



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 5, 2016

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committee:

SUBJECT: HB 1944 – Relating to Telehealth

The State Council on Developmental Disabilities **SUPPORTS HB 1944**. The purpose of this bill is to enhance access to care via telehealth by removing the barriers that prevent health care providers and patients from realizing the full benefits of telehealth.

The DD Council is responsible for the development and implementation of a Five-Year State Plan. Our current State Plan (FY 2012-2016) includes an Objective, “Address all medical gaps in services, as indicated within the Individualized Service Plan by September 30, 2016.” We have learned that individuals with developmental disabilities experience gaps in medical services due to several factors, such as available and willing health care providers to provide services to this population, living in rural areas, and accessible means (transportation) to get to medical appointments. An activity to address the objective is to pursue statewide telemedicine opportunities.

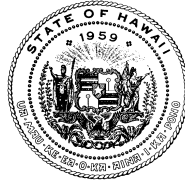
HB 1944 represents a comprehensive approach to telehealth in providing individuals with live consultation for health care, including but not limited to, primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians licensed under Chapter 453, advanced practice registered nurses licensed under Chapter 457, psychologists licensed under Chapter 465, and dentists licensed under Chapter 448. Furthermore, this bill would assist in the delivery of enhanced statewide health care services, increase access to services, and provide timely information to patients and health care providers.

Thank you for the opportunity to offer our **support of HB 1944**.

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

Josephine C. Woll
Chair



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB2430
RELATING TO TELEHEALTH**

REPRESENTATIVE DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 5, 2016

Room Number: 329

1 **Fiscal Implications:** None for the department.

2 **Department Testimony:** The Department of Health supports policies assuring greater access to
3 telehealth services for Medicaid, privately insured, and uninsured populations, but defers to the
4 Department of Human Services (DHS) and Department of Commerce and Consumer Affairs on
5 the financial and operational aspects.

6 Based on the experiences of department programs with well-established telehealth infrastructure
7 and utilization, DOH offers the following amendments, with deference to proper sister agencies.

8 **Offered Amendments:**

9 Page 6, Line20:

- 10 • **"§671- Professional liability insurance; coverage for**
11 **telehealth** (a) Every insurer providing professional liability
12 insurance for a health care provider shall ensure that every
13 policy that is issued, amended, or renewed in this State on or
14 after the effective date of this Act shall provide malpractice
15 coverage for telehealth that shall be equivalent to coverage for
16 the same services provided via face-to-face contact between a
17 health care provider and a patient[.] in Hawaii.

- 1 • The purpose of this amendment is to clarify that malpractice insurers are only required to
2 cover patients that are in Hawaii. As malpractice insurance rates are based on local
3 claims and awards, Hawaii has lower than average malpractice coverage payouts and this
4 ensures the carriers are not forced to cover telehealth encounters with patients outside our
5 state. the following amendments.

6 Page 3, Bill Section 2, Line 15:

- 7 • "(b) Regardless of billing codes used, reimbursement for
8 services provided through telehealth shall be equivalent to
9 reimbursement for the same services provided via face-to-face
10 contact between a health care provider and a patient.
- 11 • The purpose of this amendment is to ensure in-person billing codes and telehealth codes
12 are aligned for plan reimbursement.

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

**Friday, February 5, 2016
9:15 a.m.**

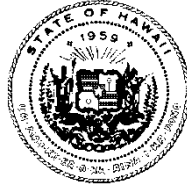
WRITTEN TESTIMONY ONLY

TESTIMONY ON HOUSE BILL NO. 1944, RELATING TO TELEHEALTH.

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board ("**Board**"). Thank you for the opportunity to testify on House Bill No. 1944, Relating to Telehealth. The Board has not had an opportunity to review this measure, but will do so at its meeting on February 11, 2016.

Thank you for the opportunity to submit written testimony on House Bill No. 1944.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 5, 2016

TO: The Honorable Della Au Bellati, Chair
House Committee on Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **HB 1944 - RELATING TO TELEHEALTH**

Hearing: Friday, February 5, 2016; 9:15 a.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to testify on this bill and provides comments.

