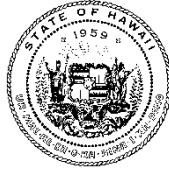


DAVID Y. IGE
GOVERNOR



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
HEALTH AND HUMAN SERVICES

MARCH 14, 2018, 8:40 AM

SENATE BILL 2891, SD1
RELATING TO TELEHEALTH

Chair Mizuno, Vice-Chair Kobayashi, and members of the committee, thank you for the opportunity to submit testimony on SB 2891, SD1. The State Procurement Office (SPO) supports the intent of this bill but has concerns about the exemption language on page 3, SECTION 2, lines 14 to 15 set forth below.

“(d) Chapters 103D and 103F, Hawaii Revised Statutes, shall not apply to procurements made pursuant to this Act.”

The SPO objects to the procurement exemption and testifies that the technology and equipment for this program should be competitively procured.

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.

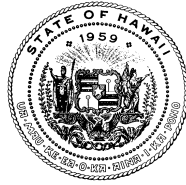
Exemptions to the code mean that all procurements made with taxpayer monies will not have the same oversight, accountability and transparency requirements mandated by those procurements processes provided in the code. It means that there is no requirement for due diligence, proper planning or consideration 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.



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

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

REP. JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES
Hearing Date: March 14, 2018 Room Number: 329

1 **Fiscal Implications:** Proposed budget of \$90,000 per pilot site, for two sites, totaling \$180,000.

2 **Department Testimony:** The Department of Health supports SB2891 SD1, which is to promote
3 telehealth as a community standard of care in Hawaii by way of a pilot project, but defers to the
4 Governor's Supplemental Budget Request for fiscal priorities.

5 Hawaii enacted laws in 2014 and 2016 that created a policy environment supportive of telehealth
6 which is among the most progressive in the nation. In addition, telecommunications technology
7 has become more affordable, reliable, and secure. However, as of 2017, no more than 15% of
8 Hawaii's provider report a telehealth experience, and it is very likely that a much lower
9 percentage have routine exposure or have integrated it into their practice.

10 Preliminary findings from the 2017 Hawaii Telehealth Summit reveal that provider and patient
11 knowledge, attitudes, and behaviors are key determinants in increasing telehealth adoption rates.
12 Essentially, do health care providers understand how telehealth will improve patient care and
13 impact their practice; and do patients know enough to demand the convenience of telehealth
14 visits? Low telehealth adoption rates corroborate the sense of problem.

15 Therefore, the department supports demonstration projects throughout the state, in partnership
16 with the private sector, to expose providers and patients to telehealth, create telehealth-savvy
17 workforce, and learn how different populations react to and accept telehealth services. Kupuna,
18 for example, generally have more complex medical needs, greater mobility issues, and less
19 experience with telecommunications modalities like smartphones.

1 The department is in preliminary discussions with a federally qualified health center in a central
2 Oahu medically underserved area to plan for a telehealth pilot to serve home-bound kupuna that
3 is expected to reduce long-term health care costs and improve quality of life. The preliminary
4 budget per site is as follows:

- 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 Long-term sustainability after pilot funds expire is to be provided by the existing health care
12 system that, as described above, now reimburses telehealth at rates equivalent to face-to-face
13 visits. Pilot funds will enable project partners to mitigate the technology and workflow redesign
14 costs, as well as enrich Hawaii's provider community with practical telehealth and workforce-
15 building lessons to be published by project participants.

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



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health & Human Services
Wednesday, March 14, 2018 at 8:40 a.m.

By

Jerris Hedges, MD
Professor & Dean

John A. Burns School of Medicine

And

Kathleen Cutshaw

Vice Chancellor for Administration, Finance and Operations
University of Hawai'i at Mānoa

SB 2891 SD1 – RELATING TO TELEHEALTH

Chair Mizuno, Vice Chair Kobayashi and members of the committee:

SB 2891 SD1 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.

The proposed telehealth pilot is welcome and sorely needed in rural and remote communities, as well as in 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 Oahu, 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 have 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>.

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 12, 2018

Representative John M. Mizuno, Chair
Committee on Health and Human Services
Hawai'i State Capitol, Room 329
Honolulu, HI 96813

Dear Chair Mizuno and Committee Members:

Re: SB 2891, SD 1 Relating to Telehealth
Hearing Date: 03-14-18 – 8:40 am; House Conference Room 329

Thank you for the opportunity to testify in support of SB 2891, SD 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 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



An Independent Licensee of the Blue Cross and Blue Shield Association

March 14, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: SB 2891, SD1 – Relating to Telehealth

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2891, SD1, 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.

