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
House Committee on Consumer Protection and Commerce
Tuesday, February 15, 2022
2:00 p.m.
Via Videoconference

On the following measure:
H.B.1980, H.D. 1, RELATING TO TELEPHONIC SERVICES

Chair Johanson and Members of the Committee:

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

The purpose of this bill is to permit, but not require, Medicaid, insurance providers, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances and to clarify that telephonic services do not constitute telehealth.

Initially, we point out that our State insurance laws ***do not*** currently prohibit health plans from voluntarily providing coverage for health services delivered via standard telephone contacts.

This bill, in part, amends Hawaii Revised Statutes (HRS) §§ 431:10A-116.3, 432:1-601.5, and 432D-23.5, by adding a new subsection (g) which uses the phrase, "Telephonic behavioral health services ***may be covered only when***[.]" (emphasis added) (p.7, lines 13-14; p.12, lines 13-14; p. 17, lines 9-10). Prohibiting health plans

from voluntarily providing coverage appears inconsistent with the intent of this bill. The proposed subsection (g) may restrict health plans from voluntarily covering telephonic behavioral health services except in specific circumstances.

H.D. 1 of this bill also adds the phrase "or prohibit" to proposed subsection (g) to read, "provided that nothing in this section shall be interpreted to require ***or prohibit*** coverage for any telephonic service." (p.8, lines 4-5; p.13, lines 4-5; p. 17, lines 19-20) (emphasis added). However, this is potentially inconsistent with the phrase "may be covered only when[,]" which would cause subsection (g) to restrict the ability of health plans to voluntarily provide coverage.

Accordingly, we respectfully request the language at p.7, lines 13-14; p.12, lines 13-14; p. 17, lines 9-10 be amended for consistency and to avoid confusion to read: "(g) Telephonic behavioral health services may be covered, including when:".

Additionally, the existing definition of "telehealth" in HRS §§ 431:10A-116.3, 432:1-601.5, and 432D-23.5 currently provides that "standard telephone contacts … [do] not constitute telehealth[.]" Thus, the phrases, ""Telephonic service" does not constitute telehealth" and "provided that nothing in this section shall be interpreted to require or prohibit coverage for any telephonic service" used in sections 2, 3, and 4 of this bill are redundant (p.5, lines 9-10; p.8, lines 4-5; p.10, lines 8-9; p.13 lines 4-5; p.15, lines 4-5; p.17, lines 19-20; and p.20, lines 1-2).

Thank you for the opportunity to testify on this bill.

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 14, 2022

TO: The Honorable Representative Aaron Ling Johanson, Chair
House Committee on Consumer Protection & Commerce

FROM: Cathy Betts, Director

SUBJECT: **HB 1980 HD1– RELATING TO TELEPHONIC SERVICES.**

Hearing: Tuesday, February 15, 2022, 2:00 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this bill and offers comments.

PURPOSE: The purpose of the bill is to permit, but does not require or prohibit, Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances. Clarifies that telephonic services do not constitute telehealth. Effective 7/1/2060. (HD1)

The HD1 amendments specified that telephonic behavioral health services may be covered if in-person behavioral health services have been provided to a patient within twelve, rather than six months prior to the telephonic service; clarified that coverage of telephonic services is neither required nor prohibited; and defected the date to July 1, 2060, to encourage further discussion.

During the pandemic, the use of telehealth for many services increased; this is particularly the case for behavioral health services. Also, during the pandemic, the Med-QUEST Division (MQD) increased flexibility to all telephonic services. The latter has been helpful during the pandemic when access to in-person care was limited. Flexible telephonic service also

acknowledges and seeks to remedy digital health disparities for individuals without access to audio-visual technology needed for telehealth, such as populations in rural communities or geographic areas that lack internet access or infrastructure and those without "smart" devices.

As the pandemic has worn on, both nationally and locally, Medicaid programs, payers, and healthcare providers have been monitoring and evaluating the use of telehealth and the use of the telephone for healthcare services' clinical outcomes, quality costs, and program integrity. Thus far, the area of behavioral health has shown to have relative equivalency in outcomes for in-person, telehealth, and telephonic visits. However, under some conditions, other health care services for some individuals have proven to be effective, particularly when a patient's real-time audio-visual healthcare visit is not feasible or not preferred. The HD1 clarification regarding 'neither requiring nor prohibiting' helps address the provision of healthcare services using a telephonic modality.

Therefore, DHS also supports the intent of the measure to permit the use of telephonic behavioral health care with conditions and clarifies that telephonic care is not the same as an in-person visit or a real-time video-conference telehealth visit. DHS supports the HD1 amendments to lengthen the time between an in-person visit and the use of telephonic and clarifies that this measure neither requires nor prohibits the use of telephone calls for healthcare.

Thank you for the opportunity to testify on this measure.

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 14, 2022

TO: The Honorable Representative Aaron Ling Johanson, Chair
House Committee on Consumer Protection & Commerce

FROM: Cathy Betts, Director

SUBJECT: **HB 1980 HD1– RELATING TO TELEPHONIC SERVICES.**

Hearing: Tuesday, February 15, 2022, 2:00 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this bill and offers comments.

PURPOSE: The purpose of the bill is to permit, but does not require or prohibit, Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances. Clarifies that telephonic services do not constitute telehealth. Effective 7/1/2060. (HD1)

The HD1 amendments specified that telephonic behavioral health services may be covered if in-person behavioral health services have been provided to a patient within twelve, rather than six months prior to the telephonic service; clarified that coverage of telephonic services is neither required nor prohibited; and defected the date to July 1, 2060, to encourage further discussion.