PURPOSE: The purpose of this bill is to require the Medicaid managed care and fee-for-service programs to cover services provided through telehealth. Specifies medical professional liability insurance policy requirements with regard to telehealth coverage. Clarifies requirements for establishing provider-patient relationships for telehealth for purposes of reimbursement. Specifies reimbursement requirements for distant site and originating site providers. Requires written disclosure of coverages and benefits associated with telehealth services. Ensures telehealth encompasses store and forward technologies, remote monitoring, live consultation, and mobile health. Ensures telehealth is covered when originating in a patients home and other non-medical environments. Clarifies requirements for physicians and out-of-state physicians to establish a physician-patient relationship via telehealth. Ensures reimbursement requirements for telehealth services apply to all health benefits plans under chapter 87A, Hawaii Revised Statutes. Makes other conforming amendments related to telehealth.

The DHS supports the concept of telehealth which is viewed as a cost effective alternative to the more traditional face-to-face way of providing medical care. The Centers for Medicare and Medicaid Services (CMS) does allow for reimbursement for telehealth services and the Hawaii Medicaid program does currently cover limited services.

This bill does require the Med-QUEST Division to move forward with efforts to increase the availability of telehealth services to managed care and fee-for-service recipients. The Department does require, however, additional time and flexibility to implement provisions in this bill. While CMS encourages States to cover telehealth services, we need to work closely with CMS regarding the services and reimbursement methodology as it will require the need for submission of a State Plan Amendment (SPA). The SPA process can be lengthy and approval is necessary in order for the State to be able to receive federal match for services.

Thank you for the opportunity to testify on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-EIGHTH LEGISLATURE, 2016**

ON THE FOLLOWING MEASURE:

H.B. NO. 1944, RELATING TO TELEHEALTH.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Friday, February 5, 2016

TIME: 9:15 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Lili A. Young, Deputy Attorney General

Chair Au Belatti and Members of the Committee:

The Department of the Attorney General has concerns about this measure and provides the following comments. The purpose of this bill, in part, is to require the State's Medicaid managed care and fee-for-service programs to cover services provided through telehealth.

The U.S. Centers for Medicare and Medicaid (CMS) oversees the states' administration of the federal Medicaid program. The CMS recently filed final rules on January 27, 2016, amending 42 Code of Federal Regulations (CFR) part 440 relating to Medicaid home health services. These rules involve the use of telehealth services and set forth requirements for payment of services and medical equipment specific to home health services. While the final rule is effective on July 1, 2016, CMS is allowing states and providers an additional 1-2 years to become compliant so that the final rule is implemented appropriately. Hawaii's deadline for compliance is July 1, 2017.

Section 2 of this bill amends chapter 346, Hawaii Revised Statutes, by adding a new section to address Medicaid coverage for telehealth services. The new subsection (a) at page 3, lines 9-14, requires that the Medicaid program "shall not deny coverage" for telehealth services if the service would have been covered through an in-person consultation between the patient and the health care provider. We are concerned that this broad mandate may be inconsistent with the final federal rules that have more specific requirements for coverage of home health services that may involve the use of telehealth services that are different from requirements for an in-person consultation.

The new subsection (b) on page 3, lines 15-21, and page 4, lines 1-3, addresses restrictions on reimbursement for services provided through telehealth unless certain requirements are met. However, on page 4, lines 8-13, the bill provides:

(c) There shall be no geographic restrictions or requirements for telehealth coverage or reimbursement under this section.

(d) There shall be no restrictions on originating site requirements for telehealth coverage or reimbursement under this section.

As worded, the bill may conflict with CMS' final rule, which sets forth payment restrictions and requirements for home health services that may utilize telehealth services.

To address these concerns, we suggest insertion of a new subsection (e) into the new statutory section on page 4, line 14, as follows, with the existing subsection (e) redesignated as subsection (f):

(e) Notwithstanding any other law to the contrary, the provisions of this section shall comply with the applicable federal requirements related to utilization, coverage, and payment for telehealth services.

