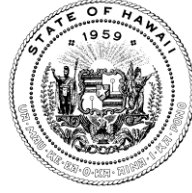


SB 1246

Measure Title:	RELATING TO TELEHEALTH.
Report Title:	Telehealth (\$)
Description:	Establishes goals for the adoption and proliferation of telehealth to increase health care access. Establishes the Strategic Telehealth Advisory Council and permanent full-time State Telehealth Coordinator position.
Companion:	HB1020
Package:	Governor
Current Referral:	CPH, WAM
Introducer(s):	KOUCHI (Introduced by request of another party)



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce, Consumer Protection, and Health
Wednesday, February 6, 2019
9:30 a.m.
State Capitol, Conference Room 229**

**On the following measure:
S.B. 1246, RELATING TO INSURANCE**

Chair Baker and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department's (Department) Insurance Division. The Department offers comments on this bill.

This measure establishes the Strategic Telehealth Advisory Council in the Department of Health and a working group to make recommendations regarding credentialing.

The definition of "telehealth" in this measure differs from that in Hawaii Revised Statutes sections 431:10A-116.3(g), 432:1- 601.5(g), and 432D-23.5(g). In particular:

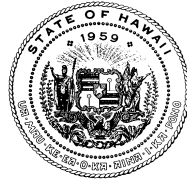
1. The definition in this measure speaks specifically to physicians: "a patient is at an originating site and the *physician* is at a distant site[.]" In contrast, the definition of "telehealth" in HRS sections 431:10A-116.3(g), 432:1- 601.5(g), and 432D-23.5(g) speaks generally of providers: "a

patient is at an originating site and the **health care provider** is at a distant site.”

2. The definition in this measure provides that the purpose of telecommunications that may be considered telehealth includes “establishing a physician-patient relationship; evaluating a patient; or treating a patient.” These purposes are not included in the definition of “telehealth” under HRS sections 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g).
3. The definition of “telehealth” in HRS sections 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g) excludes certain telecommunications from the definition of telehealth: “Standard telephone contacts, facsimile transmissions, or e-mail text, in combination or by itself, does not constitute a telehealth service for the purposes of this chapter.” The definition in this measure does not include such an exclusion.

Given these differences, activities constituting telehealth under this bill may be outside the scope of telehealth for insurance purposes and may present a reimbursement issue.

Thank you for the opportunity to testify on this bill.



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

Testimony in SUPPORT of SB1246
RELATING TO TELEHEALTH.

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 6, 2019

Room Number: 229

- 1 **Fiscal Implications:** \$110,000 General Fund appropriation and 1.0 FTE.
- 2 **Department Testimony:** The Department of Health (DOH) supports SB1246, which creates the
3 State Strategic Telehealth Council to advise the Governor of Hawaii on proliferating telehealth
4 as a standard of care in Hawaii. Telehealth is one of three department strategic objectives
5 (Exhibit A).
- 6 In 2017, in partnership with the John A. Burns Medical School, the University of Hawaii School
7 of Social Science Research, the Department of Labor and Industrial Relations, and from the
8 support of the private sector, DOH convened a statewide telehealth summit from which four
9 major themes emerged:
- 10 1. Increase patient demand;
 - 11 2. Make it easy for providers;
 - 12 3. Diminish administrative barriers and burdens; and
 - 13 4. Encourage a robust technology infrastructure.
- 14 DOH dedicated part of an FTE to work on telehealth issues and progress has been productive and
15 steady. Two major deliverables continue to move forward: community planning and pilot
16 projects.
- 17 A draft statewide telehealth plan is in development following a series of statewide stakeholder
18 meetings which included patient focus groups in each county, one-on-one interviews with

1 experts and thought leaders, and small group meetings with health care providers, medical
2 educators, and administrators., the implementation of which will be guided by the telehealth
3 council created by SB1246.

4 The next steps are for the planning group is to seek approval on the draft plan from leadership
5 established in the Telehealth Advisory Council, who will guide implementation.

