

SB 2891

SD1 HD1

A BILL FOR AN ACT

RELATING TO TELEHEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that many residents of
2 Hawaii are unable to obtain timely and appropriate health care
3 and behavioral health care due to shortages of primary,
4 specialty, and behavioral care providers. Vulnerable residents,
5 such as the elderly, experience even greater barriers to
6 provider access. These barriers include issues relating to
7 fixed or limited financial resources, lack of physical mobility
8 or other disability, cognitive impairment, and transportation.

9 Telehealth is a viable solution to maximize existing local
10 resources and increase patient convenience and compliance.
11 However, the best available data indicates that the use of
12 telehealth is limited in the State. No more than fifteen per
13 cent of practicing providers in the State report a telehealth
14 experience, even though the State has among the most progressive
15 telehealth laws in the nation.

16 Preliminary findings from the 2017 State Telehealth Summit
17 confirm that provider comfort and patient expectations are the



1 most significant barriers to greater telehealth adoption.
2 Department of health research, including direct observation of
3 strong telehealth programs in other jurisdictions, reveals that
4 staff support is needed to ensure that both the patient and
5 technology are situated correctly for a telehealth encounter.
6 Ideally, staff support should be situated at both the provider's
7 and the patient's location. Support staff for the patient,
8 however, is critical when the patient is in a non-traditional
9 health care setting such as a home, community center, or school.

10 The purpose of this Act is to fund a pilot project to
11 expose the State's health care providers and patients to the
12 benefits of telehealth. The goals of the project are to
13 increase provider adoption of telehealth, support health care
14 workforce development related to telehealth, and evaluate the
15 clinical and administrative efficacy of various telehealth
16 delivery models.

17 SECTION 2. (a) The department of health shall implement a
18 telehealth pilot project.

19 (b) The pilot project shall:

20 (1) Assist residents at two distinct project sites, both
21 of which shall have a medically underserved area



1 designation by the United States Department of Health
2 and Human Services; provided that one site shall be
3 located in a rural county and the other site shall be
4 located in an urban county;

5 (2) Utilize telehealth as the primary means to deliver
6 health care; and

7 (3) Include at least one federally qualified health center
8 or rural health clinic in each project site.

9 (c) Within six months of the exhaustion of all pilot
10 project funds, the department of health shall make available to
11 the public an evaluation report on pilot project outcomes,
12 including the quality of care, patient satisfaction, training
13 and workforce development issues, and financial sustainability
14 of telehealth activities.

15 (d) Chapters 103D and 103F, Hawaii Revised Statutes, shall
16 not apply to procurements made pursuant to this Act for a period
17 of twelve months following the effective date of this Act;
18 provided that the department of health shall obtain goods and
19 services for this pilot project only in a manner that is cost-
20 effective and provides the most benefit to the pilot program on
21 contractual terms that are most advantageous to the State.



1 SECTION 3. There is appropriated out of the general
2 revenues of the State of Hawaii the sum of \$ or so much
3 thereof as may be necessary for fiscal year 2018-2019 for a
4 telehealth pilot project.

5 The sum appropriated shall be expended by the department of
6 health for the purposes of this Act.

7 SECTION 4. This Act shall take effect on July 1, 2050.



Report Title:

DOH; Telehealth; Pilot Project; Appropriation

Description:

Requires the Department of Health to conduct a telehealth pilot project and publish an evaluation report on the pilot project outcomes. Exempts the pilot project from the State Procurement Code for a period of twelve months. (SB2891 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



DAVID Y. IGE
GOVERNOR



SARAH ALLEN
ADMINISTRATOR
MARA SMITH
ASSISTANT ADMINISTRATOR

**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

P.O. Box 119
Honolulu, Hawaii 96810-0119
Tel: (808) 586-0554
email: state.procurement.office@hawaii.gov
<http://spo.hawaii.gov>
Twitter: [@hawaiispo](https://twitter.com/hawaiispo)

TESTIMONY
OF
SARAH ALLEN, ADMINISTRATOR
STATE PROCUREMENT OFFICE

TO THE HOUSE COMMITTEE
ON
COMMERCE PROTECTION & COMMERCE

MARCH 21, 2018, 2:15 PM

SENATE BILL 2891, SD1, HD1
RELATING TO TELEHEALTH

Chair Takumi, Vice-Chair Ichiyama, and members of the committee, thank you for the opportunity to submit testimony on SB 2891, SD1, HD1. The State Procurement Office (SPO) supports the intent of this bill but has concerns about the exemption language on page 3, SECTION 2, lines 15 to 21 set forth below.