During the pandemic, the use of telehealth for many services increased; this is particularly the case for behavioral health services. Also, during the pandemic, the Med-QUEST Division (MQD) increased flexibility to all telephonic services. The latter has been helpful during the pandemic when access to in-person care was limited. Flexible telephonic service also

acknowledges and seeks to remedy digital health disparities for individuals without access to audio-visual technology needed for telehealth, such as populations in rural communities or geographic areas that lack internet access or infrastructure and those without "smart" devices.

As the pandemic has worn on, both nationally and locally, Medicaid programs, payers, and healthcare providers have been monitoring and evaluating the use of telehealth and the use of the telephone for healthcare services' clinical outcomes, quality costs, and program integrity. Thus far, the area of behavioral health has shown to have relative equivalency in outcomes for in-person, telehealth, and telephonic visits. However, under some conditions, other health care services for some individuals have proven to be effective, particularly when a patient's real-time audio-visual healthcare visit is not feasible or not preferred. The HD1 clarification regarding 'neither requiring nor prohibiting' helps address the provision of healthcare services using a telephonic modality.

Therefore, DHS also supports the intent of the measure to permit the use of telephonic behavioral health care with conditions and clarifies that telephonic care is not the same as an in-person visit or a real-time video-conference telehealth visit. DHS supports the HD1 amendments to lengthen the time between an in-person visit and the use of telephonic and clarifies that this measure neither requires nor prohibits the use of telephone calls for healthcare.

Thank you for the opportunity to testify on this measure.

February 15, 2022 at 2:00 pm
Via Videoconference

House Committee on Consumer Protection and Commerce

To: Chair Aaron Ling Johanson
Vice Chair Lisa Kitagawa

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: Submitting Comments
HB 1980 HD 1, Relating to Telephonic Services

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 write today with **comments** on this measure, which seeks to allow reimbursement for telephonic behavioral health services in certain circumstances. Hawaii has been at the forefront of telehealth adoption, which has increased access and shown the merits of this modality of providing care. The pandemic accelerated adoption of telehealth by more patients and providers here in Hawaii and the entire country, prompting key policy-makers—including Medicare—to change rules around use and reimbursement of telehealth to make it more accessible than ever before.

One of the ways in which telehealth has been expanded both in Hawaii and across the country is by allowing telephonic or audio-only services to be used for services in which a patient may not have reliable access to critical internet services or would sincerely prefer to use telephonic services. This flexibility has been especially meaningful for seniors, residents in areas with difficulty accessing internet services, and individuals seeking mental health services because it has made it easier to access very limited professional help.

The legislature has for years recognized the great promise of telehealth and supported policies that would put Hawaii at the forefront of innovation in this policy space. We believe that there are discussions that need to be continued to ensure that patients receive the highest level of care while ensuring proper use of the technology. Further, we want to ensure that all telehealth-related measures are flexible enough in their design to ensure that Hawaii is not unnecessarily limited in its adoption of future innovations and allowances at the federal level. Thank you for your consideration of our comments.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Tuesday, February 15, 2022 at 2:00 PM
Via Video Conference

House Committee on Consumer Protection & Commerce

To: Representative Aaron Johanson, Chair
Representative Lisa Kitagawa, Vice Chair

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

Re: HB 1980, HD1 – Comments
Relating to Telephonic Services

My name is Michael Robinson, Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over seventy locations statewide with a mission of creating a healthier Hawaiʻi.

I am writing to provide comments on HB 1980, HD1 which permits, but does not require, Medicaid, insurance providers and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Since 1999, the use and expansion of telehealth services and technology in Hawaii has been recognized as a strategy to increase patient access to healthcare by overcoming the geographic challenges across our state. Many of Hawaii's geographically access challenged patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally designated health professional shortage areas. Elderly, as well as medically- and socially complex patients often face transportation barriers, limited broadband access and personal difficulty navigating the technological requirements of accessing traditional video telehealth care services. In these instances, telephonic communication becomes a viable alternative for many in these communities to overcome barriers enabling them to access healthcare remotely.

HPH supports the development of a provider reimbursement system that also incorporates reimbursement for telephonic services. The same barriers that pose challenges for patients to access behavioral health are often similar to the challenges we have experienced with our patients accessing acute care services (limited means to travel, poor or absent internet coverage, residence remote from care providers, infirm with limited mobility, immune compromise in the age of COVID, etc.). As a related example,

within HPH charges for telephonic services represent 12-15% of total charges for remote physician to patient acute care service charges indicating a need for telephonic services as an alternative care modality. In the absence of telephonic services being provided or available, these at-risk individuals would have had to resort to travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether.

We therefore hope to foster a telehealth environment in Hawaii that allows both patients today the ability to access behavioral health services remotely without unnecessarily foreclosing future opportunities to develop alternative reimbursement structures for other remote access modalities to flourish.

Thank you for the opportunity to testify.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the House Committee on Consumer Protection and Commerce
Tuesday, February 15, 2022; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference

RE: HOUSE BILL NO. 1980, HOUSE DRAFT 1, RELATING TO TELEPHONIC SERVICES.

Chair Johanson, Vice Chair Kitagawa, 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 THE INTENT** of House Bill No. 1980, RELATING TO TELEPHONIC SERVICES.

