



HO'OLA LAHUI HAWAI'I
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February 1, 2022

COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Testimony in Support of HB 2021

Relating to Health

Thursday, February 3, 2022 9:00 AM via Videoconference, Room 329

Ho'ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to permit those who are licensed and credentialed in Hawaii to prescribe while not being physically present in the state. Providers who are eligible to prescribe will be required to have a Hawaii DEA and NED number and be affiliated with an existing health care facility. Prescriptions will be limited to controlled substances on schedules 3-5 and the provider would NOT be eligible to prescribe opioids.

HLH has a contract with an out of state psychiatric provider who can see patients but cannot prescribe scheduled drugs for anxiety and other mood disorders. This legislation would permit such prescriptions under certain conditions. Current statutes require the provider be physically present in the state of Hawaii. Given today's telehealth environment it is important that all providers licensed in Hawaii be given the same ability to prescribe need medications for those with psychological challenges whether currently in the state or on the continental United States.

We strongly support the passage of this bill so that complete psychiatric care is fully supported through telemedicine.

Respectfully,

David Peters
Chief Executive Officer

HB-2021

Submitted on: 2/1/2022 1:18:14 PM

Testimony for HHH on 2/3/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kapono Chong-Hanssen	Ho`ola Lahui Hawai`i / Kaua`i Community Health Cen	Support	No

Comments:

As the medical director for Ho`ola Lahui Hawai`i, the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kaua`i, I support this bill. Current legislation prevents providers who reside out of the state of Hawai`i from prescribing controlled substances even if they are licensed and credentialed within the state of Hawai`i. With the expansion of telehealth, this scenario is becoming more commonplace, particularly for psychiatric care given the shortage of psychiatric providers on neighbor islands. By preventing these providers from prescribing controlled substances, the duties of refilling controlled substances is shifted to providers in Hawai`i, usually primary care providers like myself. The status quo prevents Hawai`i from fully taking advantage of the benefits of telehealth services and shifts unnecessary additional responsibility to primary care providers who are also in short supply and prone to burnout. For example, our community health center has contracted with a psychiatric nurse practitioner from out of state to help address access and care needs often required for these patients to access benefits from the department of human services. Out of concern for our patients, our primary care providers agreed to coordinate all of the controlled substance medication refills on behalf of this provider, usually stimulants and benzodiazepenes, that are commonly part of psychiatric care. We have now been carrying this extra duty for over a year and a half now hoping that legislation will change the rule so providers from out of state can utilize the full scope of medications to practice as independently as we do.

Another example where the status quo is problematic is when one of our providers goes on vacation and we need to arrange coverage. It is common for health care entities to employ locum tenens physicians from out of state, but they are also prevented from prescribing controlled substances. Once again, this responsibility is shifted to one of our primary care providers who resides in Hawai`i, because the covering locum tenens provider is unable to prescribe them.

While we understand the need to regulate improper prescribing of controlled substances within the state of Hawai`i, particularly opiates, the legislative status quo is crippling to telehealth and places unnecessary responsibility on already overburdened Hawai`i primary care providers. Please consider passing this bill.

Damien Kapono Chong-Hanssen, MD

Medical Director - Ho'ōla Lāhui Hawai'i/Kaua'i Community Health Center

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THE QUEEN'S HEALTH SYSTEMS

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

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

Date: February 3, 2022

Re: HB 2021: Relating to Health

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 2021, which would authorize state-licensed and credentialed physicians, advanced practice registered nurses, and physician assistants, who are not physically in Hawai'i, to issue prescriptions for certain controlled substances under a limited circumstance and authorizes pharmacies to dispense such prescriptions. Queen's appreciates the intent of this measure and supports efforts to expand its applications, however, we would like to raise a potential issue with whether the proposed language conflicts with federal Ryan-Haight Act provisions which requires an in-person visit prior to prescribing a controlled substance and/or whether the proposed changes would conflict with federal law following the current public health emergency.

Queen's provides a number of telemedicine specialties in areas such as, but not limited to, stroke and neurology, pulmonology, psychiatry, wound care, and critical care. Telehealth programs assist with connecting our four hospitals and allow our health care workers to provide care to patients in their local communities. In particular, Since the start of the COVID-19 pandemic, Queen's has made substantial strides in shifting to telehealth as a modality of quality care for patients.

Thank you for allowing Queen's to provide comments on HB 2021.

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.



February 3, 2022

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

Re: HB 2021 – Relating to Health

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2021, which authorizes state-licensed and credentialed physicians, advanced practice registered nurses, and physician assistants, who are not physically in the State, to issue prescriptions for certain controlled substances under a limited circumstance. Authorizes pharmacies to dispense such prescriptions.

HMSA understands and values the use of telehealth to increase access to health care in our state. We would however like to provide comments cautioning against unintentionally increasing the prevalence of opioid use in Hawaii. This measure is quite broad in allowing the prescription of controlled substances in Schedules III, IV, and V. Most opioids are classified as Schedule II controlled substances; however, there are some opioids that are Schedules III, IV, and V (e.g. tramadol, codeine, etc.) We believe that physical exams are needed to establish a differential diagnosis for common pain complaints, which are not feasible via telehealth.