“(d) Chapters 103D and 103F, Hawaii Revised Statutes, shall not apply to procurements made pursuant to this Act for a period of twelve months following the effective date of this Act; provided that the department of health shall obtain goods and services for this pilot project only in a manner that is cost-effective and provides the most benefit to the pilot program on contractual terms that are most advantageous to the State.”

The SPO appreciates the amendments of HD1 but is concerned as to the unintended consequence of this procurement exemption. Understandably, a pilot program is typically for a short period, and the ability to procure quickly is imperative. However, based on the current verbiage, any kind of long-term procurement could be made under this 12 month exemption to last for many years going forward. SPO therefore recommends the following additional verbiage be added to this section for clarification:

Recommended added verbiage: “(d) Chapters 103D and 103F, Hawaii Revised Statutes, shall not apply to procurements made pursuant to this Act for a period of twelve months following the effective date of this Act; provided that the department of health shall obtain goods and services for this pilot project only in a manner that is cost-effective, ~~and~~ provides the most benefit to the

pilot program on contractual terms that are most advantageous to the State, and where the period of performance of all procurements do not exceed the pilot period."

The Hawaii Public Procurement Code (code) is the single source of public procurement policy to be applied equally and uniformly, while providing fairness, open competition, a level playing field, government disclosure and transparency in the procurement and contracting process vital to good government.

Public procurement's primary objective is to provide everyone equal opportunity to compete for government contracts, to prevent favoritism, collusion, or fraud in awarding of contracts. To legislate that any one entity should be exempt from compliance with both HRS chapter 103D and 103F conveys a sense of disproportionate equality in the law's application.

Exemptions to the code mean that all procurements made with taxpayer monies will not have the same oversight, accountability and transparency requirements mandated by those procurements processes provided in the code. It means that there is no requirement for due diligence, proper planning or consideration of protections for the state in contract terms and conditions, nor are there any set requirements to conduct cost and price analysis and market research or post-award contract management. As such, Agencies can choose whether to compete any procurement or go directly to one contractor. As a result, leveraging economies of scale and cost savings efficiencies found in the consistent application of the procurement code are lost. It also means Agencies are not required to adhere to the code's procurement integrity laws.

The National Association of State Procurement Officials state: "Businesses suffer when there is inconsistency in procurement laws and regulations. Complex, arcane procurement rules of numerous jurisdictions discourage competition by raising the costs to businesses to understand and comply with these different rules. Higher costs are recovered through the prices offered by a smaller pool of competitors, resulting in unnecessarily inflated costs to state and local governments."

When public bodies, are removed from the state's procurement code it results in the harm described above. As these entities create their own procurement rules, businesses are forced to track their various practices. Moreover, a public body often can no longer achieve the benefits of aggregation by using another public body's contract because different state laws and regulations may apply to the various public bodies making compliance more difficult.

Each year new procurement laws are applied to state agencies causing state agency contracts to become more complex and costly, while other public bodies, such as agencies with strong legislative influence, are exempted. Relieving some public bodies from some laws by exempting or excluding them from compliance with a common set of legal requirements creates an imbalance wherein the competitive environment becomes different among the various jurisdictions and the entire procurement process becomes less efficient and costlier for the state and vendors.

Thank you.

Harry Kim
Mayor



Wil Okabe
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i
Office of the Mayor

25 Aupuni Street, Suite 2603 • Hilo, Hawai'i 96720 • (808) 961-8211 • Fax (808) 961-6553
KONA: 74-5044 Ane Keohokālole Hwy., Bldg C • Kailua-Kona, Hawai'i 96740
(808) 323-4444 • Fax (808) 323-4440

March 20, 2018

Representative Roy M. Takumi, Chair
Committee on Consumer Protection and Commerce
Hawai'i State Capitol, Room 329
Honolulu, HI 96813

Dear Chair Takumi and Committee Members:

Re: SB 2891, SD 1, HD 1 Relating to Telehealth
Hearing Date: 03-21-18 – 2:15 pm; House Conference Room 329

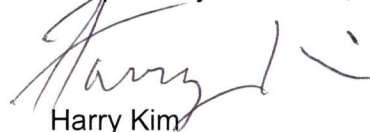
Thank you for scheduling this hearing, and for the opportunity to testify in support of SB 2891, SD 1, HD 1.