The effective dates of this bill and CMS' final rule should be the same. We suggest that section 14 of the measure, on page 39, line 6, be changed to read as follows:

SECTION 14. This Act, upon its approval, shall take effect on July 1, 2016.

The Department urges the Committee to pass this bill only if these concerns are addressed. We are available to provide any further suggestions to achieve the purpose of this bill.



**February 5, 2016 at 9:15 AM
Room 329**

House Committee on Health

To: Chair Della Au Belatti
Vice Chair Richard P. Creagan

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: **Testimony in Support
HB 1944, Relating to Telehealth**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We would like to thank Chair Belatti, Vice Chair Creagan and the members of the House Health Committee for the opportunity to testify in **support** of HB 1944. This legislation would promote telehealth by eliminating geographic and originating site limitations, instituting reimbursement parity in the Medicaid program and clarifying the relationship requirements between patients and providers, among other things.

Telehealth is used extensively throughout the country and can be particularly effective in states like Hawaii where many segments of the population face challenges in accessing quality health care due to geography. We supported the telehealth parity bill in 2014 because it expanded access to health care services, especially in rural or underserved areas. We are supportive of this legislation because it will help to ensure that the opportunities and benefits of telehealth are provided equally and widely.

We support efforts to improve the quality and accessibility for patients all throughout the state and this bill would help to reach that goal. We would respectfully request that your committee view this bill favorably. Thank you for the opportunity to testify in support of this important matter.

To: Hawaii State House of Representatives Committee on Health
Hearing Date/Time: Friday, February 5, 2016, 9:15 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood of Hawaii in support of H.B. 1944, Relating to Telehealth

Dear Chair Belatti and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 1944, which clarifies Hawaii’s telehealth laws and will ensure that patients have comprehensive and affordable access to family planning services in the rapidly changing telemedicine environment.

Planned Parenthood is proud to support H.B. 1944 as we believe that access to contraception is important to all men and women in Hawaii, and opportunities to increase access are a critical tool for preventing unintended pregnancies. By clarifying the scope and parameters of Hawaii’s telehealth laws, the legislature will help ensure that men and women can have access to contraceptive services even when they are unable to get to a “bricks and mortar” facility. By extending these services to patients who participate in Hawaii’s Medicaid program, the bill ensures that the benefits of telehealth will extend to the most vulnerable citizens in our state.

Thank you for this opportunity to testify in support of H.B. 1944.

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 03, 2016 2:10 PM
To: HLTtestimony
Cc: mkoenig@queens.org
Subject: *Submitted testimony for HB1944 on Feb 5, 2016 09:15AM*

HB1944

Submitted on: 2/3/2016

Testimony for HLT on Feb 5, 2016 09:15AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Matthew Koenig, MD	The Queen's Health Systems	Support	Yes

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Della Au Belatti, Chair, Committee on Health
The Honorable Richard P. Creagan, Vice Chair, Committee on Health
Members, Committee on Health
Della Au Belatti

From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems
Date: February 4, 2016
Hrg: House Committee on Health Hearing; Friday, February 5, 2016 at 9:15am in Room 329

Re: **Strong support and comments for HB 1944, Relating to Telehealth**

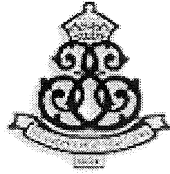
My name is Paula Yoshioka and I am a Senior Vice President at The Queen's Health Systems (QHS). I would like to express my **strong support** for HB 1944, Relating to Telehealth.

At Queen's we recognize the importance of expanding access to care through telecommunication technologies. Queen's now operates statewide with a four hospital system: The Queen's Medical Center – Punchbowl, The Queen's Medical Center – West O'ahu, Molokai General Hospital, and North Hawai'i Community Hospital. It is our desire to expand health care access beyond O'ahu where our trauma and tertiary/quaternary services are located at QMC Punchbowl. We appreciate the introduction of this bill which will create greater health care access for rural O'ahu and the neighbor islands.