6 The second strategic deliverable is pilot projects throughout the state to expose providers to
7 telehealth and encourage integration into their practices. So far, three pilots have been funded:

- 8 • Hawaii Island – the Kau Virtual Clinic Project connects patients in Kau District with a
9 primary care physician in Hilo and Naalehu via outbound community health workers,
10 mobile hotspots, and tablet computers.
- 11 • Oahu – the Wahiawa Telehealth Demonstration Project Pilot will connect elderly
12 residents and keiki in Wahiawa with providers via telehealth to address oral health,
13 nutrition and behavioral health needs. A team made up of medical assistants, licensed
14 and registered dietitians and behavioral health specialist will be trained to deliver health
15 care services via telehealth.
- 16 • TBD – a request for proposal will be issued in the first quarter of 2019 for a third pilot
17 project.

18 The Governor’s budget request for FY2020 and FY2021 includes funding for up to two more
19 pilots, which will assure at least one project in every county in the state. Furthermore, general
20 funds are being requested to create an online “Telehealth Swap Meet” where health care
21 providers can advertise availability or need. This tool will be developed and hosted by the John
22 A. Burns Medical School, which will also provide the evaluation.

23 The 1.0 FTE telehealth coordinator created by SB1246 is intended to staff the advisory council
24 and assure dedicated resources to the initiative. The next proposed phase is to link DOH’s
25 telehealth initiative with the department’s two other strategic priorities: 1) investing in health
26 babies and families, and 2) rebuilding community mental health.

1 **Offered Amendments:** DOH respectfully requests several technical amendments for clarity and
2 consistency, all of which are in the attachment.

3

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6

7

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 telehealth adoption
2 in Hawaii is increasing. The report of findings from the 2017
3 Hawaii Physician Workforce Assessment Project estimates that
4 approximately fifteen per cent of providers report a telehealth
5 experience, which is an increase from 2014 of less than five per
6 cent. This rate increase coincides with the enactment of Act
7 159, Session Laws of Hawaii (SLH) 2014, and Act 226, SLH 2016,
8 both of which diminished several long-standing barriers to
9 increased telehealth adoption, such as reimbursement parity with
10 face-to-face visits and malpractice coverage reform.

11 However, despite this favorable policy environment,
12 telehealth utilization remains frustratingly low. A continuum
13 of issues across multiple sectors must be addressed, such as
14 incentives for provider adoption, patient comfort with new
15 technology, health care workforce training, technology and
16 telecommunications infrastructure, and administrative
17 simplification between health systems.

1 establishing a physician-patient relationship, evaluating a
2 patient, or treating a patient.

3 **§321- State telehealth policy, roles and**

4 **responsibilities.** (a) It shall be the policy of the State,
5 through its programs, authorities, and resources to promote
6 telehealth to deliver health care from a distance as an
7 effective way of overcoming certain barriers to accessing care,
8 particularly for communities located in rural and remote areas.

9 (b) The department of health is authorized to lead
10 statewide efforts to assure consumer choice, reduce disparities
11 in access to care, enhance health care provider availability,
12 and improve quality of care through telehealth.

13 **§321- Strategic Telehealth advisory council.** (a) There
14 is established within the department of health for
15 administrative purposes the state strategic telehealth advisory
16 council. The advisory council shall advise the governor in the
17 development and implementation of a comprehensive plan to
18 establish telehealth as high quality, cost-effective, and
19 reliable means of health care access.

20 (b) The membership of the strategic telehealth advisory
21 [board] council shall [consist of at least nine] not exceed
22 eleven members who shall be appointed by the governor without

1 regard to section 26-35. The governor shall designate a member
2 to be the chairperson of the advisory [~~board.~~] council. The
3 director of health or a designee shall serve as an ex officio
4 nonvoting member of the [~~board.~~] council.