By way of background, the HPCA represents Hawaii's 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.

This bill, as received by your Committee, would specify that coverage for "telephonic behavioral health services" may be covered **only** when:

(1) Telehealth services are technologically unavailable at the time the enrollee is scheduled to receive a behavioral health service;

(2) The behavioral health service is a medically necessary, covered health care service; and

(3) The health care provider has provided the enrollee with an in-person behavioral health service no longer than twelve months prior to the telephonic service.

The foregoing provision would apply to Medicaid (Chapter 346, Hawaii Revised Statutes (HRS)), accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS).

The bill will also take effect on January 1, 2060.

ADD 1003 BISHOP STREET PAUAHI TOWER SUITE 1810 HONOLULU, HI 96813 TEL 808.536.8442 WEB HAWAIIPCA.NET

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.

During the COVID pandemic, we learned how effective the use of standard telephone contact in telehealth was. For many in very isolated communities, the poor, and especially for our kupuna who are not as technologically advanced as their keiki, the landline telephone was a lifeline to primary health care providers.

Our member FQHCs can attest to how effective standard telephonic contact was in the provision of primary care and behavioral health to their patients, especially when the State and counties issued restrictions on the number of patients who could enter waiting areas and examination rooms. As we stated in our testimony in 2020 and 2021, telephonic telehealth has always been used as the option of last resort for primary care, and I'm sure that the MedQUEST Division can confirm this through its actuarial data of loss costs. HPCA's concern has always been and continues to be the accessibility of primary care for ALL patients.

The HPCA also notes that recent developments in Medicare might provide an alternative approach that might be less problematic from both a policy and a drafting perspective.

On November 2, 2021, the Centers for Medicare and Medicaid Services (CMS) released its 2022 Medicare Physician Fee Schedule Final Rule. This regulation added certain services to the Medicare telehealth services list through December 31, 2022. "Category 3" services that were added to the Medicare services list for the duration of the federal public health emergency (PHE), which would have otherwise been removed after the PHE ended, will remain on the telehealth service list through the end of calendar year 2023.

Beyond the expanded service list, CMS amended the definition of "interactive telecommunications system" to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances. Generally, however, other services on the Medicare telehealth services list, unless specifically excepted, must still be furnished using audio and video equipment permitting two-way, real-time interaction communication.

This Committee may wish to consider the inclusion of a definition for "interactive telecommunications system" that provides the basic requirements applicable for audio-only communications, and then allow MedQUEST to amend the specifics pertaining to health care providers, as they deem it necessary, and subject to inclusion into the State Medicaid Plan and approval by CMS.

Ultimately any change to the benefits provided through Medicaid in the State of Hawaii must be approved by the federal government.

If similar language was applied to accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS), the same benefit would be applicable to ALL consumers. Specific concerns could also be addressed through rulemaking by the Insurance Commission for these chapters.

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.

1001 Bishop Street I Suite 625 I Honolulu, HI 96813-2830
1-866-295-7282 I Fax: 808-536-2882
aarp.org/hi I aarphi@aarp.org I twitter.com/AARPHawaii
facebook.com/AARPHawaii

The State Legislature
The House Committee on Consumer Protection and Commerce
Tuesday, Feb 15, 2022
2:00 p.m.

TO: The Honorable Aaron Johanson, Chair
RE: H.B. 1980 H.D. 1, Relating to Telephonic Service

Aloha Chair Johanson and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and over 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. **AARP supports the intent of H.B 1980 H.D.1** which permits, but does not require, Medicaid, insurance providers and health maintenance organizations to cover telephonic behavior health services under certain circumstances.

AARP fights for issues that matter most to families such as healthcare, family caregiving and independent living and believes no one's possibilities should ever be limited by their age and seeks to find new solutions so that more people can live and age as they choose. Among these issues is access to meaningful healthcare coverage.

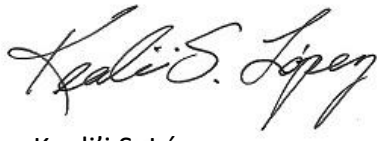
AARP believes that telehealth is a promising tool that can help people access health care in new ways and can make it easier for family caregivers to care for their loved ones. More and more of our members, especially those aged 50-59, are using their mobile devices and tablets to access information about their health. The use of telehealth technologies (especially those that include family members in virtual visits with providers) has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient.

We want to comment that the allowable opportunities in this bill are rather limited, and would recommend audio-only telephonic communication be available when preferred by the patient. Under the proposed bill, audio-only (telephone) can only be used if other technology is unavailable and if the provider has seen the patient for an in-patient appointment within the previous twelve months. We strongly urge you to ensure Medicare allows audio-only in **instances of patient choice/preference**, rather than limiting its use to when live video isn't available.

With the wide-spread of COVID-19, many people are reluctant to leave their homes for an in-person visit with their health provider. Some are not comfortable using telehealth even with access to a computer and internet connection, while a telephone still remains the preferred mode for communication for many especially kupuna. Therefore, we respectfully recommend that audio-only be considered a valid telehealth modality.