We concur with the testimony submitted by Matthew Koenig, MD the Director of Telehealth for The Queen's Health Systems. We would like to make the following comments for the sake of clarification and amendment in order to strengthen the bill.

1. On Page 3, line 15, "Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact...". The intention of this section is good, but the problem is that the actual billing codes used for telemedicine encounters are different from the billing codes used for in-person encounters for the same indication and the reimbursement amount for these codes is not equivalent. The language should be changed to specify that, regardless of the billing code, the amount of reimbursement (dollar amount and relative value unit (RVU)) should be equivalent. This language should be clarified throughout the bill, including the Medicaid and private insurance sections.
2. Also on Page 3, line 18, "There shall be no reimbursement for a telehealth consultation between two healthcare providers unless a health care provider-patient relationship exists between the patient and one of the health care providers involved in the telehealth interaction; provided that the health care provider-patient relationship prerequisite shall not apply to telehealth consultations for emergency department services." We recommend deleting this language throughout the bill. The language implies that a "curbside" consultation done by video teleconferencing between a primary

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



THE QUEEN'S HEALTH SYSTEMS

care physician (who has an established patient-provider relationship) and a specialist (who does not know the patient) can be reimbursed even though the patient is not present. This does not meet current standards of clinical practice and in-person "curbside" consultations (in which the patient is not present) are not currently reimbursed by insurers. For "store-and-forward" and teleradiology services, other sections of the bill include reimbursement rules that have greater clarity.

3. On Page 21, line 14, "The combined amount of reimbursement that a health maintenance organization plan allows for the compensation to the distant site health care provider and the originating site health care provider shall not be less than the total amount permitted for reimbursement for the same services provided via face-to-face contact..." The language implies that a single reimbursement amount could be split between two healthcare providers, one at the originating site and one at the distant site. The language should be clarified to specify that both providers are reimbursed the full amount they would have received for seeing the patient in-person. Alternatively, this section could be deleted because other parts of the bill specify that telehealth reimbursement needs to be equivalent to in-person reimbursement for the same services.
4. On Page 22, line 1, " Notwithstanding chapter 453 or rules adopted pursuant thereto, in the event that a health care provider-patient relationship does not exist between the patient and the health care provider involved in the telehealth interaction between the patient and the health care provider, a telehealth mechanism may be used to establish a health care provider-patient relationship." On Page 26, line 4, "For the purpose of prescribing a controlled substance, a physician-patient relationship shall be established pursuant to chapter 329". The language should be clarified to specify whether an initial telehealth encounter is or is not adequate to establish a provider-patient relationship in order to prescribe controlled substances during that encounter. This issue requires careful consideration to limit the potential for telehealth to be abused for the purposes of prescribing controlled substances such as opioid narcotic pain medications and medical marijuana.

We ask for your support in strengthening access to health care in Hawai'i by voting favorably on this measure. Thank you for your time and consideration of this important matter.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 5, 2016

The Honorable Della Au Belatti, Chair
The Honorable Richard P. Creagan, Vice Chair
House Committee on Health

Re: HB 1944 – Relating to Telehealth

Dear Chair Au Belatti, Vice Chair Creagan, and Members of the Committees:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on HB 1944, which would extend the use of telehealth as a means of providing health services, and to ensure telehealth may be appropriately used under the QUEST program.

The MedQUEST Division has been looking to accomplish much of what this Bill is intended to do, and HMSA has been working with MedQUEST in this endeavor. HMSA supports HB 1944.

Telehealth is a proven, effective and efficient way to facilitate timely access to quality health care, improve health outcomes, reduce the incidence of avoidable urgent and emergent care, and even-out distribution of health care providers.