5 (c) In establishing the advisory [~~board,~~] council, the
6 governor shall appoint at least:

7 (1) Two members of organizations that represent health
8 care facilities, one of whom shall be a representative
9 of a hospital;

10 (2) Two members of organizations that represent health
11 insurers; one of whom shall be a representative of an
12 organization that primarily serve medicaid
13 beneficiaries;

14 (3) One member of organizations that represent broadband
15 infrastructure or telecommunications services;

16 (4) One member from the office of the governor or a
17 designee;

18 (5) Two members of long-term care services providers, one
19 of whom shall be a representative of a nursing home
20 and one of whom shall be a representative of a home
21 health agency or community-based health services
22 program;

1 (6) Two health care practitioners, each of whom practices
2 primarily in a rural county; and

3 (7) One member of organizations that represents mental
4 health providers;

5 provided that there shall be at least one state strategic
6 telehealth advisory council member from each county in the
7 State. The advisory council shall select a chairperson from
8 among its members.

9 The members shall serve without compensation but shall be
10 reimbursed for actual expenses, including travel expenses, that
11 are necessary for the performance of their duties.

12 (d) The number of members necessary to constitute a quorum
13 to do business shall consist of a majority of all members who
14 have accepted the nomination to the advisory council. When a
15 quorum is in attendance, the concurrence of a majority of the
16 members in attendance shall make any action of the council
17 valid.

18 [~~d~~] (e) The state strategic telehealth advisory council
19 shall be exempt from chapter 92, Hawaii Revised Statutes.

20 **§321- State telehealth coordinator.** (a) There is
21 established the full-time Hawaii state telehealth coordinator to
22 support the state strategic telehealth advisory council. The

1 state telehealth coordinator shall facilitate the establishment
2 of infrastructure and policies across all agencies of the State
3 and private sector to promote the expansion of telehealth in
4 Hawaii, including:

- 5 (1) [~~Promoting~~] Providing administrative support to the
6 state strategic telehealth council;
- 7 (2) Coordinating with the department of commerce and
8 consumer affairs on issues relating to professional
9 and vocational licensing, and insurance regulation, as
10 they relate to telehealth;
- 11 (3) Coordinating with the department of commerce and
12 consumer affairs and the department of business,
13 economic development, and tourism on broadband
14 connectivity;
- 15 (4) Coordinating with the department of education, the
16 department of public safety, the department of human
17 services, the Hawaii employer-union health benefits
18 trust fund, and other state agencies that finance or
19 provide health care services to promote the use of
20 telehealth;

1 (5) Coordinating with the University of Hawaii and other
2 agencies on telehealth research to assure quality,
3 cost effectiveness, and efficacy;

4 (6) Coordinating with the department of labor and
5 industrial relations, the University of Hawaii, the
6 department of education, and other agencies to
7 [~~assure~~] encourage a telehealth-capable workforce;

8 (7) Coordinating with the office of the state chief
9 information officer on matters related to
10 cybersecurity; and

11 (8) Coordinating with the private sector to assure
12 alignment and consistency with state goals.

13 (b) The coordinator shall be selected by the director of
14 health."

15 [~~SECTION 2.~~] SECTION 3. (a) The department of health
16 shall establish and convene a telehealth administrative
17 simplification working group to research and make
18 recommendations to reduce administrative barriers to telehealth,
19 [~~related to~~] that may include health care system credentialing,
20 privileging, and [~~related administrative~~] other processes that
21 [~~may~~] contribute to delays and inefficiencies for health care
22 providers delivering care to patients. The telehealth

1 administrative simplification working group shall be exempt from
2 part I of chapter 92, Hawaii Revised Statutes.

3 The telehealth administrative simplification working group
4 shall submit a final report, including recommendations for
5 further action, to the legislature no later than twenty days
6 before the convening of the regular session of 2020.

7 [~~SECTION 3.~~] SECTION 4. There is appropriated out of the
8 general revenues of the State of Hawaii the sum of \$110,000 or
9 so much thereof as may be necessary for fiscal year 2019-2020
10 and the same sum or so much thereof as may be necessary for
11 fiscal year 2020-2021 for the establishment of one permanent
12 full-time equivalent (1.0 FTE) state telehealth coordinator
13 position within the department of health.