Sincerely,

Pono Chong
Vice-President, Government Relations



**Testimony to the House Committee on Health and Human Services
Wednesday, March 14, 2018; 8:40 a.m.
State Capitol, Conference Room 329**

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

Chair Mizuno, Vice Chair Kobayashi, 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, Senate 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) Mandate the Project to utilize telehealth as the primary means of delivering health care;
- (3) 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;
- (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;
- (5) Appropriate an unspecified amount of general funds for fiscal year 2018-2019, to be expended by DOH, for the Project; and
- (6) Take effect on July 1, 2050, to facilitate continued discussion.

Testimony on Senate Bill No. 2891, Senate Draft 1
Wednesday, March 14, 2018; 8:40 a.m.
Page 2

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.

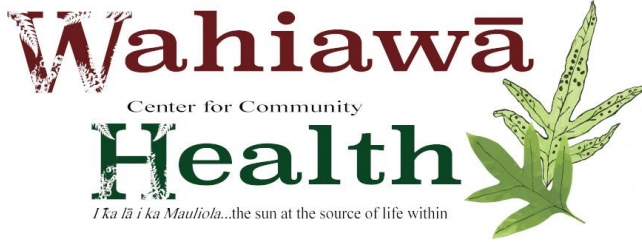
Telehealth also holds possibilities in the provision of dermatology, dentistry, and other fields of medicine, as demonstrated in practice on the mainland United States and internationally. Yet, because this is a relatively new development, insurance reimbursement, especially as it pertains to Medicaid 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?

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.



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 HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

DATE: Wednesday, March 14, 2018
TIME: 8:40 a.m.
PLACE: Conference Room 329
 State Capitol

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

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

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

The service area of Wahiawā Health holds a **Medical Underservice Scoring of 64.1, the highest of all areas designated Medically Underseved Population (MUP) on O‘ahu**. Services

1 currently offered are Family Medicine, Obstetrics & Gynecology, Pediatrics, Nutrition,
2 Behavioral Health, and Podiatry.

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

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

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

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

22 This telehealth pilot project would set of trajectory of new learning opportunities and research in
23 a very underserved/high need region on O'ahu. Furthermore, this project would inform and build
24 capacity/knowledge/attitude/behaviors around the practice of telehealth throughout the State.
25 And lastly, this pilot project is expected to set precedent on providing health care in a more cost

1 effective mode, thereby, bending the cost curve resulting in a wise investment for health care
2 organizations.

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

4 \$20,000 clinic equipment costs: Cameras, remote telemetric diagnostic equipment,
5 hotspots, laptops

6 \$30,000 staffing costs: Community Health Worker/resident stipend and/or case rate

7 \$15,000 patient supplies, including marketing outreach and telehealth education

8 \$25,000 evaluation services to include marketing and publishing of results to the local
9 health care community and throughout the State.

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

12 Please consider full support of SB 2891 and Wahiawā Health as a site for the pilot project.

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

SB-2891-SD-1

Submitted on: 3/13/2018 5:20:57 AM

Testimony for HHS on 3/14/2018 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

Comments:

PRESENTATION OF

THE COMMITTEE ON LEGISLATIVE PRIORITIES HAWAII

OAHU COUNTY

DEMOCRATIC PARTY OF

THE COMMITTEE ON HEALTH & HUMAN SERVICES

THE HOUSE OF REPRESENTATIVES

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Wednesday, March 14, 2018

8:40 a.m.

Hawaii State Capitol, Conference Room 329

RE: Testimony in Support of SB2304 SD2, RELATING TO TOBACCO

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair and the Members of the Committee on Health & Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on **SB2891 SD1** relating to the telehealth Pilot Program.

The OCC Legislative Priorities Committee is in favor of **SB2891 SD1** and supports its passage.

SB2891 SD1 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it requires the Department of Health to conduct a telehealth pilot project and appropriates moneys.

The DPH Platform states that "[a]ccess to health care is a basic human need. Our citizens and visitors have an inherent right to high quality, high standard health care. The state legislature and the federal government should take all appropriate steps to create and support a health care system of public, for-profit, and nonprofit hospitals and other medical facilities that follow best practices to enhance and protect and preserve life. (Platform of the DPH, P.7, Lines 360-364 (2016)).

Given that **SB2891 SD1** requires the Department of Health to conduct a telehealth pilot project and appropriates moneys, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativepriorities@gmail.com, Tel.: (808) 258-8889



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

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

**SB2891sd1, Relating to Telehealth
House HHS Committee Hearing
Wednesday, March 14, 2018 – 8:40 am
Room 329
Position: Support**

Chair Mizuno, Vice Chair Kobayashi, and the members of the House HHS 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 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.



HAWAII SUBSTANCE ABUSE COALITION

SB2891 SD1 Telehealth Pilot Project

COMMITTEE ON HEALTH AND HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Tuesday, March 14, 2018 8:40 am
- 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>