In spite of dedicated efforts over the years, Hawai'i continues to have a chronic shortage of health care providers, and the shortage apparently is only getting worse. Telehealth, while not a silver bullet, has the potential to alleviate some of the unmet health care needs that exist, particularly in rural areas.

The direct benefit to patients is obvious, but telehealth can also help providers by offering expertise and backup that make it possible for those providers to work in underserved areas, comfortable in the knowledge that they are able to provide high quality care in spite of their remote location.

Enhancing telehealth is a positive step forward, and your encouragement of its growth would be beneficial in more ways than one.

Respectfully submitted,


Harry Kim
Mayor, County of Hawai'i



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Wednesday, March 21, 2018 at 2:15 p.m.

By

Jerris Hedges, MD
Professor & Dean

John A. Burns School of Medicine

And

Michael Bruno, PhD
Interim Vice Chancellor for Academic Affairs and
Vice Chancellor for Research
University of Hawai'i at Mānoa

SB 2891 SD1 HD1 – RELATING TO TELEHEALTH

Chair Takumi, Vice Chair Ichiyama, and members of the committee:

SB 2891 SD1 HD1 appropriates funds to the Department of Health (DOH) to conduct a pilot project on telehealth to expand accessibility to health care in our rural communities and the neighbor islands. The University of Hawai'i John A. Burns School of Medicine (JABSOM) strongly supports SB 2891 SD1 HD1.

The proposed telehealth pilot is welcome and sorely needed in rural and remote communities, as well as communities with little access to medical, mental health and oral health services. According to the 2016 Hawai'i Primary Care Needs Assessment Data Book, most rural communities in O'ahu, as well as on the neighbor islands have higher percentages of populations receiving public assistance (health care covered by Quest or Medicaid FFS) compared to the State average. Per capita household income is lower which may contribute to the numerous transportation barriers seen in rural communities. Rural communities and underserved communities throughout Hawai'i have higher rates of obesity, heavy drinking, diabetes and blood pressure compared to more affluent or urban communities. Death from heart disease, cancer and stroke also tend to be higher in all neighbor islands, as well as rural O'ahu communities. Hospital admissions for substance-related disorders and mood disorders are also higher than Honolulu-county or statewide rates.

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 would benefit 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. These determinants of health, as well as social- or cultural-isolation can often impede seeking care or follow-up after a doctor's appointment or hospitalization. Being able to provide

telehealth services at community health centers or in the home has tremendous potential for improving the health of patients, their families, as well as providing cost-savings to the entire health system by avoiding emergency department or hospitalization costs.

Telehealth has the potential to improve follow-up post-hospitalization (and prevent additional emergency department or hospital visits), provide closer monitoring of patients who would benefit from multi-disciplinary team based care, especially if periodically coupled with home visits by trained nurses, community health workers or physicians. In the Veteran's Administration population, telehealth to rural areas has shown a 58% reduction in hospital bed-days care and a 32% reduction in hospital admissions (Slabodkin, 2016)¹. A successful series of telehealth pilots – on the neighbor islands and in a rural/underserved community on O'ahu – while simultaneously building a telehealth provider network across the State, would likely realize similar financial gains and long-term improvement in some health outcomes.

Hawai'i's Medicaid and Quest plans pay for telehealth visits as a covered benefit under Act 226 (SLH, 2016) - including reimbursement for behavioral health, primary care, specialty care that is provided by physicians, advanced practice registered nurses, psychologists, mental health providers, dentists and other oral health providers. In Hawai'i, telepsychiatry helps to address the mental health needs of children on most neighbor islands, as well as students in home- and school-based settings on the islands of Maui, Moloka'i and Lāna'i and O'ahu. Conditions treated in the schools, home and in the Department of Health's mental health clinics include developmental disabilities and severe mental illness.

