



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

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

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CATHERINE P. AWAKUNI COLÓN
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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce and Consumer Protection
and
Senate Committee on Ways and Means**

**Friday, April 1, 2022
10:00 a.m.
Room 211 and Via Videoconference**

**On the following measure:
H.B.1980, H.D. 2, S.D. 1, RELATING TO TELEPHONIC SERVICES**

WRITTEN TESTIMONY ONLY

Chair Baker, Chair Dela Cruz, and Members of the Committees:

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 require Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system and defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

S.D. 1 of this bill removes language from H.D. 2 that amended Hawaii Revised Statutes (HRS) §§ 431:10A-116.3, 432:1-601.5, and 432D-23.5, that would have

created a definition of “telephonic services” and explicitly permitted health plans to provide coverage for those services. S.D. 1 of this bill adds a new definition, “interactive telecommunication system”, to HRS §§ 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g). This definition includes the phrase “provided further that the term shall have the same meaning as the term is defined in title 42, Code of Federal Regulations section 410.78, as amended.” See p. 7, lines 4-7; p. 11, lines 6-9; and p. 15, lines 12-15. We note that this phrase may lead to confusion, given that the definition of interactive telecommunication system proposed in S.D. 1 of this bill is similar, but not identical to, the definition in 42 CFR § 410.78(c).¹ Additionally, the Insurance Division’s authority to interpret this federal rule is unclear.

S.D. 1 of this bill also amends HRS §§ 431:10A-116.3(c), 432:1-601.5(c), and 432D-23.5(c), the subsections that require reimbursements for telehealth services, by inserting the phrase “by way of an interactive telecommunications system[.]” See p. 5, line 9; p. 9, line 5; and p. 13, line 8. We note that this creates an additional requirement that services must meet to be eligible for reimbursement. As amended by S.D. 1, a service would need to be **both** “telehealth” **and** provided through “an interactive telecommunication system” to trigger the reimbursement mandate.

S.D. 1 of this bill also amends the definition of “telehealth” in HRS §§ 431:10A-116.3(g), 432:1-601.5(g), and 432D-23.5(g) by changing the current exclusion for standard telephone contacts, facsimile transmissions, or e-mail text to read: “Except as otherwise provided in this section, standard telephone contacts, facsimile transmissions,

¹ 42 CFR § 410.78(c) provides:

Interactive telecommunications system means, ***except as otherwise provided in this paragraph***, multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology. ***A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.***

(emphasis added).

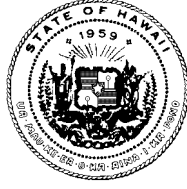
or e-mail text, in combination or by itself, does not constitute a telehealth service.” See p. 8, lines 7-8; p. 12, lines 9-10; and p. 16, lines 15-16. These amendments suggest that the bill includes amendments that would sometimes put standard telephone contacts, facsimile transmissions, or e-mail text within the scope of “telehealth.” However, there are no such amendments apparent in this bill. Therefore, the definition of “telehealth” would presumably continue to exclude standard telephone contacts, facsimile transmissions, or e-mail text, regardless of this bill. Additionally, it is unclear whether the amendments to the “telehealth” definition in S.D. 1 were unintentionally drafted to include facsimile transmissions and e-mail, given that S.D. 1 appears to primarily be concerned with audio-only contacts, but not text and e-mail contacts.

Additionally, because S.D. 1 does not bring standard telephone contacts within the scope of “telehealth”, standard telephone contacts would continue to not be subject to reimbursement under HRS §§ 431:10A-116.3(c), 432:1-601.5(c), and 432D-23.5(c) under the amendments proposed in S.D. 1.

Finally, we note that it is unclear whether current Medicare reimbursement policies for audio-only telehealth will continue indefinitely. The Consolidated Appropriations Act of 2022, in part, amends 42 U.S.C. 1395m(m) by providing that “[t]he Secretary shall continue to provide coverage and payment under this part for telehealth services ... as of the date of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the 151-day period beginning on the first day after the end of the emergency period[.]” The federal Dept. of Health and Human Services, Centers for Medicare and Medicaid Services was unable to confirm how long current Medicare reimbursement policies for audio-only telehealth will continue beyond the current public health emergency period without further congressional action.