Thank you very much for the opportunity to testify on **H. B 1980 H.D.1.**

Sincerely,



Keali'i S. López
State Director

UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Tuesday, February 15, 2022 at 2:00 p.m.
By
Jerris Hedges, MD, Dean and
Lee Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO, UH JABSOM
John A. Burns School of Medicine
And
Michael Bruno, PhD
Provost
University of Hawaiʻi at Mānoa

HB 1980 HD1 – RELATING TO TELEPHONIC SERVICES

Chair Johanson, Vice Chair Kitagawa, and members of the committee:

Thank you for the opportunity to present testimony today. The John A. Burns School of Medicine (JABSOM) **supports HB 1980 HD1** which permits, but does not require, Medicaid, insurance providers and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Since 1999, the use and expansion of telehealth services and technology in Hawaiʻi has been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the state. 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 via telephonic communication benefits 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. Patients with behavioral health issues are especially vulnerable and frequently require immediate attention. The inability of behavioral health and other patients to access the internet presents an even greater barrier to much needed health care.

One of the realities for Hawaiʻi is that many of those most in need of telephonic care (limited means to travel, poor or absent internet coverage, residence remote from care providers, infirm with limited mobility, immune compromise in the age of COVID, etc.) suffer the most from a lack of provider reimbursement for telephonic coverage. Without telephonic coverage, these at-risk individuals must travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether. This measure is a positive step toward recognizing the value of telephonic health care services.

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

An Independent Licensee of the Blue Cross and Blue Shield Association

February 12, 2022

The Honorable Aaron Ling Johanson, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Consumer Protection & Commerce

Re: HB 1980 HD1 – Relating to Telephonic Services

Dear Chair Johanson, Vice Chair Kitagawa, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in strong support of HB 1980, HD1 which permits, but does not require or prohibit, Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances. Clarifies that telephonic services do not constitute telehealth. Effective 7/1/2060.

HMSA strongly supports this measure to increase access to behavioral health care services in Hawaii. We believe that access to behavioral health care, especially in rural areas, poses a challenge for the entire health care community and that this bill will aid in addressing that issue.

Thank you for the opportunity to testify in strong support of HB 1980 HD1.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Aaron Ling Johanson, Chair
Representative Lisa Kitagawa, Vice Chair

Date: February 15, 2022
From: Hawaii Medical Association
Will Scruggs MD
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: HB 1980 HD1: Medicaid; Insurance; Health Insurers; Mutual Benefit Societies; Health Maintenance Organizations; Behavioral Health; Telephonic Services; Telehealth
Position: Support

The Hawaii Medical Association (HMA) supports SB 2645. Payment for audio only health services increases access to care, particularly for the elderly, the underserved, and patients in rural areas with limited internet access.

Physicians have rapidly adopted telemedicine technologies to better serve our population. Experience shows that many patients, due to limited understanding and/or access to technology and internet services, prefer audio only interaction. Expanding audio-only telemedicine services holds special promise in improving access to behavioral health issues where visual and physical examinations are often less important in providing care. Further, the time and staffing resources physicians put into telephone visits with patients is on par with video visits.

Payment parity for audio-only telemedicine care is fair and appropriate. This will increase access to care, improve health, and in doing so, reduce long term costs.

Thank you for allowing Hawaii Medical Association to testify in support of this measure.

REFERENCES

Volk J et al. States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. The Commonwealth Fund. Commonwealthfund.org. June 23 2021.

O'Reilly KB. Amid pandemic, CMS should level field for phone E/M visits. Ama-assn.org. Apr 20, 2020.

State Telehealth Laws and Reimbursement Policies Report, Fall 2021. CCHPCA.org. October 2021.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Aaron Johanson, Vice-Chair Lisa Kitagawa
Members of the Committee on Consumer Protection & Commerce

From: Dr. Marva Lawson, Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association

Time: 2:00 p.m., February 15, 2022

Re: HB 1980 HD 1, RELATING TO TELEPHONIC SERVICES.

Position: **COMMENTS**

On behalf of the Hawaii Psychiatric Medical Association (HPMA) we are writing with comments on HB 1980 HD 1, Relating to Telephonic Services. This bill permits, but does not require or prohibit, Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances and clarifies that telephonic services do not constitute telehealth.

Hawaii Psychiatric Medical Association (HPMA) provides comments on this measure and recognizes the value telehealth brings to patient care in allowing clinicians to deliver telehealth without an in-person consultation or a prior existing physician-patient relationship.

While HPMA supports the intent of this measure, the APA has worked closely with CMS on telehealth legislation - we recommend the State of Hawaii align with CMS regarding originating and distant sites and other rules. We also ask for an amendment that only licensed professions practicing within their scope are authorized to perform telehealth.

Many patients lack ready access to broadband and/or technological advancements in their homes. While services delivered through audio-only technology are not our first choice when providing care, we recognize it is a vitally important tool to ensure continuity of care to vulnerable patients. Even before the crisis, 41% of Hawai'i's adults reported having a serious mental illness that went untreated, while nearly 70% of adolescents reported having a major depressive episode that went untreated. A recent Department of Health Covid 19 Tracking study also stated, "roughly four in five (82%) respondents admit to suffering from some form of mental health issue over the course of the pandemic."

We are encouraged that telehealth expansion during the health crisis has enabled many individuals to receive much-needed treatment for mental health and substance use disorders, some for the first time. The changes were necessary to comply with stay-at-home orders and preventive measures. Hawai'i psychiatrists quickly adapted to telehealth. No-show rates significantly decreased; with patients no longer having to leave their homes to access care. Some reported a no-show rate of 0%. For older patients who cannot use video software and patients who lack broadband access or technology for video-only, the current ability to reach patients solely over the telephone has been critical to ensuring continuity of care. These changes have also allowed many clinics and practices to stay open when they may have otherwise been forced to close down.