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

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lōkahi

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Honolulu, Hawaii 96813

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House Committee on Health, Human Services, & Homelessness

Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice-Chair

Thursday, February 3, 2022, 9:00AM, Videoconference

Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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Ho'ola Lahui Hawaii

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University of Hawai'i

Hawai'i State Department of Health

Na Pu'uwai

Office of Hawaiian Affairs

Executive Director

Sheri-Ann Daniels, EdD

RE: HB 2021 – Relating to Health

Position: STRONG SUPPORT

Dear Chair Yamane, Vice Chair Tam, and Members of the Committees on Health, Human Services, & Homelessness,

Papa Ola Lokahi stands in **support** of HB 2021 as a means of increasing access to behavioral health providers and ensuring quality of patient care and safety, weighted to providers that are familiar with the unique demographics and social environment of Hawai'i.

The longstanding provider shortage in mental and behavioral health exacerbated by COVID-19 and economic recession has heightened concerns for marginalized communities. Kaiser Family Foundation reported (July 2020) that adult mental health and well-being was negatively impacted in aspects such as difficulty sleeping or eating, increased alcohol consumption or substance use, and worsening chronic conditions.¹ Access to psychiatric care is paramount to sustain community wellness, and outpatient psychiatric services allow individuals to receive preventive and maintenance services, which may lower risk for hospitalization or incarceration. In addition, State action to expand access to psychiatric health services through telehealth can leverage federal infrastructure investments in broadband.²

Neighbor island access to psychiatric care remains a key challenge in providing sufficient care. The Medicaid population has grown by 32% during the pandemic³ and a November 2020 report indicated a state psychiatrist shortage of 22% varied widely when disaggregated by county (Honolulu (13%), Hawai'i (53%), Maui (27%), and Kaua'i (28%)), reflect the particular difficulty for the families and individuals on neighbor islands. These factors, along with increased demand and the limited number of psychiatric providers willing to care for QUEST patients, create a difficult environment for access for rural communities, those with inadequate or inconsistent broadband connectivity, and more.

Given these data, we strongly support this measure, which should increase access to behavioral health providers by contracting providers residing in other states. To ensure quality of services and patient safety, we support the components of the measure that require that out-of-state telehealth providers to hold the same standards for licensure/credentialing through the Narcotics Enforcement Division and Drug Enforcement Agency and work through contract with a local provider (e.g. the Native Hawaiian Health Care Systems). We also support limiting out-of-state prescriptive authority to Schedule 3, Schedule 4, and Schedule 5, so that Schedule 2 substances remain under the direct supervision of a provider residing and practicing within the State.

The wise practices assured by this bill may serve as a sustainable model for behavioral health care delivery for our State moving through the pandemic. It is important that our State continue to examine multiple means to achieve increased access to health services, reduce provider shortages, and reduce health disparities within our communities. Passing this measure will be one step in that direction.

Thank you for the opportunity to testify in **strong support** of this important legislation.

¹ Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

² The White House. (2021). Fact Sheet: The Bipartisan Infrastructure Deal.

<https://www.whitehouse.gov/briefing-room/statements-releases/2021/11/06/fact-sheet-the-bipartisan-infrastructure-deal/>

³ Pasia, N. (2021). Hawaii Med-QUEST on upcoming eligibility redetermination: "It's our kuleana".

<https://stateofreform.com/news/hawaii/2021/11/hawaii-med-quest-on-eligibility-redetermination-its-our-kuleana/#:~:text=Med%2DQUEST%20enrollments%20have%20increased,tied%20to%20the%20state's%20economy.>



February 1, 2021

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

House Bill 2021 – Relating to Health

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide **comments** on HB 2021. 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 believes that telehealth is an important modality for increasing access to health care in Hawaii, including mental health care and in rural areas where the shortages of healthcare providers is most severe. This measure allows out-of-state physicians, advanced practice nurses, and physician assistants to prescribe controlled substances on Schedules III, IV, and V to people in Hawaii. While most opioids are classified as Schedule II, there are some opioids in Schedules III, IV, and V, such as tramadol and codeine. We believe that physical, in-person exams are necessary to establish a differential diagnosis for common pain complaints and do not believe telehealth is an appropriate modality for this health care issue.

Thank you for allowing us to provide comments on HB 2021.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

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

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Ryan Yamane, Chair of the
House Committee on Health, Human Services, &
Homelessness

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB2021 – Relating to Health

Hearing: February 3, 2022, 9a.m.

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

Thank you for the opportunity to submit testimony regarding HB2021. HAPN has reviewed the testimony from the companion bill (SB2152) and we stand with the Department of Public Safety and Director Otani in **opposition** of this measure. HAPN has always been advocates of improved access to care, however, with this bill, our concern is SAFE access to care. We have members of our organization who live in Hawaii, provide healthcare via telehealth, and own telehealth practices working to meet the healthcare needs of our State. We take the rules of the Ryan Haight Act and the HRS with the NED seriously.

With the pandemic, we have noticed a surge in online telehealth providers who are outside of the State of Hawaii, with some allowed to practice here without a license as the emergency proclamations have been in place. Some may now be licensed here and they are treating our community. Allowing this bill into law would allow providers to prescribe into Hawaii prescriptions for benzodiazepines – the next “opioid” epidemic. This could allow clinics to exist who participate in ketamine infusions or substance abuse treatment without providers having to be onsite or in the State. There are other controlled substances within these categories that require careful consideration and monitoring by the Department of Public Safety. Our organization does not believe this is safe access to care.

HAPN’s mission, to be the voice of Advanced Practice Registered Nurses in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii which led us to full practice authority. We have played an important role to improve the physical and mental health of our communities.

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

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

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