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

LATE

March 31, 2022

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

The Honorable Senator Donovan Dela Cruz, Chair
Senate Committee on Ways and Means

FROM: Cathy Betts, Director

SUBJECT: **HB 1980 HD2 SD1 – RELATING TO TELEPHONIC SERVICES.**

Hearing: April 1, 2022, 10:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill, offers comments, and requests an amendment to align with the 2022 Medicare physician fee schedule per the SD1 amendments by providing a sunset date of December 31, 2023.

The Department respectfully requests an amendment to add a "drop-dead" and re-enactment provision to Section 8 of the measure. Notably, the definition of "Interactive Telecommunication Systems" added by the SD1 is Medicare's current definition added this past January 2022. Specific Medicare's telehealth codes relative to this definition will sunset on December 31, 2023. To keep Hawaii law aligned with Medicare and provide time to evaluate the broadening of telehealth's effectiveness, DHS requests the following:

SECTION 8. This Act shall take effect upon its approval and shall be repealed on December 31, 2023, and sections 346-59.1, 431:10A-116.3, 432:1-601.5, 432D-23.5, Hawaii Revised Statutes, shall be reenacted in the form in

which it read on the day prior to the effective date of this Act.

PURPOSE: The purpose of the bill requires Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system. Defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule. Effective 7/1/2050.(SD1)

The HD1 amended the measure by:

- (1) Specifying 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;
- (2) Clarifying that coverage of telephonic services by an insurer, mutual benefit society, or health maintenance organization is neither required nor prohibited;
- (3) Changing the effective date to July 1, 2060, to encourage further discussion; and
- (4) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

The HD2 made further amendments by:

- (1) Removing an inconsistency to clarify that telephonic behavioral health services may be covered by Medicaid, health insurers, mutual benefit societies, and health maintenance organizations; and
- (2) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

The SD1 made substantial amendments to the measure by:

- (1) Requiring that Medicaid, health insurers, mutual benefit societies, and health maintenance organizations cover services provided through telehealth by way of an interactive telecommunications system;
- (2) Defining "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule;
- (3) Removing language specifying that telephonic services do not constitute telehealth;
- (4) Inserting an effective date of July 1, 2050, to encourage further discussion; and
- (5) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

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 use telephonic modality for all types of clinical services,

including behavioral health services. The increased flexibility 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 with some limitations.

However, as Medicare noted in their final rules for the 2022 Medicare fee schedule, in which they modified the definition of telehealth to include audio-only interactive telecommunications for behavioral health services under certain circumstances, not all of the telehealth codes are permanently added to allow sufficient time to evaluate. Medicare has a sunset date of December 31, 2023.

"As CMS continues to evaluate the inclusion of telehealth services that were temporarily added to the Medicare telehealth services list during the COVID-19 PHE, we finalized that certain services added to the Medicare telehealth services list will remain on the list through December 31, 2023, allowing additional time for us to evaluate whether the services should be permanently added to the Medicare telehealth services list" (emphasis added).

Medicare is limiting the use of an audio-only interactive telecommunications system to mental health services furnished by practitioners who have the capability to furnish two-way, audio/video communications, but where the beneficiary is not capable of or does not consent to, the use of two-way, audio/video technology. They also clarified that mental health services could include services for treatment of substance use disorders (SUDs). Although federal Medicaid's definitions and guidelines regarding telehealth are very different than Medicare's, Hawaii's Medicaid program supports the Medicare definition of interactive telecommunication systems. Importantly, Hawaii's Medicaid program requires the caveat that it includes the

additional guardrails and sunset provision that Medicare outlined in its rule and more detailed guidelines.

Thank you for the opportunity to testify on this measure.

DAVID Y. IGE
GOVERNOR OF HAWAII



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

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
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TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
April 1, 2022

The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection
The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means
The Thirty-First Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Baker, Senator Dela Cruz, and Committee members:

SUBJECT: HB1980 HD2 HD1 Relating to Telephonic Services

The Hawaii State Council on Developmental Disabilities **SUPPORTS HB1980 HD2 HD1**, which requires Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system. Defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

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 HD2 HD1**.