HPMA supports several telehealth measures currently moving through the Hawaii Legislature, with the focus being on best practices in ensuring patient safety. It is important to maintain quality and safety standards while expanding access through telehealth services.

Thank you for consideration of our testimony, we are available to provide additional information or answer any questions the committee may have.

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 CONSUMER PROTECTION AND COMMERCE
Rep. Aaron Ling Johanson, Chair
Rep. Lisa Kitagawa, Vice Chair
DATE: February 15, 2022 2;00 PM. - VIA VIDEO CONFERENCE – Room 329

The Hawai‘i Psychological Association (HPA) supports HB1980, with important clarifications.

HB1980 revises four sections of Hawaii's health insurance code for Medicaid; Private Insurance Plans; Benefit Societies; and Health Maintenance Organizations, by providing that:

> "Telephonic behavioral health services may be covered only when:
>
> (1) Telehealth services are technologically unavailable at the time the enrollee is scheduled to receive a behavioral health service;
>
> (2) The behavioral health service is a medically necessary, covered health care service; and
>
> (3) The health care provider has provided the enrollee with an in-person behavioral health service no longer than six months prior to the telephonic service;

HPA believes the spirit and intent of this bill is to help expand access to mental health treatment for some of our most vulnerable communities: our Kupuna, rural residents, and the economically disadvantaged who cannot utilize telehealth as currently defined.

HPA thus supports such an effort and greatly appreciates legislative action to ensure old tools, like the standard telephone, are available to assure adequate lines of communication stay open; and that necessary treatment is available to those who are: not comfortable with video-conferencing platforms; not equipped with the necessary technology or equipment due to expense; or those who live on the more remote neighbor islands or in rural areas - out of reach of necessary broadband network capabilities. To achieve these objectives and optimize clinical mental health outcomes, we urge this committee to address the ambiguities in this bill.

First, it is not clear what might constitute "**technologically unavailable".** For example, would it be possible for an elderly patient with poor eyesight and declining manual dexterity to refuse to use telehealth video-conferencing and talk with their therapist on the phone instead? What about the patient with social anxiety who prefers audio-only treatment? Will there be coverage if that patient turns off the video in a Zoom call, but not if they decide to connect using the telephone? What type of paperwork and authorization process would be needed to monitor this requirement, and will it hinder timely, life-saving care? If the internet connection is poor and/or spotty, will the patient and practitioner be required to maintain the video if they both agree phone would be better?

Our membership has experienced multiple glitches and connection issues through video-conferencing during the pandemic. If interpreted too broadly, "technologically unavailable" can lead to dangerous and life-threatening situations if a patient cannot communicate with their therapist in a time of need.

Second, the requirement that "**the behavioral health service is a medically necessary, covered health care service"** may not be necessary given the implicit nature of health insurance plans. If a service is not covered, it would not be outlined in the plan and there would be no need to address this in statute. However, if included, it's important to square this with the proposed language on page 5, lines 9-10; page 10, lines 8-9; page 15, lines 1-2; page 19, lines 19-20 of this bill which explicitly states that "*Telephonic Services do not constitute telehealth*" to avoid unintended consequences.

We are concerned this language would invalidate provisions in existing insurance plans which consider treatment via telephone a permissible mode of communication of "telehealth" services. Specifically, the Centers for Medicare and Medicaid Services (CMS) includes telephone and audio-only communications technology in its definition of "interactive telecommunications system" when administering "telehealth" for mental disorders. It's also our understanding that a number of private plans do indeed consider treatment via telephone a covered expense – whether as a "telehealth" service or not.

Third, the requirement that the "**provider has provided the enrollee with an in-person behavioral health service no longer than six months prior to the telephonic service**" unnecessarily constrains the clinical judgment of the mental health provider. While a six-month in-person visit may be vital for the proper treatment for many physical ailments and conditions, such as Cancer, Parkinson's Disease, Epilepsy, etc., such regimen and structure may not be necessary in many or most mental health contexts. Particularly concerning would be situations where a patient and his or her mental health provider are unable to meet in person during a six-month period, or perhaps it was determined that such a meeting was unnecessary; and the patient subsequently relapses or decompensates due to triggering circumstances. We don't want this language to be an unnecessary barrier to life-saving communication.

The pandemic has had devastating effects not only to our public health system and economies, but to our collective mental health. The disruptions, anxieties, depression, substance abuse, and chronic stress that COVID has created in our lives - prolonged now for over two years – 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; and we must all do what is necessary to address this burgeoning need. We all deserve access to quality mental health services.

We believe with important clarifications, ensuring audio-only treatment, as telehealth or otherwise, as a covered expense in the administration of mental health services is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions.

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

Sincerely,

Alex Lichton, Ph.D.

Alex Lichton, Ph.D.
Chair, HPA Legislative Action Committee

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Aaron Ling Johanson, Chair
The Honorable Lisa Kitagawa, Vice Chair
Members, House Committee on Consumer Protection & Commerce

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: February 15, 2022

Re: Comments on HB 1980 HD1: Relating to Telephonic Services

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 provide comments on HB 1980 HD1, which would permit Medicaid, insurance providers, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances and clarifies that telephonic services do not constitute telehealth. Throughout the COVID19 pandemic Queen's has relied increasingly on various modes of telehealth to deliver critical medical services to our patients – including those delivered through telephonic means. This is particularly beneficial to patients who may have limited mobility, reside in rural areas, or otherwise cannot access services in an office setting.

