



KONA
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**The Senate Committee on Human Services
Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair**

**Tuesday, February 1, 2011
1:30 p.m.
Conference Room 016**

**SB 285 Relating to Health.
Provides for Telehealth Services Coverage for Medicaid and QUEST Patients
Using Kona Hospital's Medical Van Program.**

**Testimony of Kathryn Harter
Interim President and Chief Executive Officer
HHSC West Hawaii Region**

Chair Chun Oakland and members of the Senate Committee on Human Services, Kona Community Hospital appreciates the opportunity to testify in strong support of SB 285 which would provide for coverage of telehealth services for Medicaid and QUEST members receiving services using Kona Hospital's mobile medical van.

As you are aware, access to appropriate health care, especially in rural areas of Hawaii can be challenging. This is an issue that is not specific to our state but a nationwide problem. When examining Hawaii's rural areas, the Big Island of Hawaii presents extreme challenges when it comes to providing equitable access to care including the fact that:

- The Big Island of Hawaii represents over 65% of all the land mass in the State of Hawaii, making it by far the largest geographic region of the State; and
- The Big Island also has the lowest population density in the State

Recognizing the issues facing the Big Island, Kona Community Hospital, in conjunction with the Hawaii Medical Service Association (HMSA), has been working to address access to medical care given the island's unique geography and demographic distribution. A mobile medical van, to be managed by the Kona Community Hospital, is being procured using \$350,000 previously appropriated by the Legislature. And, HMSA has committed to help financing two years of operational costs.

We believe the potential for the mobile medical van to make a difference is great and not only will it improve access to quality health care services to the widely dispersed, rural residents of the Big Island; additional benefits will be achieved such as improved access to primary care services and better health outcomes for children. The van also has the potential to be utilized in disasters to provide relief to affected areas.

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Although the mobile van will significantly improve physical access to remote regions of the Big Island, incorporating tele-health capabilities will dramatically increase timely and convenient virtual access to information that can be incorporated into the medical van's delivery of services. The question of why push to utilize telehealth in this capacity was recently answered by President Barack Obama in his State of the Union speech when he spoke of increasing the nation's high speed wireless capacity to ensure a patient "can have face-to-face video chats with her doctor."

In addition, today's telehealth technology platform operates in a secured communication environment, which is imperative to ensure confidential exchange of information.

Offering on-line care services is a critical component of the mobile medical van that will allow:

- Face to face interaction with Advanced Practice Nurses and Online physicians
- The ability of patients to establish ongoing care with a primary care physician at the local community clinic or elsewhere
- Additional access and resources, such as specialists and other primary care providers

Ensuring that Medicaid and QUEST members are able to take advantage of the telehealth services being provided by the mobile medical van will be vital. A large portion of the Big Island's residents receive their health care coverage through one of these government programs. If these individuals were denied access to telehealth services, the impact that the van could have on these populations would likely be lessened.

The approval of SB 285 will result in significant enhancement of health care services that the mobile medical van can provide. In parallel, passage of this measure will create more robust collaborative discussions that are already occurring and being planned with key community stakeholders and providers. It should also be noted that operational costs for this project are addressed within SB 285 as well, which describes a commitment from HMSA to provide funding.

We appreciate the Committee hearing this measure today and would respectfully request you see fit to pass it. Thank you for the opportunity to testify.



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January 31, 2011

Committee on Human Services
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Vice Chair

Hearing:

February 1, 2011, 1:30 p.m.
Hawaii State Capitol, Conference Rm. 016

RE: SB285 – Relating to Health

Testimony in Support

Chair Chun Oakland, Vice Chair Ihara and members of the Committee on Human Services, my name is George Massengale. I am the Director of Government Relations for the American Cancer Society Hawaii Pacific Inc. We thank you for the opportunity to offer this testimony in support of SB285 which would provide telehealth services coverage for Medicaid and Quest patients using Kona Hospital's medical van program.

For over 60 years, the American Cancer Society in Hawaii has been leading the fight against cancer in Hawaii. We have made much progress in saving lives through early detection and new cutting edge treatments as a result of on going research. A key and critical component in cancer treatment is follow-up care.

Follow-up care is important because it helps to identify changes in health. The purpose of follow-up care is to check for recurrence or cancer metastasis – the spread of cancer to another part of the body. Follow-up care visits are also important in addressing ongoing problems due to cancer or its treatment, and detecting physical and psychosocial effects that may develop months to years after treatment ends. All cancer survivors should have follow-up care.