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus
Executive Administrator



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection

And

Senate Committee on Ways and Means

Friday, April 1, 2022 at 10:00 a.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 Hawai'i at Mānoa

HB 1980 HD2 SD1 – RELATING TO TELEPHONIC SERVICES

Chairs Baker and Dela Cruz, Vice Chairs Chang and Keith-Agaran, and members of the committees:

Thank you for the opportunity to present testimony today. The John A. Burns School of Medicine (JABSOM) **supports HB 1980 HD2 SD1** which would 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 Hawai'i 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.

We note that Medicare and Medicaid pay equally for telephonic and telehealth services, recognizing the importance of telephonic services. 42 CFR § 410.78 defining telehealth services provides as follows:

“(3) Interactive telecommunications system means, except as otherwise provided in this paragraph, multimedia communications equipment that includes, at a

minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, **interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.** A modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.” Emphasis added.

One of the realities for Hawai'i 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.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129

April 1, 2022

TESTIMONY TO THE SENATE COMMITTEES ON COMMERCE AND CONSUMER PROTECTION AND WAYS AND MEANS

House Bill 1980, House Draft 2, Senate Draft 1 – Relating to Telephonic Services

The Disability and Communication Access Board (DCAB) supports House Bill 1980, House Draft 2, Senate Draft 1 Relating to Telephonic Services. This bill allows for telephonic behavioral health services to be covered in certain circumstances.

When telehealth services for a behavioral health appointment is not available for people with disabilities, it is important to proceed via telephone to complete the appointment.

Please note that telephonic services for persons with hearing or speech disabilities requires use of the telecommunications relay service (TRS) to communicate with health care providers. Health care providers should place and receive telephone calls through the TRS with patients who have hearing or speech disabilities to receive behavioral health services.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Kirby L. Shaw".

KIRBY L. SHAW
Executive Director



HAWAII MEDICAL ASSOCIATION

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SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION & WAYS AND MEANS

Senator Rosalyn H. Baker, Chair CPN

Senator Donovan M. Dela Cruz, Chair WAM

Senator Stanley Chang, Vice Chair CPN

Senator Gilbert S.C. Keith-Agaran, Vice Chair WAM

Date: April 1st, 2022

From: Hawaii Medical Association

Elizabeth England MD, Vice Chair, HMA Legislative Committee

William Scruggs MD, Member, HMA Legislative Committee

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: HB1980 HD2 SD1, Relating to Telephonic Services

Position: Support

To allow for safer and easier patient-provider interactions during COVID-19, there was a dramatic increase in telehealth. Patients who are elderly, have public insurance, are of Asian, African-American, or Hispanic heritage, and/or of a lower socioeconomic status were more likely to use audio-only communication for medical appointments¹. Audio-only services provide an invaluable means for marginalized populations that may not have access to internet to receive the healthcare they need.

Reducing barriers to care enables patients to continue to see their providers, even in times of hardship. A large review study of federally qualified health centers (FQHC) during the outbreak of the pandemic found that the number of patient visits for behavioral health appointments, which used a larger proportion of audio-only visits, remained unchanged, while specialties using a higher percentage of video appointments had a 6.5% decrease in visits². This indicates that telephone-based visits allowed more patients to continue their care. Audio-only telemedicine visits are also associated with a reduced time to follow-up visits³.

While it is imperative that we work to address the complex socioeconomic factors that lead to health disparities, providing an accessible means for disadvantaged populations to receive care is a step in the right direction. This need has been recognized on the federal level; the Center for Medicare and Medicaid Services (CMS) recently updated the definition of telehealth to include audio-only services for established patients receiving mental health or substance abuse disorder treatment⁴. HMA appreciates the amendments made in the Senate Committee on Health reflecting this definition.

Physicians have rapidly adopted telemedicine technologies to better serve our population. 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.

