

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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**WRITTEN
TESTIMONY
ONLY**

**Testimony COMMENTING on HB472
RELATING TO TELEHEALTH.**

REP. RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Hearing Date: February 5, 2021

Room Number: N/A

1 **Department Testimony:** Establishing telehealth as a standard of care in Hawaii has been a
2 strategic priority of the Department of Health (DOH) for the past several years, spanning
3 several leadership changes. In partnership with community stakeholders, telehealth adoption is
4 on the rise and Hawaii is a leader in progressive telehealth policy. The COVID-19 pandemic
5 clearly established telehealth as an important and cost-effective way to access health care.

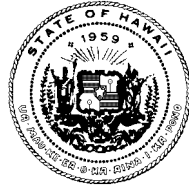
6 To that end, the department is generally supportive of policies that expand telehealth. DOH
7 defers to the Department of Commerce and Consumer Affairs and the State Procurement Office
8 for specific amendments to their statutes covering procurement, veterinary practice, physician
9 practice, marriage and family therapy practice, mental health counselor practice, psychology
10 practice, and social work practice.

11 However, the measure does not include the profession of advance practice registered nurses, and
12 so the purpose of this testimony is to bring that to the attention of this committee for its
13 consideration.

14 Thank you for the opportunity to testify.

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

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

February 4, 2021

TO: The Honorable Representative Linda Ichiyama, Chair
House Committee on Pandemic & Disaster Preparedness

The Honorable Representative Ryan I. Yamane, Chair
House Committee on Health, Human Services, & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HB 472 – RELATING TO TELEHEALTH.**

Hearing: Friday, February 5, 2021, 11:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and provides comments relative to Section 4 which revises the definition of telehealth for Medicaid.

PURPOSE: The purpose of the bill is to address procurement and telehealth-related gifts, make permanent some telehealth-related exemptions issued by governor's emergency proclamations, including not explicitly excluding standard telephone contacts as an allowable telehealth modality.

The coronavirus pandemic has substantially altered how people access health care services. Telehealth has significantly expanded over the past year helping to address some gaps in care when in-person visits were not feasible. Telehealth itself also expanded during the pandemic. Both federal and state rules and laws were suspended or changed allowing more telehealth modalities and more platforms to be used.

Audio-only patient/provider interactions are prohibited by the federal Office of Civil Rights (OCR) as a telehealth modality. However, during the national public health emergency (PHE), OCR has exercised “enforcement discretion,” which allows audio-only to be used during the PHE without concern of being prosecuted for violating these rules. Also, in Hawaii, standard telephone contacts that by statute are excluded from the definition of telehealth, were allowed by Governor proclamation.

Audio-only interactions have been particularly valuable during the PHE for the Medicaid population for health equity reasons given the population’s lack of access to computers, smartphones, or broadband internet necessary for telehealth modalities such as videoconferencing.

However, it is important to note that this measure's proposal to no longer explicitly exclude “standard telephone contacts” from the definition of telehealth, does not address the federal OCR exclusion, which currently remains. For these reasons, Med-QUEST (MQD) Division is actively exploring ways to support continued use of audio-only health care provider/patient interactions once the PHE ends that would not violate the OCR rules.

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

**Testimony to the House Joint Committee on Pandemic & Disaster Preparedness,
and Health, Human Services, & Homelessness
Friday, February 5, 2021; 11:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0472, RELATING TO TELEHEALTH.

Chair Ichiyama, Chair Yamane, and Members of the Joint Committee:

I am testifying on behalf of Kokua Kalihi Valley in support of House Bill No. 0472, RELATING TO TELEHEALTH.

Let me be very brief. We serve a community that has been severely adversely affected by the COVID-19 Pandemic. Many people in our community have become sick, some have died. Every day we serve these sick and at-risk patients to the very best of our abilities.

One of the keyways that we have been able to do that safely and effectively is through Telehealth. It has allowed us to continue to care for people who should NOT come into the clinic environment if possible, as doing so increases their chance of encountering the virus. This is especially true for our homebound Kupuna. Telehealth has dramatically improved our ability to take good care of our community and do so safely.