Several clinical departments at JABSOM provide telehealth services to remote areas of Hawai'i and the US Pacific. We already partnered with the Hawai'i State Department of Health in the development of the Hawai'i State Telehealth Plan. JABSOM, as part of the fabric of Hawai'i, looks forward to working with many partners in support of *Maika'i Loa: Attain Lasting Optimal Health for All* (ALOHA).

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

¹ Slabodkin, G. (2016). VA expanding telehealth to meet growing needs of veterans. Health Data Management. Retrieved from <https://www.healthdatamanagement.com/news/va-expanding-telehealth-to-meet-growing-needs-of-veterans>.



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

(800) 554-5569 x13 • www.hapta.org • info@hapta.org

**SB2891sd1, hd1, Relating to Telehealth
House CPC Committee Hearing
Wednesday, March 21, 2018 – 2:15pm
Room 329
Position: Support**

Chair Takumi, Vice Chair Ichiyama, and the members of the House CPC Committee:

I am Gregg Pacilio, PT and Board President of the Hawaii Chapter of the American Physical Therapy Association (HAPTA), a non-profit professional organization serving more than 340 member Physical Therapists and Physical Therapist Assistants. Our members are employed in hospitals and health care facilities, the Department of Education school system, and private practice. We are movement specialists and are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

HAPTA **supports** the appropriation of funds for the Department of Health to conduct a telehealth pilot project. We feel this is a necessary step to show how cost effective and time-efficient health care can be via telehealth as well as introduce it and in some cases increase the use of telehealth. We hope that this project demonstrates that we can provide the outer communities of Hawai'i with quality health care, not currently available in those areas, at a lower cost.

If this project proves to be successful, we can share those savings with those in need. This is consistent with the shift to provide lower cost, higher volume care to offset the lower volume higher cost trend in health care. With projects like this, we hope to see that the quality of care is not lost with the rise of new technologies.

Your support of SB 2891sd1,hd1 is appreciated. Thank you for the opportunity to testify. Please feel free to contact Marco Adame Jr., HAPTA's Practice Issue Lead at (213) 840-9226 for further information.



Dr. Cyndy Endrizal, PhD, MPH, RDN, LD, FAND
Chief Quality Officer and Dietitian
Wahiawā Center for Community Health
cendrizal@wahiawahealth.org
Cell: (808) 223-3957

302 California Ave. Wahiawā, HI 96786
www.wahiawahealth.org
Ph: (808) 622-1618

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HOUSE OF REPRESENTATIVES

THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Roy M. Takumi, Chair
Rep. Linda Ichiyama, Vice Chair

Rep. Henry J.C. Aquino	Rep. Calvin K.Y. Say
Rep. Ken Ito	Rep. James Kunane Tokioka
Rep. Aaron Ling Johanson	Rep. Ryan I. Yamane
Rep. Matthew S. LoPresti	Rep. Bob McDermott
Rep. John M. Mizuno	

HEARING

DATE: Wednesday, March 21, 2018
TIME: 2:15 P.M.
PLACE: Conference Room 329

**Testimony in SUPPORT of SB2891, SD1, HD1
RELATING TO TELEHEALTH.**

10 **Health Center Testimony:** The Wahiawā Center for Community Health (aka Wahiawā Health)
11 is in full support of SB2891, SD1, HD1, relating to a telehealth pilot project. Wahiawā Health
12 would like to be considered as one site of the pilot project.

13 Wahiawā Health believes this pilot project would benefit a majority of their patients served. In
14 calendar year 2017, Wahiawā Health provided services to approximately 7,000 unique patients
15 and over 18,000 encounters. At the time of service, **60% of patients were recipients of**
16 **Medicaid**, 5% beneficiaries of Medicare, 30% were privately insured, and 5% were uninsured,
17 thereby demonstrating Wahiawā Health’s role as a safety net provider to the uninsured and
18 underinsured. **Telehealth is already being considered** as an alternative mode of health care for
19 current patients who are unable to physically come to the health center.

1 The service area of Wahiawā Health holds a **Medical Underservice Scoring of 64.1, the**
2 **highest of all areas designated Medically Underseved Population (MUP) on O‘ahu.** Services
3 currently offered are Family Medicine, Obstetrics & Gynecology, Pediatrics, Nutrition,
4 Behavioral Health, and Podiatry.