HMSA is committed to seeing telehealth become an integral part of our healthcare system. Beginning in 2009, HMSA's Online Care was the first in the nation real time web-based telehealth service providing patients with 24/7 access to providers via the personal computer or telephone. Online Care deploys web-based videoconferencing, real time chat, and telephone to streamline the interaction for all residents of the state of Hawaii (members and nonmembers) with providers. Over 320 physicians from multiple specialties are enrolled to offer telehealth care, providing real time access for individuals with acute health care issues, in addition to managing their established patients with chronic disease, such as diabetes, depression, and dyslipidemia

In order to successfully offer our telehealth program to QUEST Integration members, we are working with the MedQUEST Division to consider changes to the Hawaii Medicaid Program, including:

- Allowing telehealth services to be provided throughout Hawaii without limit to geographic requirements as defined by CMS;
- Not limiting the setting where telehealth services are provided for both patient and health care provider. (Addressing Originating Site requirement as defined by CMS);
- Not requiring that an in-person contact occurs between a health care provider and patient before the delivery of a service via telehealth;
- Not limiting the Current Procedural Terminology (CPT) codes covered under telehealth as defined by CMS;
- Broadening the definition of telecommunication to include emerging technologies such as mobile applications accessible via smart phones or tablets; and



An Independent Licensee of the Blue Cross and Blue Shield Association

- Propose statutory provisions to address current prohibitive Hawaii Administrative Rules.

While our commitment to telehealth is absolute, we have administrative comments to offer on HB 1944. We are continuing to consider this measure, but we already noted the following:

- A provision should be included to ensure the system is HIPAA, HITEC, privacy, PHI confidentiality, and data security compliant.
- To qualify for reimbursement at a rate equivalent to a face-to-face encounter, the telehealth service rendered should be equivalent in terms of complexity to the service rendered in an office/facility environment.
- There also is a need to ensure this legislation does not negatively impact payment transformation efforts. As is promoted by the Affordable Care Act, plans have all been implementing various forms of pay for quality initiatives to help drive efficiency into the healthcare system. HMSA's payment transformation effort envisions a model under which providers may use and be reimbursed for telehealth to augment member care. We want to ensure that this measure does not impede that effort.

We do have other technical and clarifying amendments that we hope we can work with the Committee to address.

Thank you for allowing us to testify on HB 1944. HMSA looks forward to having a premier telehealth system for the people of Hawaii.

Sincerely,

Jennifer Diesman
Vice President, Government Relations.

**February 05, 2016 at 9:15am
Conference Room 329**

House Committee on Health

To: Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

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

Re: Testimony in Support – HB 1944

My name is Michael Robinson, Vice President, Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

HPH is writing in **support** of HB 1944 which establishes a number of requirements for the delivery of telehealth services. The delivery of health care services has undergone significant technological advancements in recent years. Telehealth and telemedicine are innovative and highly effective means of providing health care services to a greater number of people. Telehealth brings health care services to our rural communities as well as underserved areas. With our shortage of physicians statewide, telehealth is an important tool in the delivery of services. This bill removes some of the barriers affecting telehealth services and thus enables more people to benefit from such services.

Thank you for the opportunity to testify.





DATE: Friday, February 05, 2016
TIME: 9:15 a.m.
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

Della Au Belatti, Chair
House Committee on Health

Richard P. Creagan, Vice Chair
House Committee on Health

Re: HB No.1944 An Act Relating to Telehealth

DentaQuest appreciates the opportunity to provide written testimony on House Bill No. 1944 ("HB 1944"), which requires reimbursement parity for telehealth-delivered services in the Medicaid managed care and fee-for-service programs. DentaQuest strongly supports this legislation and its goal to improve access to care for the Medicaid population.

DentaQuest had the honor of serving the children of Hawaii as a subcontractor for the Medicaid QUEST dental program between 2012 and 2015. We continue to build partnerships with the Hawaii health and advocacy community by working with Hawaii nonprofits like Helping Hands Hawaii and Aloha Medical Mission. Like DentaQuest, these organizations work to improve health outcomes and to build stronger communities.

DentaQuest is the second largest dental benefits company and the largest Medicaid and CHIP dental benefits administrator in the country. Nationwide, we work with seven state agencies, partner with 100 health plans, and offer plans on ten health insurance exchanges to provide dental benefits to more than 24 million beneficiaries. Along with the DentaQuest Foundation, DentaQuest Institute, and DentaQuest Care Group, our organization is committed to improving the oral health of all.