Unfortunately, many in our community do not have smart phones, tablets, or PCs, along with reliable internet connections to allow them to be served through telehealth. The digital divide is NOT an abstraction. It is real and it affects many our patients. For these individuals, the next best thing is the telephone. This too enables us most of the time to assess patients' conditions (medical history taking is probably 80-90% of diagnosis) and to give treatment recommendations and other advice. While not quite as good as full telehealth, most of the time it is more than acceptable.

This bill will allow us to continue to serve our patients in ways that make sense: they work, they are safe, and they are highly desired by our community.

We strongly support this bill.

Mahalo

David Derauf MD MPH



**Testimony to the House Joint Committee on Pandemic & Disaster Preparedness, and
Health, Human Services, & Homelessness
Friday, February 5, 2021; 11:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0472, RELATING TO TELEHEALTH.

Chair Ichiyama, Chair Yamane, and Members of the Joint 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** House Bill No. 0472, RELATING TO TELEHEALTH.

The bill, as received by your Committee, would:

- (1) Clarify that a gift to the State not constitute a procurement contract and not require a procurement contract to be accepted so long as the gift is necessary for the State to provide telehealth services to members of the public and the agency accepting the gift promptly reports the gift to the State Procurement Office; and
- (2) Clarify that the statute prohibiting a practitioner from facilitating the issuance or distribution of a written or oral prescription for a controlled substance not apply if the person is a physician practicing telehealth; and
- (3) Codify the suspension of statutes that prohibit the use of telephone services under telehealth.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved 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 healthcare.

Following efforts on the federal level to relax regulations on telehealth in both Medicare and Medicaid, the Governor suspended various statutes that specifically prohibited the use of telephone services from telehealth coverage. Government agencies found that for many of the elderly -- especially in rural areas -- they do not have adequate access to computers, smart phones, and broadband connection to make traditional telehealth methods feasible. Also, because of geographic isolation, many find their land line telephone as their only link to health care providers. With the suspension of these statutes, the Department of Human Services has been able to establish procedures that allow for telephone services to be incorporated into the provision of health care services in Medicaid.

For people with adequate broadband access, telehealth was intended to be a lifeline for the provision of essential primary health care services. Yet, because rural and underprivileged communities lack adequate broadband access, they are effectively cut off from primary care. Many are forced to bear their maladies until it became necessary to go to the emergency room.

The Governor's suspension of statutes that prohibit the use of standard telephonic service in telehealth has temporarily eased this inequity. For those without adequate broadband, at least for now, they are able to obtain basic primary care services over landline telephones. But that is neither adequate, tenable, nor fair to the thousands of citizens who lack broadband access.

Unless the Legislature codifies this suspension into law, health care providers will only be able to use telephonic services in telehealth as long as the Governor's Emergency Proclamation is valid. It should also be noted that *In Re Certified Questions from the United States District Court, Western District of Michigan, Southern Division (Midwest Institute of Health, PLLC v. Governor)*, Docket No. 161492 (October 2, 2020), the Michigan Supreme Court determined that dozens of Michigan executive orders issued to fight the coronavirus pandemic were unconstitutional.

The ruling invalidated orders ranging from business restrictions to mask mandates, and forced the Michigan State Legislature to return from recess early to enact many of these directives into law. Ruling in the case, the Michigan Supreme Court held, among other things, that the law authorizing the Governor to act in times of public emergency violated the constitution **because it delegated to the executive branch the legislative powers of state government indefinitely.**

For these reasons, the HPCA urges your favorable consideration of this important measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiipca.net.



February 5, 2021

The Honorable Linda Ichiyama, Chair
The Honorable Stacelynn K.M. Eli, Vice Chair
House Committee on Pandemic & Disaster Preparedness

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: HB 472 – Relating to Telehealth

Dear Chair Ichiyama, Chair Yamane, Vice Chair Eli, Vice Chair Tam, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 472, which exempts telehealth-related gifts from procurement requirements. It also makes permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation.