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



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REFERENCES

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2. Martin, R., Ambia, A. M., Holcomb, D. S., Wells, C., Nambiar, A., Roberts, S. W., McIntire, D. D., Harms, M., Duryea, E. L., & Nelson, D. B. (2022). Postpartum Audio-Only Virtual Visits Versus In-Person Follow-up in Women with Severe Hypertension. *American Journal of Obstetrics & Gynecology*, 226(1), S741–S742. <https://doi.org/10.1016/j.ajog.2021.11.1219>
3. Uscher-Pines, L., Sousa, J., Jones, M., Whaley, C., Perrone, C., McCullough, C., & Ober, A. J. (2021). Telehealth Use Among Safety-Net Organizations in California During the COVID-19 Pandemic. *JAMA*. <https://doi.org/10.1001/jama.2021.0282>
4. Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule | CMS. (n.d.). [www.cms.gov](https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule). <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule>

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



March 31, 2022

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

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

Re: HB 1980, HD2, SD1 – Relating to Telephonic Services

Dear Chair Baker, Chair Dela Cruz, Vice Chair Chang, Vice Chair Keith-Agaran, and
Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 1980, HD2, SD1, which requires Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system. Defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule. Effective 7/1/2050.

HMSA is a strong supporter of telehealth and was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote audio-visual patient-provider interaction allows for increased access and quality health care. We also acknowledge that digital health disparities are an important issue facing our community. Therefore, for those who lack access to the audio-visual technology necessary for telehealth visits, we support the appropriate use of audio-only telephonic services when an equitable level of clinical outcome is achieved.

While we appreciate the discussion surrounding this issue, we have concerns with the amendments made in the prior committee. Should this measure move forward, we respectfully request that the committees consider restoring the language found in House Draft 2.

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

Friday, April 1, 2022 at 10:00 AM
Via Video Conference

Senate Committee on Commerce and Consumer Protection

To: Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

Senate Committee on Ways and Means

To: Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

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

**Re: HB 1980, HD2, SD1 – Support
Relating to Telephonic Services**

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

I am writing in SUPPORT of HB 1980, HD2, SD1 which would require Medicaid, insurance providers and health maintenance organizations to cover health care services that are provided telephonically.

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.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members, Senate Committee on Commerce & Consumer Protection

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Senate Committee on Ways and Means

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

Date: April 1, 2022

Re: Support of HB 1980 HD2 SD1: 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 in support of HB 1980 HD2 SD1, which would require Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system and defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule. 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.

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.

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 HD2 SD1.



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The State Legislature
The Senate Committee on Commerce and Consumer Protection
The Senate Committee on Ways and Means
Friday, April 1, 2022
10:00 a.m.

TO: The Honorable Rosalyn Baker, Chair
The Honorable Donovan Dela Cruz
RE: H.B. 1980 H.D. 2, S.D.1 Relating to Telephonic Service

Aloha Chairs Baker and Dela Cruz and Members of the Committees:

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 strongly supports H.B 1980 H.D.2, S.D.1** which requires Medicaid, insurance providers and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system.

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 are pleased that this bill has been amended to allow audio-only telephonic communication be used when preferred by the patient. With the continued presence of COVID-19, many people are still 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 remains the preferred mode for communication for many

especially kupuna. Therefore, it is critical that audio-only is recognized as a valid telehealth modality.

Thank you very much for the opportunity to testify on **H. B 1980 H.D.2., S.D.1.**

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. López". The signature is written in a cursive style with a large, stylized initial "K".

Keali'i S. López
State Director



**Testimony to the Senate Joint Committee on Commerce and Consumer Affairs and
Ways and Means
Friday, April 1, 2022; 10:00 a.m.
State Capitol, Conference Room 211
Via Videoconference**

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

Chair Baker, Chair Dela Cruz, 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. 1980, Senate Draft 1, RELATING TO TELEHEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live 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:

- (1) Require insurance reimbursement for services provided through telehealth by way of an "interactive telecommunications system"; and
- (2) Define "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

This bill 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).

This bill would also take effect on July 1, 2050.

Testimony on House Bill No. 1980, Senate Draft 1
Friday, April 1, 2022; 10:00 a.m.
Page 2

At the outset, the HPCA wishes to thank the Senate Committee on Health (HTH) for incorporating the amendments we proposed for this bill. From our perspective, this issue is fundamentally one of equity for the patients who are covered by private insurance with those who are covered by Medicare and Medicaid.

We firmly assert that private insurers cannot justify why benefits that are required under Medicare and Medicaid should not likewise be required for private insurers.