Queen's provides a number of telemedicine specialties in areas such as, but not limited to, stroke and neurology, psychiatry, wound care, and critical care; approximately 11.5% of physician-patient acute telehealth services are classified as telephonic. Telehealth modalities assist with connecting our four hospitals statewide and allow our health care professionals to provide care to patients in their local communities who may not access critical care otherwise. Since the start of the COVID19 pandemic, Queen's has made substantial investments in shifting to telehealth as a modality for providing quality care for our patients – including those requiring behavioral health services.

Furthermore, we strongly support efforts to ensure Hawai'i's telehealth statute remains nimble and able to adapt to new, diverse, and safe ways of delivering care to those with behavioral health needs and other chronic conditions.

Thank you for the opportunity to provide comments on HB 1980 HD1.

Testimony to the House Committee on Consumer Protection and Commerce
Tuesday, February 15, 2022
2:00 p. m.
Via videoconference

Re: HB 1980 HD 1, RELATING TO TELEPHONIC SERVICES

Dear Chair Johanson, Vice Chair Kitagawa, and Honorable Members of the House Committee on Consumer Protection and Commerce:

I am Gary Simon, immediate past president and a current board member of the Hawai'i Family Caregiver Coalition. The mission of the Hawai'i Family Caregiver Coalition (HFCC) is to improve the quality of life of those who give and receive care by increasing community awareness of caregiver issues through continuing advocacy, education, and training.

HFCC supports HB 1980 HD 1, RELATING TO TELEPHONIC SERVICES, which would permit, but does not require or prohibit, Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Telephonic care is especially valuable for those with limited mobility and for those who live in rural areas, hours away from the nearest specialist.

We urge you to support HB 1980 HD 1, and we urge you to recommend its passage.

On behalf of HFCC, I thank you for seriously considering the bill.

Very sincerely,

Gary Simon
Hawai'i Family Caregiver Coalition
Email garysimon@hawaii.rr.com

KAISER PERMANENTE®

Government Relations

Testimony of
Jonathan Ching
Government Relations Director

Before:
House Committee on Consumer Protection & Commerce
The Honorable Aaron Ling Johanson, Chair
The Honorable Lisa Kitagawa, Vice Chair

February 15, 2022
2:00 p.m.
Via Videoconference

Re: HB 1980 HD1, Relating to Telephonic Services

Chair Johanson, Vice Chair Kitagawa, and committee members, thank you for this opportunity to provide testimony on HB 1980 HD1, which permits, but does not require, Medicaid, insurance providers, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances.

Kaiser Permanente Hawai‘i provides the following COMMENTS on HB 1980 HD1.

Kaiser Permanente Hawai‘i is Hawai‘i’s largest integrated health system that provides care and coverage for approximately 265,000 members. Each day, more than 4,400 dedicated employees and more than 650 Hawai‘i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai‘i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Since the COVID-19 pandemic began in 2020, the use of telehealth in Hawai‘i has dramatically increased as telehealth has been critical to limit the risk of person-to-person transmission while helping to avoid overwhelming our healthcare facilities. While Kaiser Permanente Hawai‘i was already providing high-quality care through telehealth modalities, we saw a dramatic increase in the use of telehealth visits between 2019 and 2020. In 2019, approximately 1,000 of our outpatient visits were done as video visits and 458,000 as telephone visits. In stark contrast, in 2020, approximately 67,000 video visits were performed and 777,000 telephone visits. In 2021, approximately 84,000 video visits were performed and 700,000 telephone visits. We expect this number to continue to increase in 2022 in response to the ongoing pandemic and surges fueled by variants such as Omicron.

Kaiser Permanente Hawaii utilizes audio-only telephone visits as a modality to provide access to high-quality care as part of our integrated approach to care delivery, and we believe this modality

711 Kapiolani Boulevard
Honolulu, Hawaii 96813
Office: (808) 432-5210
Facsimile: (808) 432-5906
Email: jonathan.l.ching@kp.org

is important to offer for individuals who do not have access to, or may not be comfortable using, video conferencing technology. Therefore, we support the inclusion of audio-only telephone visits as part of the definition of "telehealth." **We recognize that costs associated with different types of visits can vary substantially and we urge the legislature to take an equity approach to reimbursement rather than requiring all audio-only telephone visits to be paid at parity with in-person visits.** This approach accounts for the provider's time and resources as well as the relative equivalency to in-person care and allows us to continue to leverage telemedicine as a strategy to make health care more affordable.

We believe telephonic behavioral health services should be covered if clinically appropriate and desired by the patient or provider. We are concerned that the coverage requirements for telephonic behavioral health services are too restrictive, particularly the requirements that telehealth services be technologically unavailable and that an in-person visit occurred within a certain timeframe. We urge the legislature to take a broad approach in determining when audio-only telephone visits are reimbursable to ensure that individuals have equitable access to the modality that best meets their needs. **We caution against requirements that impose rigid in-person visit parameters or fail to account for patient and provider needs and preferences.**

Mahalo for the opportunity to testify on this important measure.