The frequency and nature of follow-up care is individualized based on the type of cancer, the type of treatment received, and the person's overall health, including possible treatment-related problems. In general, people return to the doctor for follow-up appointments every three to four months during the first two to three years after treatment, and once or twice a year after that.

At follow-up appointments, the doctor may recommend tests to check for recurrence or to screen for other types of cancer. This is why it is important for the doctor to help determine what follow-up care plan is appropriate. The doctor may not need to perform any tests if the person appears to be in good physical condition and does not have any symptoms. It is important for the patient to speak with their doctor about any questions or concerns related to the follow-up care plan.

Outside the City & County of Honolulu, treatment for cancers and follow-up care can become problematic because of geographical limitations and the availability of access. Many patients on the neighbor islands must travel to Honolulu for both treatment and follow-up. This is often burdensome and costly for patients and their families.

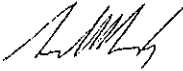
Telehealth services would provide cancer patients with better access to follow-up. It would also have the potential of “connecting in” treating physicians in Honolulu or the mainland, thus ensuring that early symptoms are detected early and addressed appropriately.

We see telehealth services as another arrow in the Society’s quiver in the battle against cancer.

We urge you to pass SB285 which will provide vital, life-saving follow-up services to the almost 6,800 individuals that are diagnosed with cancer every year in Hawaii.

Thank you for the opportunity to offer this testimony here today.

Respectfully,

A handwritten signature in black ink, appearing to read "G. Massengale", written in a cursive style.

George S. Massengale, JD
Director of Government Relations

HMSA



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January 31, 2011

The Honorable Suzanne Chun Oakland, Chair
The Honorable Les Ihara, Jr., Vice Chair

Senate Committee on Human Services

Re: SB 285 – Relating to Health

Dear Chair Chun Oakland, Vice Chair Ihara, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 285 which would authorize the Department of Human Services (DHS) to allow QUEST-eligible individuals to access telehealth services. HMSA supports this measure.

The Legislature authorized \$350,000 in Act 162, SLH 2009, for the purchase of a mobile medical van for services to the South Kona, Ka'u, and upper Puna areas of Hawaii Island. We are aware that those monies have been encumbered to Kona Hospital, and the Hospital is in the process of procuring the medical van.

In 2010, the Legislature passed S.B. 2491, SD2, HD1, CD1, which would have authorized telehealth services under the Department of Human Services' Medicaid or QUEST program. However, the Governor vetoed that message indicating that federal funding was not authorized for that purpose, and State General Funds also were not appropriated for the medical van services.

This Bill is an attempt to address the Governor's concerns by acknowledging the efforts of the Hospital to secure non-governmental funding for the operations of the van. During the interim, Kona Hospital worked with HMSA, and we will be assisting with a two-year pilot program to help finance the operations of the medical van program. HMSA recognizes Hawaii Island's unique demographics – a population widely dispersed over a large geographic area – making a mobile medical van a potentially ideal service.

Supporting these kinds of telehealth services gained national attention recently when President Barack Obama included the goal of making "it possible for business to deploy the next generation of high-speed wireless coverage to 98 percent of all Americans" in his State of the Union address. One of the examples he provided regarding this was to ensure the ability of patients to "have face-to-face video chats" with their physicians.

We do note, however, that there seems to have been a formatting error in Section 2 of the Bill which leads to confusion as to whether we will be allowed to assist with the pilot program. Attached is suggested amended language which may rectify that concern.

Thank you for the opportunity to testify. Again, HMSA is pleased to support this Bill.

Sincerely,



Mark K. Oto
Director, Government Relations

Attachment

Suggested Amendment to Section 2 of SB 285

SECTION 2. Chapter 346, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"Sec. 346- Telehealth services; medicaid and QUEST.

(a) The department shall not require:

(1) The department's approval for a health plan under the department's medicaid or QUEST program to deliver services using a telehealth service; or

(2) In-person visits to qualify any telehealth service for coverage under the department's medicaid or QUEST program.

(b) The mobile medical van program operating in a county with a population of less than two hundred and fifty thousand persons and operated by Kona community hospital shall be funded through a partnership with a non-profit mutual benefit society operating in the State that provides health care coverage to at least six hundred thousand members.

(c) For the purposes of this section, "telehealth" means the use of telecommunications services, as defined in section 269-1, including 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 to parties separated by distance. A standard telephone contact, facsimile transmission, or an email text, in combination or by itself, does not constitute a telehealth service for the purposes of this section. This section shall only apply to a mobile medical van program operating in a county with a population of less than two hundred fifty thousand."