

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

LATE

February 3, 2012

The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: HB 2665 – Relating to Health

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2665. Our comments are limited to Sections 3, 4, and 5 of the Bill which relate to coverage for telemedicine services. We have no comments on the other sections of HB 2065.

Sections 3, 4, and 5 of HB 2665 require plans to provide coverage for the cost of telemedicine services, which is limited to “the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment of acute stroke.” (Emphasis added.)

Current statute (Section 431:10A-116.3, Section 432:1-601.5, and Section 432D-23.5) already mandate health plans to provide reimbursement for telehealth services, and those services are broader and more encompassing than the limited telemedicine service contemplated in HB 2665. HMSA covers telehealth services and has also been offering such services since January 2009 through our Online Care Program. Given the existence of existing statutory authority for telehealth services, we believe Sections 3, 4, and 5 of HB 2665 are unnecessary and should be deleted from the Bill.

Thank you for allowing us to comment on this measure, and your consideration our proposed amendment is appreciated.

Sincerely,

Jennifer Diesman
Vice President
Government Relations

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American Heart Association | American Stroke Association

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Testimony on HB 2665, "Relating To Stroke Treatment"

The American Heart Association supports the intent of HB 2665, but cannot support its passage at this time.

Legislation similar to HB 2665 has been successful in other states in improving stroke systems of care in communities. However, passage of legislation in those states took place only after extensive collaborative meetings of stakeholders to discuss optimization of existing systems, work through challenges, and establish general agreement on how to achieve an optimal stroke system(s) of care tailored to those states and communities would work.

It is premature to pursue legislation such as HB 2665 in Hawaii. The first step toward preparing to pursue this type of legislation should be the formation of a stakeholder group to bring interested/affected parties together to identify issues related to stroke care in the state and to discuss and come to agreement on optimal ways to improve on that care.

The American Heart Association/American Stroke Association is currently coordinating such a group to improve STEMI heart attack systems of care in the state. That group, organized under the AHA's Mission:Lifeline initiative, includes representatives of the DOH, State and County EMS systems, hospital representatives and others from the medical field. Many involved in that initiative would also need to be involved in a similar stroke initiative. Some of the goals outlined in HB 2665, such as data collection, have been identified as key challenges by Mission:Lifeline stakeholders. Efforts are underway to try and identify ways to address those challenges. The lessons learned through that process will likely be helpful in addressing similar challenges to stroke care. However, to initially legislate changes in how hospitals, EMS agencies and other stakeholders operate would likely cause division within our communities and would be counterproductive. Thus has been the case in other states that have attempted that approach.

The AHA recommends that HB 2665 be held at the current time, and similar legislation be introduced at a future date with the full support of Hawaii's key stroke system stakeholders.

Respectfully submitted,

Donald B. Weisman

Hawaii Government Relations/Mission:Lifeline Director

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In reply, please refer to:
File:

HOUSE COMMITTEES ON HEALTH

HB2665, RELATING TO STROKE TREATMENT

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

**February 3, 2012
9:00 A.M.**

1 **Department's Position:** The Department of Health (DOH) supports the intent of HB2665 but has
2 reservations about the extent of activities assigned to DOH for which currently there are insufficient
3 resources.

4 **Fiscal Implications:** No funds are appropriated. If passed in its current form, this measure would have
5 adverse fiscal implications as the Department does not have funding to carry out the activities proposed.

6 **Purpose and Justification:** The Department of Health (DOH) recognizes the importance of
7 establishing a statewide stroke system of care. The proposed measure contains requirements that exceed
8 the Departments existing capacity and resources. The DOH Heart Disease and Stroke Prevention
9 Program (HDSPP) worked with partners and recently published the state plan for the prevention of heart
10 disease and stroke. The DOH HDSPP and the Emergency Medical Services and Injury Prevention
11 Branch will continue to work with community partners to advance the system of stroke care in Hawaii
12 where gaps exist and as resources permit.

13 Thank you for the opportunity to testify.