Shortly after this measure was reported by HTH, the HPCA met with HMSA to see whether a compromise could be reached. Despite good faith efforts on our part, HMSA declined to participate.

In light of this, the HPCA asks that this bill be amended by correcting the effective date and recommending that it be approved on Third Reading in a form appropriate for enrollment.

We greatly appreciate all that the Senate has done to protect rural and isolated communities, patients in need of mental health services, and our Kupuna.

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@hawaiiipca.net.



Testimony to the Senate Committee on Commerce and Consumer Protection and the
Senate Committee on Ways and Means
Friday, April 1, 2022
10:00 a. m.
Conference Room 211 and via videoconference

Re: HB 1980 HD 2 SD 1, RELATING TO TELEPHONIC SERVICES

Dear Chair Baker, Vice Chair Chang, Honorable Members of the Senate Committee on Commerce and Consumer Protection, Chair Dela Cruz, Vice Chair Keith-Agaran, and Honorable Members of the Senate Committee on Ways and Means:

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 strongly supports HB 1980 HD 2 SD 1, RELATING TO TELEPHONIC SERVICES, which would require Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system. The bill also defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

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 2 SD 1, and we urge you to recommend its passage.

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

Very sincerely,

A handwritten signature in black ink that reads "Gary Simon".

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





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 COMMERCE AND CONSUMER PROTECTION

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

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

DATE: April 1, 2022 10:00 A.M. - VIA VIDEO CONFERENCE – Room 211

The Hawai'i Psychological Association (HPA) strongly supports HB1980 HD2 SD1 and respectfully requests these committees to correct this bill's defective effectiveness date to expedite passage of this critical legislation to greatly expand access to behavioral health for vulnerable groups, like the elderly, low-income, and rural residents.

Recent research indicates strong disparities between those who use audio versus video services – particularly along racial, ethnic, linguistic, financial, and age-specific lines. On February 2, 2022, the United States Department of Health and Human Services (DHHS) issued a policy brief entitled "National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services"¹ which 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.**"*

This bill recognizes these disparities and adopts the solution adopted by the Centers for Medicare and Medicaid Services (CMS) in its definition of "interactive telecommunications system." The CMS approach promises to expand access and improve patient outcomes.

Research indicates that behavioral health services administered over the telephone are as effective as in-person therapy. In one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: "**telephone-administered**

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

psychotherapy can produce significant reductions in depressive symptoms. Attrition rates were considerably lower than rates reported in face-to-face psychotherapy.”

We applaud the Senate for its efficiency, decisiveness, and integrity by capitalizing on the trailblazing work in telehealth policy done on the federal level – as it applies to our publicly funded health insurance plans. We believe this approach rightfully balances access, care, equity, utilization, and costs. It is also beneficial to private insurers in Hawaii who also provide coverage under CMS – providing parallel administrative mechanisms and opportunities to streamline and ultimately lower costs.

The pandemic has had devastating effects not only to our public health system and economies, but to our collective mental health. 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 for quality mental health services.

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

Sincerely,

A handwritten signature in cursive script that reads "Alex Lichton, Ph.D.".

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

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

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

DATE: April 1, 2022 10:00 A.M. - VIA VIDEO CONFERENCE – Room 211

Testimony in Strong Support on **HB1980 HD2 SD1 HEALTH**

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports this measure which requires Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an "interactive telecommunications system," defined to match the 2022 Medicare physician fee schedule final rule.

We only respectfully request these Committees to amend this bill with a valid effectiveness date, so that upon agreement by the House, we have a bill ready for the Governor.

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.

This bill removes barriers to access for so many disenfranchised members of our society who do not use the video technology required for telehealth. Recent studies have indicated that several vulnerable populations prefer audio-only treatments; and that expanding coverage in this way will 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 strongly support this proposal as 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,

 MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawaii'i Chapter



The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)

We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

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

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

DATE: April 1, 2022 10:00 A.M. - VIA VIDEO CONFERENCE – Room 211

Testimony in STRONG SUPPORT on HB1980 HD2 SD1 RELATING TO TELEPHONIC SERVICES

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB1980 HD2 SD1, which promises an overall improvement and increased access to quality mental health services by incorporating the federal CMS definition of “interactive telecommunications system” to allow:

“services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, [where] interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology . . .”