711 Kapiolani Boulevard
Honolulu, Hawaii 96813
Office: (808) 432-5210
Facsimile: (808) 432-5906
Email: jonathan.l.ching@kp.org

The Hawaiian Islands Association for Marriage and Family Therapy
(HIAMFT)
We know systems.We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Rep. Aaron Ling Johanson, Chair
Rep. Lisa Kitagawa, Vice Chair
DATE: February 15, 2022 2:00 PM. - VIA VIDEO CONFERENCE – Room 329

Testimony with Comments Supporting HB1980 HD1 RELATING TO TELEPHONIC SERVICES

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) supports the intent and purpose of HB1980 HD1 to the extent its ***net effect*** is an overall improvement and increased access to quality mental health services. HB1980 HD1 would allow the costs of treatment administered via telephone to be reimbursed by health insurance plans operating in Hawaii under certain circumstances. Mental health treatment through talk therapy, such as provided by Marriage and Family Therapists, fits squarely into the type of service covered by this proposal.

HB1980 HD1 provides that: "*Telephonic behavioral health services* ***may be covered only when****: (1) Telehealth services are technologically unavailable at the time the enrollee is scheduled to receive a behavioral health service; (2) The behavioral health service is a medically necessary, covered health care service; and (3) The health care provider has provided the enrollee with an in-person behavioral health service no longer than twelve months prior to the telephonic service*." (Underlining added.)

While devasting to public health and our economy, the COVID-19 pandemic has spurred revolutionary developments in telehealth. It is estimated that telehealth utilization had increased by over 300% to comply with social distancing protocols. The United States Department of Health and Human Services (DHHS) Assistant Secretary of Planning and Evaluation issued a policy brief[1] on February 2, 2022 highlighting the increased use of telehealth from 1% of visits, to 80% in some high-prevalence areas during the initial outbreak peak from March – April 2020; and that Medicare telehealth utilization increased 63-fold between 2019 and 2020.

The wisdom of "necessity is the mother of invention" couldn't be truer than with telehealth services. The efficiencies and improvements in patient health outcomes credited to remote treatment are unprecedented – and likely here to stay. Across the country, multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

[1] https://aspe.hhs.gov/sites/default/files/documents/4e1853c0b4885112b2994680a58af9ed/telehealth-hps-ib.pdf

As is confirmed by recent research, telephonic service is critical to improving access to several vulnerable groups of patients: (1) the elderly; (2) low-income; (3) mobility- challenged; (4) limited English proficient; and (5) rural residents (similar to many of our Hawai'i island residents). The disparities evident between the patients who use audio-only/telephone calls vs. the video-conferencing technologies of telehealth – during the pandemic - has been thoroughly researched and recognized by DHHS. The DHHS policy brief (entitled "National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services" reported:

> "[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video- enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage**. In a recent survey study, patients with a household income of $50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than $50,000....Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency.** In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree**."

We believe audio-only treatment is a critical measure in reaching vulnerable groups who do not have access to digital telehealth, either because they: lack of the financial means to obtain the necessary equipment or broad band service; live in rural and remote areas; do not have an adequate command of the English language to navigate the online platforms; or maybe because they are unfamiliar or uncomfortable using telehealth technologies.

Along this vein in increasing access and utilization - as a consumer *and* health equity matter, we respectfully ask this committee to determine whether the repeated language in this bill: "*Telephonic behavioral health services **may be covered only when**: . . .*" will invalidate existing coverage for telephonic treatment without such conditions; and whether offering such coverage should be left up to the individual plans.

To ensure adequate access and best patient outcomes, HIAMFT thus supports this proposal ***with important clarifying amendments*** - like to the language above; and to the language detailing the conditions required for coverage. The following phrases: "**technologically unavailable**" and "**medically necessary**" are not defined in this bill. We respectfully request this committee to provide clarifying amendments to ensure that clinically appropriate treatment is not barred from coverage by such vague language.

Also, HIAMFT would like to stress that a 12-month in-person meeting, in the behavioral health context, may be unnecessary, and **would in fact reduce the number of providers** by shutting down those who provide solely telehealth services. We would like to see appropriate latitude and discretion be afforded to mental health professionals to determine what is clinically advisable for their patient under the circumstances (this is after all, why we have licensing laws in the first place: To allow a trusted group to protect their patients well-being through clinical decision-making). For example, requiring a long-term long-distance patient with a mild disorder or anxiety to meet with their therapist in person may present an artificial, even harmful barrier. A patient who is otherwise functioning and adapting well to stressors,

would not need an in-person meet-up. Asking patients with a severe disability, or terminal condition (as is contemplated in the Our Care Our Choice proposals) to physically come to an office when such effort is unnecessary, and perhaps dangerous - would only seem to set them back. We don't want such a requirement – which in many cases would seem arbitrary - to dissuade patients from seeking treatment.

As a group practice owner and clinician, the language requiring an in-person meeting would effectively shut down my entire practice – as all my patients are remote.

Furthermore, it's our understanding that CMS has adopted language narrowly tailored to mental health contexts to allow telephonic services. We recommend this committee follow the lead of CMS and the pioneering work they are doing in this area to assure there are no gaps in access and coverage due to economics, age, disability, residence, and/or patient and provider preference.

We believe with important clarifications, ensuring audio-only treatment, as telehealth or otherwise, as a covered expense in the administration of mental health services is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions.

HIAMFT supports legislative action to ensure that time-tested modalities, like standard telephone conversations – equal in content, duration, and clinical outcomes as in-person or telehealth treatments, are available to patients; and not precluded from insurance reimbursement. HIAMFT also supports efforts to ensure that insurance laws and regulations do not create unnecessary barriers to the provision of appropriate treatment within the clinical judgment of providers.