As HB 1944 notes, telehealth technologies can reduce access challenges, particularly in a state facing a health care provider shortage like Hawaii. Telehealth has the potential for providers to treat patients in settings that are more convenient and comfortable for the patient. Instead of compelling patients to come into the office, providers can create treatment plans, make recommendations, or provide referrals in a number of more efficient ways.

According to an American Telemedicine Association white paper, early results from telehealth studies from Health Affairs to the University of Pennsylvania to the British Journal of General Practice are showing cost savings for providers, patients, and payers. That white paper also showed that patients are responding well to the new telehealth services and that delivering care in different settings has not compromised quality.

Telehealth legislation has recently been passed in many states, but telehealth adoption is still low due to a wide variety of regulatory and implementation barriers. For successful telehealth adoption, legislation should address Medicaid reimbursement parity, as private payers will follow public programs. To encourage a variety of potential solutions, legislation should account for different types of telehealth, including, but not limited to, live video and store-and-forward technologies. Geographic, originating site and provider-type limitations should also be removed.

Fortunately, HB 1944 addresses these barriers to adoption and if passed, would ensure that the Medicaid program optimizes telehealth's potential. DentaQuest is pleased that the legislation acknowledges the value in including a wide range of providers, including dentists, dental technicians, and dental hygienists. As delivery and reimbursement models begin to change, oral health must be included.

Early teledentistry initiatives have already shown tremendous promise. The Pacific Center for Special Care studied the new Virtual Dental Home Demonstration in California to find that systemic costs had declined and 35% of children were less fearful of seeing a dental provider because they were in more comfortable, community settings.

Increasing access to care via telehealth may help to reduce some of the oral health access challenges and oral health disparities facing Hawaii. Based on 2014 HEDIS measures, Hawaii came in 33rd for the percentage of Medicaid-eligible children receiving preventive dental care. The state's Department of Health noted that in 2012, only 52 percent of low-income individuals saw a dentist compared to 82 percent for higher-income individuals.

The Hawaii State Department of Health's 2015 report, *Hawaii Oral Health Key Findings*, showed that if a child's family is beneath the federal poverty level (FPL), they are twice as likely to have had a dental problem in the past six months compared to children in families four times above the FPL. Low-income adults in Hawaii (<\$15,000) are also more likely to have permanent tooth loss compared to high-income adults (>\$75,000)—51 percent vs. 32 percent.

By improving the oral health experience for these at-risk populations, this telehealth legislation can increase the number of patients receiving preventive services, decrease costs due to inefficiencies, reduce disparities, and improve overall health outcomes.

DentaQuest supports HB 1944 and encourages the Hawaii legislature to pass this legislation. If there are any questions, we are always available as a resource.

Sincerely,

Lawless Barrientos
Director, Government Relations

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 2:42 PM
To: HLTtestimony
Cc: mamaupin@hotmail.com
Subject: *Submitted testimony for HB1944 on Feb 5, 2016 09:15AM*

HB1944

Submitted on: 2/2/2016

Testimony for HLT on Feb 5, 2016 09:15AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin, APRN	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 03, 2016 12:51 PM
To: HLTtestimony
Cc: psgegen@hotmail.com
Subject: Submitted testimony for HB1944 on Feb 5, 2016 09:15AM

HB1944

Submitted on: 2/3/2016

Testimony for HLT on Feb 5, 2016 09:15AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
pat gegen	Individual	Support	No

Comments: Telehealth can be a vital component of a comprehensive health care process - it is generally more convenient for the patient and can facilitate a more cost effective and sustainable health care visit. Very important in rural areas to help achieve health care equality..

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 5:28 PM
To: HLTtestimony
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for HB1944 on Feb 5, 2016 09:15AM*

HB1944

Submitted on: 2/2/2016

Testimony for HLT on Feb 5, 2016 09:15AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

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