HIAMFT believes this language achieves a well-reasoned balance based on robust research, analysis, and deliberation on audio-only telehealth conducted at a federal level.

HIAMFT also appreciates the Senate position on this matter recognizing the parity in clinical effectiveness achieved by audio-only mental health treatment through “talk therapy”, such as frequently provided by Marriage and Family Therapists. Not only does audio-only talk therapy help our patients just as effectively, (and sometimes more effectively) than in-person or video meetings, the telephonic services allowed in this proposal will increase access to and utilization by several marginalized populations.

We furthermore recommend this committee amend this bill with an effective date so that a clean bill is ready for the governor’s signature on this vital and landmark healthcare access legislation.

“Telehealth” Innovation Should Not Forfeit Access to Those Incapable of Using this Technology

Phone: (808) 291-5321 Email: hawaiianislandsmfts@gmail.com Address: PO Box 698 Honolulu, HI 96709 Website: www.hawaiimft.org Social Media: FB - @mfthawaii, IG - @hawaiimft

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. However, as much as we need to embrace change, we should not turn our back on old reliable tools to meeting our most vulnerable. 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 brief¹ 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.

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.** 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 uncomfortable using high technology.

Thank you for the opportunity to testify in STRONG SUPPORT on this critical access to care legislation.

Sincerely,



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

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



April 1, 2022 at 10:00 am
Via Videoconference

Senate Committee on Commerce and Consumer Protection

To: Chair Rosalyn H. Baker
Vice Chair Stanley Chang

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

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

Re: Testimony in Support
HB 1980 HD 2 SD 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 30,000 people statewide.

We write today to provide **support** of 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 quality of care and appreciate that this measure is a step in that direction.



LATE

March 30, 2022

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

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

House Bill 1980 HD2 SD1 – Relating to Telephonic Services

Dear Chair Baker, Chair Dela Cruz, Vice Chair Chang, Vice Chair Keith-Agaran, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide comments on HB 1980 HD2 SD1. 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 appreciates the intent of this measure as well as the ongoing dialogue surrounding telehealth and telephonic services. We do however have some concerns with the language in the current version of the bill. Therefore, we respectfully request that the HD2 version of this bill be restored should the committees decide to move this measure forward.

Thank you for the opportunity to provide comments on HB 1980 HD2 SD1.

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

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chairs Rosalyn Baker and Donnavon DelaCruz, and Members of the Senate Committees on Commerce and Consumer Protection, and Ways and Means.

From: Dr. Denis Mee-Lee, Legislative Committee Chair, Hawaii Psychiatric Association
Hawaii Psychiatric Medical Association

Time: 1:00 p.m., April 1, 2022

Re: HB 1980 HD 2 SD1, RELATING TO TELEPHONIC SERVICES.

Position: **SUPPORT**

LATE

Dear Chair Baker and Chair DelaCruz, and Members of the Committees:

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of HB 1980 HD 2 SD1, Relating to Telephonic Services. This bill requires Medicaid, health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth by way of an interactive telecommunications system. Defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

HPMA represents between 100 and 200 Physicians, who, after four years of medical school, receive a minimum of four (4) additional years of specialty training in Psychiatry.

Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association and the Hawaii Psychiatric Medical Association support the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient, protects patient autonomy, confidentiality, and privacy; and when used consistent with APA policies on medical ethics and applicable governing law.

Thank you for allowing HPMA the opportunity to testify on this important measure.

HB-1980-SD-1

Submitted on: 3/30/2022 10:12:55 AM

Testimony for CPN on 4/1/2022 10:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| lynne matusow | Individual | Support | Written Testimony Only |

Comments:

I used telehealth several times during the pandemic. It was a godsend. Telehealth can be utilized for many purposes. Of course, there are times when a personal visit to a physician, clinic, hospital will be required. However, as new technologies in many fields offer different modes to reach a solution, they must be incorporated into law. I urge you to support this bill.