5 As the Act states, the purpose is to “...expose the State’s health care providers and patients to the
6 benefits of telehealth.” If this pilot project were to occur at Wahiawā Health, not only would it
7 expose our current providers; it would provide a learning opportunity for the interns, residents,
8 and students who are being precepted at Wahiawā Health, by our providers, on an ongoing basis.

9 This project is a perfect opportunity for Wahiawā Health to highlight its mission as a rural
10 teaching facility. We are developing a **relationship with John A. Burns School of Medicine**
11 **(JABSOM)** and already have a **contractual agreement with the University of Hawaii (UH)**
12 **School of Nursing.** One of our **board members teaches in the UH Myron B. Thompson**
13 **School of Social Work.**

14 Wahiawā Health has already identified existing patients where telehealth might be a preferred
15 mode of health care. In addition, utilizing existing partnerships with **Wahiawā General**
16 **Hospital,** Alea Bridge, Surfing the Nations, and the local churches and schools would facilitate
17 outreach and identification of additional patients for telehealth services.

18 Equally important as the exposure and experience of telehealth, is the sharing of information
19 after the pilot project is concluded. Wahiawā Health has one employee and one board member –
20 both with **PhD’s in Clinical Research from the University of Hawaii John A. Burns School**
21 **of Medicine, Department of Complementary and Integrative Medicine.** Both, have already
22 submitted scholarly works in medical journals. Evaluating the telehealth pilot project and
23 publishing its findings would be a natural final phase of the project for Wahiawā Health.

24 This telehealth pilot project would set of trajectory of new learning opportunities and research in
25 a very underserved/high need region on O‘ahu. Furthermore, this project would inform and build
26 capacity/knowledge/attitude/behaviors around the practice of telehealth throughout the State.

1 And lastly, this pilot project is expected to set precedent on providing health care in a more cost
2 effective mode, thereby, bending the cost curve resulting in a wise investment for health care
3 organizations.

4 A proposed budget is as follows (\$90,000 per site):

5 \$20,000 clinic equipment costs: Cameras, remote telemetric diagnostic equipment,
6 hotspots, laptops

7 \$30,000 staffing costs: Community Health Worker/resident stipend and/or case rate

8 \$15,000 patient supplies, including marketing outreach and telehealth education

9 \$25,000 evaluation services to include marketing and publishing of results to the local
10 health care community and throughout the State.

11 Our mission is “In the spirit of Aloha and compassion, Wahiawā Health provides **access** to
12 affordable, quality health care and wellness services to promote a healthy community.”

13 Please consider full support of SB 2891, SD1, HD1 and Wahiawā Health as a site for the pilot
14 project.

15 **Offered Amendments:** N/A.



An Independent Licensee of the Blue Cross and Blue Shield Association

March 21, 2018

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection and Commerce

Re: SB 2891, SD1, HD1 – Relating to Telehealth

Dear Chair Takumi, Vice Chair Ichiyama, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 2891, SD1, HD1 which appropriates funds for the Department of Health to conduct a telehealth pilot project.

HMSA supports the Committee's efforts to promote telehealth as a viable solution to maximizing existing local resources, and increasing patient convenience and compliance.

Thank you for allowing us to comment on SB 2891, SD1, HD1.

Sincerely,

Jennifer Diesman
Senior Vice-President-Government Relations



**Testimony to the House Committee on Consumer Protection and Commerce
Wednesday, March 21, 2018; 2:15 p.m.
State Capitol, Conference Room 329**

RE: SUPPORTING SENATE BILL NO. 2891, HOUSE DRAFT 1, RELATING TO TELEHEALTH.

Chair Takumi, Vice Chair Ichiyama, and Members of the 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. 2891, House Draft 1, RELATING TO TELEHEALTH.