14 The sums appropriated shall be expended by the department
15 of health for the purposes of this Act.

16 [~~SECTION 4.~~] SECTION 5. This Act shall take effect upon
17 its approval~~[-]~~, and shall be repealed on January 1, 2022.

18



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

Senate Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Testimony in SUPPORT of SB1246

February 6, 2019, 9:30AM, Room 229

The Hawai'i Psychological Association **supports SB1246**, as one of the many initiatives needed to address health provider shortages and improve access to quality care in Hawai'i, in this case, through the establishment of a State strategic telehealth advisory council and a State telehealth coordinator.

Clinical psychologists have been at the leading edge of telehealth for more than two decades and have conducted and continue to conduct much of the early research demonstrating its efficacy and effectiveness. Thank you for this opportunity to offer testimony in support of SB1246.

Respectfully submitted,

Julie Takishima-Lacasa, PhD
Chair, HPA Legislative Action Committee



February 6, 2019 at 9:30 am
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Stanley Chang

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: **Testimony in Support**
SB 1246, Relating to Telehealth

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 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 the committee for the opportunity to **support** SB 1246. This legislation would promote telehealth adoption across the state by providing the Department of Health with resources and encouraging formal community engagement among key stakeholders. These efforts will build off many years of progress that the legislature and the department have made to expand access to needed care, especially in rural areas of the state, through the opportunities that telehealth technology provides.

Telehealth technology can be particularly effective in states like Hawaii where care may be disjointed simply because of where a patient lives or works. This form of care delivery also has the potential to make care more affordable, and bring high specialized services into communities that would otherwise not have access to that type of care. 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.



**Testimony to the Senate Committee on Commerce, Consumer Protection,
and Health**

**Wednesday, February 6, 2019; 9:30 a.m.
State Capitol, Conference Room 229**

RE: SUPPORTING SENATE BILL NO. 1246, RELATING TO TELEHEALTH.

Chair Baker, Chair Kim, 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. 1246, RELATING TO TELEHEALTH.

The bill, as received by your Committee, would:

- (1) Establish the State policy of promoting telehealth as the means of delivering health care from a distance as an effective way of overcoming certain barriers to accessing care, particularly for communities located in rural and remote areas;
- (2) Establish within the Department of Health (DOH) the State Strategic Telehealth Advisory Council (Council), comprised by nine (9) members appointed by the Governor representing: health care facilities (2 members); health insurers (2 members); broadband infrastructure or telecommunications (1 member); the Office of the Governor (1 member); long-term care services (2 members); health care practitioners with practices in rural areas (2 members); and mental health providers (1) member;
- (3) Establish a full-time Hawaii State Telehealth Coordinator (Coordinator) position with DOH to support the Council's activities;
- (4) Require the DOH to establish and convene a working group to research and make recommendations to reduce barriers related to health care system credentialing, privileging, and related administrative procedures that may contribute to delays and inefficiencies for health care providers delivering care to patients;
- (5) Require the working group to report to the 2020 Legislature;

(6) Appropriate \$110,000, in general funds for fiscal year 2019-2020 and \$110,000, in general funds for fiscal year 2020-2021, to establish the Coordinator position; and

(7) Take effect on July 1, 2022.

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 facilitate and promote 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?

Because Medicaid is regulated jointly between the federal and State governments pursuant to contractual arrangements and not directly through State statute, the application of progressive, ground-breaking laws on telehealth in Hawaii have not yet been applied to the extent that it could. While it is our understanding that the Hawaii State Department of Human Services (DHS) is currently applying for revisions to the 1115 Medicaid Waiver that would allow FQHCs to receive reimbursements for telehealth services, unless and until such amendments are approved, growth of telehealth at FQHCs will progress slowly for Hawaii's Medicaid population.