HB-1980-SD-1

Submitted on: 3/30/2022 4:33:12 PM

Testimony for CPN on 4/1/2022 10:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| micah gauthier | Individual | Support | Written Testimony Only |

Comments:

As a veteran who uses and needs telephonic access to medical providers, this has been an absolute necessity. I am appalled that it would even be considered for removal prior or post pandemic. I have physical and mental needs and have experienced times when unable to appear in person. Further these past two years have proven the absolute need for telehealth. To take this away you will be robbing veterans of opportunities for a better life.

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

DATE: April 1, 2022, 10:00 A.M. - VIA VIDEO CONFERENCE – Room 211

Testimony in STRONG SUPPORT on HB1980 HD2 SD1 RELATING TO TELEPHONIC SERVICES

I am working towards becoming a Marriage and Family Therapist and support HB1980 HD2 SD1, which promises an overall improvement and increased access to quality mental health services by incorporating the federal CMS definition of “interactive telecommunications system” to allow:

“services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, [where] interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology . . .”

This language achieves a well-reasoned balance based on robust research, analysis, and deliberation on audio-only telehealth conducted at a federal level.

I appreciate the Senate’s position on this matter recognizing the parity in clinical effectiveness achieved by audio-only mental health treatment through “talk therapy”, such as frequently provided by Marriage and Family Therapists. Not only does audio-only talk therapy help our patients just as effectively, (and sometimes more effectively) than in-person or video meetings, the telephonic services allowed in this proposal will increase access to and utilization by several marginalized populations.

I recommend this committee amend this bill with an effective date so that a clean bill is ready for the governor’s signature on this vital and landmark healthcare access legislation.

“Telehealth” Innovation Should Not Forfeit Access to Those Incapable of Using this Technology

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. However, as much as we need to embrace change, we should not turn our back on old reliable tools to meeting our most vulnerable. 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 brief¹ 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

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

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.

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.** 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:

“Our 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.**”

I 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 uncomfortable using high technology.

Thank you for the opportunity to testify in STRONG SUPPORT on this critical access to care legislation.

Sincerely,

Danni Sutana Gardner, MBA



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Fae Torres, Maui Self-Advocacy Advisory Council, Vice Chair

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

The 16 Self-Advocacy Advisory Council members of Maui are in support of HB1980 HD2 SD1 Relating to Telephonic Services



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Cheryl Obrero, East Hawai'i Self-Advocacy Advisory Council, Chair

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

The 7 Self-Advocacy Advisory Council members of East Hawai'i are in support of HB1980 HD2 SD1 Relating to Telephonic Services



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Lois Phillips, West Hawai'i Self-Advocacy Advisory Council Member

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

The 21 Self-Advocacy Advisory Council members of West Hawai'i are in support of HB1980 HD2 SD1 Relating to Telephonic Services.



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Deziree Tacub, Kaua'i Self-Advocacy Advisory Council, Chair

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

The 17 Self-Advocacy Advisory Council members of Kaua'i are in support of HB1980 HD2 SD1 Relating to Telephonic Services.



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Joshua Ige, Lana'i Self-Advocacy Advisory Council, Chair

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

As the only Self-Advocate on the island of Lana'i, the Lana'i Self-Advisory Council of Lana'i, I am in support of HB1980 HD2 SD1 Relating to Telephonic Services.



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Brandon Reny-Wong, Moloka'i Self-Advocacy Advisory Council, Chair

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

The 7 Self-Advocacy Advisory Council members of Moloka'i are in support of HB1980 HD2 SD1 Relating to Telephonic Services.



TO: Dear Honorable Senator Rosalyn Baker, Chair, Senate Committee on Commerce and Consumer Protection

Dear Honorable Senator Stanley Chang, Vice Chair, Senate committee on Commerce and Consumer Protection

Dear Honorable Senator Donovan M. Dela Cruz, Chair, Senate Committee on Ways and Means

Dear Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair, Senate Committee on Ways and Means

FROM: Bathey Fong, O'ahu Self-Advocacy Advisory Council, Chair and President of the Hawai'i State Advocacy Advisory Council

SUBJECT: HB1980 HD2 SD1 Relating to Telephonic Services

The 98 Self-Advocacy Advisory Council members of O'ahu are in support of HB1980 HD2 SD1 Relating to Telephonic Services.