The bill, as received by your Committee, would:

- (1) Require the Department of Health (DOH) to implement a telehealth pilot project (Project);
- (2) Provide that the Project assist residents at two distinct project sites, each serving a medically underserved area designed by the U.S. Department of Health and Human Services and include at least one federally qualified health center or rural health clinic in each Project site;
- (3) Clarify that one site be located in a rural county, and the other site be located in an urban county;
- (4) Require DOH to evaluate the Project outcomes, including the quality of care, patient satisfaction, training and workforce development issues, and financial sustainability of telehealth activities within six months of the exhaustion of all project funds;
- (5) Provide exemptions from Chapters 103D and 103F, Hawaii Revised Statutes, for procurement made for a period of twelve months following the effective date so long as the DOH obtains goods and services for the pilot project only in a manner that is cost-effective and provides the most benefit on contractual turns that are most advantageous to the State;

Testimony on Senate Bill No. 2891, House Draft 1
Wednesday, March 21, 2018; 2:15 p.m.
Page 2

- (6) Appropriate an unspecified amount of general funds for fiscal year 2018-2019, to be expended by DOH, for the Project; and
- (7) Take effect on July 1, 2050, to facilitate continued discussion.

Federally Qualified Health Centers (FQHCs) provide desperately needed medical services at the frontlines in rural 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 health.

The State of Hawaii is experiencing a severe shortage of health care professionals in the workforce, especially in rural areas. Recent studies note that the current shortage of physicians is at 20% of the total full-time equivalent positions throughout the State. The shortage is especially severe in the fields of primary care, infectious diseases, colorectal surgery, pathology, general surgery, pulmonology, neurology, neurosurgery, orthopedic surgery, family medicine, cardiothoracic surgery, rheumatology, cardiology, hematology/oncology, and pediatric subspecialties of endocrinology, cardiology, neurology, hematology/oncology, and gastroenterology.

This bill would demonstrate the use of technology in bridging geographical distances and mitigating the isolation of rural communities. FQHCs recognize the enormous potential that telehealth has in improving the quality, availability, and accessibility of health care services, especially as they relate to specialty care. In fact, the Lanai Community Health Center, an HPCA member FQHC, currently provides telehealth psychiatric services via telehealth on a fee-for-service basis. Others, including Hamakua/Kohala Health Center, and West Hawaii Community Health Center are looking into the feasibility of integrating telehealth psychiatric services in these areas.

Telehealth also holds possibilities in the provision of dermatology, dentistry, and other fields of medicine, as demonstrated in practice on the mainland United States and internationally. Yet, because this is a relatively new development, insurance reimbursement, especially as it pertains to Medicaid beneficiaries, has many challenges that need to be worked out.

Will the federal government allow for prospective payment system reimbursement rates to be authorized for services provided via telehealth at an FQHC? Can State law require reimbursement for dental services provided to a Medicaid recipient via telehealth (as specified under the parity law enacted last year), when the Department of Human Services has not yet reinstated Medicaid coverage for adult dental services?

Testimony on Senate Bill No. 2891, House Draft 1
Wednesday, March 21, 2018; 2:15 p.m.
Page 3

It is our hope that the Project established pursuant to this bill will provide DOH the opportunity to work out many of these issues so that the State of Hawaii will truly become the leader in telehealth that it has the potential of being.

For these reasons, we **SUPPORT** this measure and urge your favorable consideration.

In advance, thank you for your consideration of our testimony.



HAWAII SUBSTANCE ABUSE COALITION

SB2891 SD1 Telehealth Pilot Project

COMMITTEE ON CONSUMER PROTECTION & COMMERCE:

- Representative Roy Takumi, Chair; Representative Linda Ichiyama, Vice Chair
- Wednesday, March 21, 2018 2:15 pm
- Conference Room 329

Hawaii Substance Abuse Coalition (HSAC) Supports SB2891:

GOOD MORNING 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 of almost 40 non-profit alcohol and drug treatment and prevention agencies.

Telebehavioral health is an evidence-based practice that makes sense for Hawaii given our geographical and population distribution.

Telehealth is essential to help provide a safety net for providers. For rural clinics, who understand and adopt such services, it provides needed care for underserved areas. In urban areas, it is the preferred method for the younger generation.

Given the magnitude of the untreated issues, effective telehealth services must include substance use disorders as well as mental health.¹

Key to implement a telebehavioral health program is to:

- Identify one or more of the telehealth service models that are clinically appropriate.
- Engage stakeholders needed to provide services.
- Address reimbursement issues and regulatory environments.
- Coordinate telehealth activities with various provider and government partners.

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

¹ SAMHSA-HRSA: Center for Integrated Health Solutions: <https://www.integration.samhsa.gov/operations-administration/telebehavioral-health#1>