As a strong supporter of telehealth, HMSA was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. While HMSA does support standard phone contacts as a form of care delivery, it does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Additionally, there is concern regarding the State's ability to determine telephone contact as a form of telehealth given the existing Federal rule set forth regarding Medicare and Medicaid.

Therefore, we respectfully request that HB 472 be amended with the following changes:

Section 4: Section 346-59.1, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*"

Section 5: Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider*



to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.”

Section 6: Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.”*

Section 7: Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.”*

Thank you for allowing us to testify on HB 472. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations



February 5, 2021

The Honorable Linda Ichiyama, Chair
The Honorable Stacelynn K.M. Eli, Vice Chair
House Committee on Pandemic & Disaster Preparedness

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

House Bill 472 – Relating to Telehealth

Dear Chair Ichiyama, Chair Yamane, Vice Chair Eli, Vice Chair Tam, and Members of the Committees:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on HB 472, which exempts telehealth-related gifts from procurement requirements. It also makes permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation.

HAHP opposes the removal of “standard telephone contacts” from the definition of telehealth throughout the Hawaii Revised Statutes. While HAHP supports telehealth as a modality of care, we believe removing the exemption for “standard telephone contacts” is not appropriate at this time.

Thank you for allowing us to testify expressing concerns on HB 472.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



**WAIANAЕ COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

**House Joint Committee on Pandemic & Disaster Preparedness,
and Health, Human Services, & Homelessness
Friday, February 5, 2021; 11:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0472, RELATING TO TELEHEALTH.

Chair Ichiyama, Chair Yamane, and Members of the Joint Committee:

My name is Stephen Bradley, MD, and I am the Chief Medical Officer of the Waianae Coast Comprehensive Health Center. I am testifying in support of House Bill No. 0472, RELATING TO TELEHEALTH.

With the advent of the COVID pandemic in our islands, it drastically changed the way primary care is delivered to the most vulnerable among our population. Restrictions on mass gatherings, the necessity (and often lack of) personal protective equipment, the need to reconfigure examination and waiting area facilities has made it even more difficult for patients in rural and underprivileged communities to access health care and fear of contagion has worsened this dire situation.

Telehealth rapidly expanded as a means to assure the provision of proper continuing care to patients, allowing them to consult with their health care providers, review test and referral results or order such, perform necessary counseling, and maintain surveillance and therapy. However, not everyone has access to smart phones and broadband service to utilize telehealth as it was intended, especially in underserved areas such as ours.

In practice, a sizeable number of our adult population has no computer in the home and is limited to a land line for communication. Through the power of the Electronic Medical Record, a telephonic visit is not a mere conversation, but a gateway to the full services of the Health Center which allows a marked expansion of the capacity for care even with this modest technology. Our health center has been carefully notating the exact causes of why a televideo encounter is not possible and the results are illuminating. Of patients attempting to access a televideo encounter from September – December 2020, the reasons and percent of patients unable to have a successful encounter include the following:

- Patient does not have a camera enabled device (16%)
- Patient does not know how to use video app (7%)
- Patient has no internet access (7%)
- Patient has poor internet connectivity (42%)

Because of this, both the federal and state governments have suspended statutory prohibitions on the use of standard telephonic service in telehealth during the COVID pandemic. This has provided a lifeline for many of our most vulnerable citizens. We have found our Kupuna greatly rely on telephonic service to consult with their health care providers due to their lack of familiarity with computers and smart phones. The opportunity to use this modality has certainly prevented numerous unnecessary Emergency Department visits, and, even more importantly, hospitalizations for avoidable reasons.

While we await the day for fully universal broadband access across our State, we support this bill but want to ensure that these vulnerable populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency, with the myriad of advantages outlined above. It is unthinkable, and even discriminatory, to deprive our most vulnerable patients of the comfort of being able to receive care through the technology available to them.