For the Council proposed in this bill to function as intended, in our opinion, it will be essential for DHS to work hand-in-hand with DOH on the telehealth policy of the State. If not, then telehealth will become applicable solely for health care that is paid through the private insurance market and not to less affluent communities and consumers. Should that happen, the primary objective of such legislation -- to promote accessibility of health care to rural and isolated communities -- will not be achieved to the level of its potential.

In addition, because FQHCs provide essential services primarily to rural and less affluent communities, we ask that you consider including representation of an FQHC on the Council.

Accordingly we respectfully request that this bill be amended as follows:

- (1) That Session Laws language be added to the bill requiring the Directors of Health and Human Services to jointly report to the Legislature prior to the convening of the 2021 Regular Session on their combined efforts to promote this new telehealth policy and as well as ensure that telehealth is facilitated through both the private insurance market and public insurance programs such as Medicaid; and**
- (2) That the composition of the Council be changed to include a member representing FQHCs, either from the Hawaii Primary Care Association, or one of its member FQHCs.**

With the aforementioned amendment, we **SUPPORT** this measure and urge your favorable consideration.

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



HAWAII CHAPTER - AMERICAN PHYSICAL THERAPY ASSOCIATION

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

SB 1246, Relating to Telehealth
Committee on Commerce, Consumer Protection and Health Committee Hearing
Wednesday, Feb. 6, 2019 – 9:30 am
Conference Room 229
Position: Support

Chair Baker, and Vice Chair Chang and Members of the CPH 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 300 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 increase of telehealth utilization in the state of Hawai'i. We support the movement to establish a method of providing quality health care to areas in need in a safe and effective manner. There is a shortage of quality health care in the rural areas of Hawai'i and developing reliable and efficient means of providing this care will be beneficial communities around Hawai'i. With the telehealth that does exist, there are not clear rules or regulations that can easily be followed in order to ensure quality and efficiency. The development of a council to oversee regulations and operations is necessary to establish telehealth as a high quality modality in health care. We fully support the implementation of such a program and infrastructure will not only provide care to this in need but be beneficial for the insurance companies, the health care providers and most importantly the patient. With this in mind HAPTA provides its support for SB 1246.

Your support of SB 1246 is appreciated. Thank you for the opportunity to testify. Please feel free to contact Marco Adame Jr., HAPTA's Telehealth Issue Lead at (213) 840-9226 for further information.



To: The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health
Paula Yoshioka

From: Paula Yoshioka, Vice President, Government Relations and External Affairs, The
Queen's Health Systems

Date: February 4, 2019

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Wednesday,
February 6, 2019 at 9:30AM in Room 229

Re: Support for S.B. 1246, Relating to Telehealth

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of S.B. 1246, which would establish a Strategic Telehealth Advisory Council and create a State Telehealth Coordinator position within the Department of Health. At Queen's we recognize the importance of expanding access to care through telecommunication technologies. We operate statewide with a four hospital system: The Queen's Medical Center – Punchbowl, The Queen's Medical Center – West Oahu, Molokai General Hospital, and North Hawaii Community Hospital. Queen's provides a number of telemedicine specialties in areas such as but not limited to stroke and neurology, pulmonology, psychiatry, wound care, and critical care. It is our desire to expand health care access beyond Oahu where our trauma and tertiary/quaternary services are located at QMC Punchbowl. Telehealth programs assist with connecting our four hospitals and allow our health care workers to provide care to patients in their local communities.

Thank you for your time and consideration of this important matter.



LATE

February 5, 2019

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 1246 – Relating to Telehealth

Dear Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1246, which establishes goals for the adoption and proliferation of telehealth to increase health care access. It also establishes the Strategic Telehealth Advisory Council and permanent full-time State Telehealth Coordinator position.

HMSA supports this measure and the efforts of the Strategic Telehealth Advisory Council to promote telehealth as a viable solution to maximizing existing local resources and increasing access as well as patient convenience and compliance.

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

Sincerely,

Pono Chong
Vice President, Government Relations