandemic and future policy initiatives to optimize the use of telehealth in Hawaii.

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

We would respectfully request the committee's consideration to include HMSA as a member of the working group.

Thank you for the opportunity to testify in support of HCR125/HR106.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

RE: Testimony in support of House Concurrent Resolution HCR125

To Chair Rep. Bellati and Vice-Chair Rep. Takenouchi

My name is Francis Chan and I am the Chief Executive Officer of Hawai'i Health Information Exchange (HHIE). HHIE is the entity designated by the State of Hawai'i to administer exchange Health Information among Health Insurance Companies, Hospitals, Physicians, Pharmacists and other healthcare providers to reduce cost and improve patient outcome.

HHIE supports the intent of Resolution HCR125 to establish a Telehealth Working Group.

While the State of Hawai'i has been ranked as among the top states in the country in terms of health care accessibility and outcome, based on the data that HHIE has been able to analyze, we have identified gaps in healthcare access and outcome among Native Hawai'ians and Pacific Islanders. Informal surveys and anecdotal information suggested that Telehealth can be one of the tools to effectively address inequity, and at the same time reduce the use of hospital Emergency Rooms for primary care. More focused studies are needed and the working group proposed in this resolution will provide the answers and the recommendations.

Thank you for the opportunity for HHIE to provide testimony in support of establishing a Working Group to examine the impact of telehealth and optimize its use.

Respectfully submitted,



Francis Chan
Chief Executive Officer
Hawai'i Health Information Exchange
Email: fchan@hawaiihie.org
808-441-1431

March 20, 2024, 10:30 a.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

To: House Committee on Health & Homelessness
Rep. Della Au Belatti, Chair
Rep. Jenna Takenouchi, Vice-Chair

From: Grassroot Institute of Hawaii
Ted Kefalas, Director of Strategic Campaigns

COMMENTS IN SUPPORT OF HCR125/HR106 — REQUESTING THE ESTABLISHMENT OF A TELEHEALTH WORKING GROUP TO EXAMINE THE IMPACT OF WIDESPREAD TELEHEALTH ADOPTION DURING THE COVID-19 PANDEMIC AND IDENTIFY PUBLIC POLICY INITIATIVES AT THE FEDERAL AND STATE LEVEL TO OPTIMIZE TELEHEALTH UTILIZATION AS THE STATE TRANSITIONS OUT OF THE COVID-19 PANDEMIC

Aloha Chair, Vice-Chair and other Committee members,

The Grassroot Institute of Hawaii would like to **comment in support** of [HCR125](#) and [HR106](#), which looks to establish a telehealth working group.

The purpose of the working group would be to examine the impact of widespread telehealth adoption during the COVID-19 lockdowns and identify policy initiatives that might build on that experience in order to optimize telehealth usage in Hawaii.

Telehealth provides a wonderful opportunity to mitigate the problems related to healthcare access and staffing shortages that have had a significant effect on healthcare in Hawaii.

The COVID-19 crisis was instrumental in showing the potential of telehealth as a way to improve healthcare outcomes. Moreover, the experience of Hawaii and other states under emergency orders related to telehealth demonstrated that removing barriers to out-of-state telehealth access was helpful to both patients and providers.

In an upcoming policy brief, the Grassroot Institute examines ways in which the state could improve outcomes and expand healthcare access by removing regulations that prevent Hawaii patients from receiving telehealth from out-of-state providers.

This is a strategy that has been embraced by other states with great success. Twenty-six states have special license or telehealth registration programs that allow out-of-state doctors to offer telehealth services.

Idaho, for example, allows licensed doctors to offer telehealth care to patients with whom they have an established relationship but are in the state only temporarily.¹

And Florida recently created a system that allows licensed out-of-state providers to practice telehealth by registering with the state medical board and agreeing to certain conditions such as liability coverage.²

Hawaii's geographic challenges make telehealth expansion a necessity. We commend the Legislature for seeking ways to remove barriers to telehealth in Hawaii.

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii

¹ ["Cross State Licensing: Idaho."](#) Center for Connected Health Policy. Feb. 13, 2024.

² ["Cross State Licensing: Florida."](#) Center for Connected Health Policy. Feb. 24, 2024.