On behalf of the staff and patients of the Waianae Coast Comprehensive Health Center, I urge your support for this important bill.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON PANDEMIC & DISASTER PREPAREDNESS

Rep. Linda Ichiyama, Chair

Rep. Stacelyn K.M. Eli, Vice Chair

COMMITTEE ON HEALTH, HUMAN SERVICES & HOMELESSNESS

Rep. Ryan Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Friday, February 5, 2021 - 11:00am - Conference Room 329 - videoconference

Testimony in Support of HB472 RELATING TO TELEHEALTH

The Hawai'i Psychological Association (HPA) strongly supports HB472 which, in part, makes permanent recent pandemic-related executive orders relating to telehealth.

The pandemic has had devastating effects not only to our public health system and economies, but to our collective mental health. The disruptions COVID created in our already personal lives have brought many in our community to the brink of emotional collapse. The need for mental health services could not be more apparent or pressing.

As we all pivoted to a socially distant way of life, the vast majority have come to appreciate the breadth and utility of telehealth services, even if their preference would be for face-to-face. HPA is therefore in strong support of this measure as we believe it promises the greatest therapeutic benefit to those clinically needing mental health services and promotes access to care.

Thank you for the opportunity to provide input on this important bill.

Sincerely,

Raymond A Folen, Ph.D., ABPP.
Executive Director

HB-472

Submitted on: 2/3/2021 7:07:45 AM

Testimony for PDP on 2/5/2021 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments:

February 3, 2021

Aloha Legislators;

Mahalo for HB 472 modernizing and harmonizing our practice of providing health care via Telehealth.

It appears Advanced Practice Registered Nurses (APRNs) have inadvertently been left out of some key sections of the proposed amendments possibly limiting our ability to care for our community.

Please add APRNs to proposed amendments to HRS Sectons:

329-41 (a) (8). Page 6 line 14

453-1.3 (e) Page 20 lines 16 &19

453-1.3 (f) Page 21 lines 7 & 11

453-1.3 (f) (1) (B) page 21 line 19

453-1.3 (f) (1) (C) page 22 line 2

Mahalo Nui Loa! Yvonne Geesey APRN/JD



To: The Honorable Linda Ichiyama, Chair
The Honorable Stacelynn K.M. Eli, Vice Chair
Members, House Committee on Pandemic & Disaster Preparedness

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
Members, House Committee on Health, Human Services, & Homelessness

From: Jacce S. Mikulanec, Manager, Government Relations, The Queen's Health Systems

Date: February 5, 2021

Re: Comments for HB472: Relating to Telehealth

The Queen's Health Systems (Queen's) is a nonprofit 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, and more than 1,500 affiliated physicians and providers 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 submit comments on HB472, relating to telehealth, which would exempt telehealth-related gifts from procurement requirements and make permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation. While Queen's appreciates the intent of this bill to bring conformity to existing telehealth statutes, we do have concerns with provisions in the bill that could negatively impact our patients. In particular, we would ask that the committee consider keeping language in Section 11 requiring in-person consultation for prescribing opiates and/or certifying a patient for medical use of cannabis.

While Queen's supports and continues to advocate for increased access to health care services, we are concerned that a blanket adoption of standard telephone contacts a "telehealth" modality equivalent to in-person care would have unintended consequences on the quality and level of care provided to our community. We would request that standard telephone contacts be allowed only under specific conditions in which patient access to care would be jeopardized without the service. Additional research is needed in order to determine the appropriate conditions for which standard telephone contacts a "telehealth" modality could be rendered while simultaneously ensuring the health and well-being of our patients.

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.

We urge the committee to maintain licensing requirements for medical professionals practicing in the State of Hawaii in order to protect the health and safety of our residents and anyone who utilizes our healthcare system.

Thank you for allowing The Queen's Health Systems to provide comments on this measure.