Thank you for the opportunity to provide this testimony in strong support.

Sincerely,

John Souza Jr LMFT, DMFT

Dr. John Souza, Jr., LMFT, DMFT, President
The Hawaiian Islands Association for Marriage and Family Therapy

NASW HAWAI'I CHAPTER
National Association of Social Workers

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Aaron Ling Johanson, Chair
Rep. Lisa Kitagawa, Vice Chair
Tuesday, February 15, 2022 - 2:00pm - Conference Room 329 - videoconference

Testimony in Support with Comments on HB1980 HD1 HEALTH

The National Association of Social Workers – Hawai'i (NASW- HI) supports, with comments to help clarify the application and effect, HB1980 HD1, which authorizes insurance reimbursement for telephonic behavioral services in limited circumstances.

As we pivoted to a socially distant way of life over the last few years, we've come to appreciate the breadth and utility of telehealth services. However, several members of our community are unable to avail themselves of these services because they may not live in an area equipped with broadband coverage; or they may lack the resources to purchase a smartphone, tablet, or computer; or they are elderly or disabled and cannot operate equipment that require technological know-how or manual dexterity.

NASW-HI thus appreciates this proposal as it purports to "expand" access to quality mental health care. We note, however, the DCCA Insurance Commissioner's testimony in the last hearing of this measure, that this language might actually "restrict" coverage. We respectfully ask this committee to address the ambiguity in the proposed language, as well as language that prohibits coverage unless digital access is "technologically unavailable." It is also unclear as to what is "medically necessary". We are concerned that such requirements will result in onerous administrative oversight and present unnecessary and avoidable burdens, costs, and delays that are clinically unrelated to the care being administered.

Also concerning is the requirement that an in-person meeting occur every twelve months. This may not be advisable, clinically, in the behavioral health context; nor may it even be possible in so many circumstances - as social-distance protocols continue to be imposed.

We believe these clarifications are necessary because access to quality mental health services should be streamlined, and not constrained - as seems to possible under the current language. Allowing telephonic behavioral health treatment, whether qualifying as "telehealth" or otherwise, is critical to our collective recovery from the chronic stressors presented by the pandemic.

Furthermore, recent studies have indicated that several vulnerable populations prefer audio-only treatments; and that expanding coverage in this way will the meet the needs of the elderly, disabled, low-income, disenfranchised racial, ethnic, and linguistic groups, and many others who may simply utilize and respond better to telephonic treatment. On this access matter, the Dept. of Health and

Human Services recently issued policy brief (entitled "National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services"**,** reporting that:

> "[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video- enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage**. In a recent survey study, patients with a household income of $50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than $50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency.** In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree**."

There is such great demand and such a limited supply of providers, we want to enable and bolster all the methods that can be employed in addressing Hawaii's mental health needs. We thus support this proposal to the extent that it improves access to quality mental health services – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Thank you for the opportunity to provide this testimony in support

Sincerely,

Sonja Bigalke-Bannan, MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW
Executive Director,
National Association of Social Workers- Hawai'i Chapter

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAIʻI
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAIʻI 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 15, 2022

The Honorable Representative Aaron Ling Johanson, Chair
House Committee on Consumer Protection &Commerce
The Thirty-First Legislature
State Capitol
State of Hawaiʻi
Honolulu, Hawaiʻi 96813

Dear Representative Johanson and Committee Members:

SUBJECT: HB1980 HD1 Relating to Telephonic Services

The Hawaii State Council on Developmental Disabilities **SUPPORTS HB1980 HD1,** whichpermits, but does not require, Medicaid, insurance providers, and health maintenance organizations to cover telephonic behavioral health services under certain circumstances. Clarifies that telephonic services do not constitute telehealth.

COVID has shown that our intellectual and or developmental disability (I/DD) community members must turn more and more to internet-based supports. Some of these supports come in the form of telehealth appointments and Zoom based communication. COVID proved that many individuals within our I/DD community are part of a high-risk group that needed to rely on staying at home and using telehealth services more so than the average citizen. Many of our I/DD community members live in rural areas of our state and do not have easy access to highspeed broadband. These individuals found themselves without internet and many times without any form of support during the pandemic.

Permitting telephonic services as an option would help increase the capacity to take care of our I/DD community via telephonic health appointments. Telehealth is the preferred option; however, our community members can find themselves at times unable to connect via telehealth as it requires a high-speed internet connection to access video. There are instances in which our individuals only have access to their cell phone and would not be able to access video capability. Having telephonic services as an option could help alleviate these issues and increase the coverage of care for our individuals.

Thank you for the opportunity to submit testimony in **support of HB1980 HD1.**

Sincerely,

Daintry Bartoldus
Executive Administrator

Hawaii Association of Health Plans

LATE

February 13, 2021

The Honorable Aaron Ling Johanson, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Consumer Protection & Commerce

House Bill 1980 HD1 – Relating to Telephonic Services

Dear Chair Johanson, Vice Chair Kitagawa, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on HB 1980 HD1. HAHP is a statewide partnership of Hawaii's health plans and affiliated organizations to improve the health of Hawaii's communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

HAHP supports the intent of this measure to increase access to health care in Hawaii. Greater access to behavioral health services is needed throughout the state and especially in rural areas where the shortages of health care providers are most severe.

Thank you for allowing us to submit testimony on HB 1980 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan | UHA Health Insurance | UnitedHealthcare