**Written Testimony Presented Before the
COMMITTEE ON PANDEMIC & DISASTER PREPAREDNESS
and
COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS**

**By
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

**DATE: Friday, February 5, 2021
TIME: 11:00 a.m.
PLACE: VIA VIDEOCONFERENCE**

Written Comments on HB 472

Chairs Ichiyama and Yamane, Vice Chairs Eli and Tam, and members of the House Committee on Pandemic & Disaster Preparedness and House Committee on Health, Human Services, & Homelessness, thank you for the opportunity for the Hawai'i State Center for Nursing to provide Comments on this measure. This bill, if enacted, exempts telehealth-related gifts from procurement requirements and makes permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation. The Hawai'i State Center for Nursing thanks the Committees for recognizing the need for telehealth in our current COVID pandemic environment.

In 2014, Advanced Practice Registered Nurses (APRNs) were included in telehealth practice advancements ([Act 159, SLH 2014](#)). APRNs more than doubled in Hawai'i between 2005 and 2017 with continued growth since that time. Now, there are nearly 1,300 licensed APRNs residing in Hawai'i (Hawai'i State Center for Nursing, 2017). In 2019, before the pandemic, nearly 17% of APRNs reported engaging in telehealth; this rate of telehealth engagement is likely to have grown since that time due to the need for safe and distanced continuity of patient care.

As such, Hawai'i State Center for Nursing respectfully recommends the addition of APRNs, by mention of the telehealth statutes in the Nurse Practice Act, Chapter 457, in Section 3 of this measure as highlighted in yellow on the following page.

Thank you for the opportunity to provide written comments related to this measure.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

Page 6 lines 14-17; SECTION 3 (a)(8)

(8) Who is a practitioner to facilitate the issuance or distribution of a written prescription or to issue an oral prescription for a controlled substance when not physically in the State[-]; provided that this prohibition shall not apply if the person is a physician practicing telehealth as provided in section 453-1.3 and otherwise complies with this chapter or an advanced practice registered nurse practicing telehealth as provided in sections 457-2 and 457-17."

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.



LATE

BAY CLINIC, INC.
NETWORK OF FAMILY HEALTH CENTERS

Testimony to the House Joint Committee on Pandemic & Disaster Preparedness, and Health, Human Services, & Homelessness
Friday, February 5, 2021; 11:00 a.m.
State Capitol, Conference Room 329

RE: HOUSE BILL NO. 0472, RELATING TO TELEHEALTH.

Chair Ichiyama, Chair Yamane, and Members of the Joint Committee:

My name is **C. Kimo Alameda** and I am the Chief Executive Officer of **Bay Clinic Inn**. I am testifying in support of **House Bill No. 0472, RELATING TO TELEHEALTH**.

When COVID hit our islands, it drastically changed the way primary care is delivered. Restrictions on mass gatherings, the initial lack of personal protective equipment, the suspension of elective procedures, and the need to reconfigure examination and waiting facilities has made it even more difficult for patients in rural and underprivileged communities to access health care.

Telehealth was intended to level the playing field by making it easier for patients to consult with their health care providers, and in a perfect world, this would have worked. However, we do not live in a perfect world and not everyone has access to smart phones and broadband service to utilize telehealth as it was intended.

Because of this, both the federal and state governments have suspended statutory prohibitions on the use of standard telephonic service in telehealth during the COVID pandemic. This has provided a lifeline for many of our most vulnerable citizens. We have found our Kupuna to rely on telephonic service to consult with their health care providers due to their lack of familiarity with computers and smart phones.

While we await the day for fully universal broadband access across our State, this bill will ensure that these vulnerable populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency. On behalf of the staff and patients of Bay Clinic Inc. I urge your support for this important bill.

Sincerely

C. Kimo Alameda, PhD.

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Bay Clinic, Inc. is a nonprofit 501(c)(3) organization



LATE

LĀNA'Ī COMMUNITY HEALTH CENTER

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Lāna'ī City, HI 96763-0142



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The Community is our Patient -- men, women, children, uninsured, insured!

**Testimony to the House Joint Committee on Pandemic & Disaster Preparedness, and Health, Human Services, & Homelessness
Friday, February 5, 2021; 11:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0472, RELATING TO TELEHEALTH.

Chair Ichiyama, Chair Yamane, and Members of the Joint Committee:

My name is Diana Shaw and I am the Executive Director of Lāna'ī Community Health Center. I am testifying in support of House Bill No. 0472, RELATING TO TELEHEALTH.

When COVID hit our islands, it drastically changed the way primary care is delivered. Restrictions on mass gatherings, the initial lack of personal protective equipment, the suspension of elective procedures, and the need to reconfigure examination and waiting facilities has made it even more difficult for patients in rural and underprivileged communities to access health care.

Telehealth was intended to level the playing field by making it easier for patients to consult with their health care providers, and in a perfect world, this would have worked. However, we do not live in a perfect world and not everyone has access to smart phones and broadband service to utilize telehealth as it was intended.

Because of this, both the federal and state governments have suspended statutory prohibitions on the use of standard telephonic service in telehealth during the COVID pandemic. This has provided a lifeline for many of our most vulnerable citizens. We have found our Kupuna to rely on telephonic service to consult with their health care providers due to their lack of familiarity with computers and smart phones.

While we await the day for fully universal broadband access across our State, this bill will ensure that these vulnerable populations will be able to continue to utilize

E Ola nō Lāna'ī

LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī

telehealth services via standard telephonic contact even after the end of the public health emergency.

On behalf of the staff and patients of Lāna‘i Community Health Center. I urge your support for this important bill.

Sincerely,

A handwritten signature in dark ink, appearing to read "D V Shaw", with a long, sweeping horizontal stroke extending to the right.

D V Shaw, PhD, MPH, MBA, FACMPE
Executive Director

Hawai'i Association of Professional Nurses (HAPN)

LATE



To: The Honorable Representative Ryan Yamane, Chair of the House Committee on Health, Human Services, & Homelessness; The Honorable Representative Linda Ichiyama, Chair of the House Committee on Pandemic & Disaster Response

From: Hawaii Association of Professional Nurses (HAPN)
Subject: HB472 – Relating to Telehealth

Hearing: February 5, 2021, 11a.m.

Aloha Representative Yamane, Chair; Representative Tam, Vice Chair; Representative Ichiyama, Chair; Representative Eli, Vice Chair, and Committee Members

Thank you for the opportunity to submit testimony regarding HB472. HAPN is in **opposition** to this measure. We support the inclusion of APRNs in the following section as highlighted below Page 6 lines 14-17; SECTION 3 (a)(8)

(8) Who is a practitioner to facilitate the issuance or distribution of a written prescription or to issue an oral prescription for a controlled substance when not physically in the State[.]; provided that this prohibition shall not apply if the person is a physician practicing telehealth as provided in section 453-1.3 and otherwise complies with this chapter **or an advanced practice registered nurse practicing telehealth as provided in sections 457-2 and 457-17.”**

We **strongly oppose** the remainder of this bill. The definition of originating site is consistent with the CMS definition. The originating site is where the patient is located. Specifically, with regard to this measure, this would be applicable to patients who are physically in the State of Hawaii. Sections 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, and 22 are highly questionable. This would allow NON-LICENSED providers to operate in the State of Hawaii to practice. While certain exemptions can be made under a state of emergency, these suggested permanent changes to law would set a dangerous precedent. Passing the remainder of this bill would allow non-licensed providers to render services in Hawaii while unregulated by our local licensing boards. Our local licensing boards are here to protect our consumers, the profession and its reputation from unchecked people not required to furnish licenses to ensure they have been vetted by our state processes.

HAPN has a strong history of advocacy for patients and access to care for the People of Hawaii, however, when this care is not regulated, negative consequences can occur. We will continue to be staunch advocates for the safe rendering of care to patients/clients/consumers as the health of our communities are important to us.

Thank you for the opportunity to share the perspective of HAPN with your joint committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President