



April 14, 2022

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

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

Re: HCR 66, HD2 – Requesting the establishment of a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance.

Dear Chair Keohokalole, Chair Baker, Vice Chair Chang, and Committee Members:

Hawaii Medical Service Association (HMSA) is in strong support of HCR 66, HD2, which requests the establishment of a telehealth and telephonic services working group to address appropriate use and insurance coverage of these services.

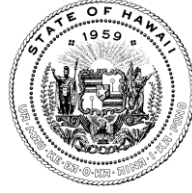
HMSA is a strong supporter of telehealth and was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote audio-visual patient-provider interaction allows for increased access and quality health care. We also acknowledge that 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.

As the technology and understanding of appropriate use of these services has changed and evolved in the years since the creation of the original telehealth state statutes and regulations, we believe that the establishment of this working group is timely. We are interested in participating as one of the two representatives from the health insurance industry if that is the pleasure of the working group chairperson.

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

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



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
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
AND
SENATE COMMITTEE ON HEALTH
Tuesday, April 19, 2022
10:00 a.m.
Room 225 and Via Videoconference**

On the following measure:

H.C.R. 66, H.D. 2, REQUESTING THE ESTABLISHMENT OF A TELEHEALTH AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS THE COMPLEXITIES SURROUNDING THE APPROPRIATE USE OF TELEHEALTH AND TELEPHONIC SERVICES, BY SPECIALTY CARE AREA, AND COVERAGE OF THESE SERVICES BY HEALTH INSURANCE.

Chair Baker, Chair Keohokalole, 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 resolution.

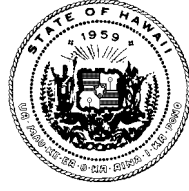
This resolution requests the establishment of a "Telehealth and Telephonic Services Working Group ... to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance[.]" to be co-chaired by the Chair of the House of Representatives Committee on Health, Human Services, and Homelessness, or the Chair's designee and the Chair of the Senate Committee on Health, or the Chair's designee.

The resolution further provides that the working group is to include as a member, the Insurance Commissioner, or the Insurance Commissioner's designee.

The adoption of telehealth services has reduced barriers to care during the COVID-19 public health emergency. The law on coverage for telehealth currently provides that reimbursement levels for telehealth and for the same service provided via face-to-face contact are equivalent. The National Association of Insurance Commissioners commented in a January 27, 2022 letter to the U.S. Department of Health and Human Services that the use of telehealth should be one factor in determining sufficient network coverage, but its value should be carefully considered and balanced with making in-person care sufficiently available. Telehealth is clinically different than in-person care and may not provide the same level of care in some situations.

Thank you for the opportunity to testify on this resolution.

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

April 14, 2022

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health

The Honorable Senator Rosalyn Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Cathy Betts, Director

SUBJECT: **HCR66 HD2 – REQUESTING THE ESTABLISHMENT OF A TELEHEALTH
AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS THE
COMPLEXITIES SURROUNDING THE APPROPRIATE USE OF TELEHEALTH
AND TELEPHONIC SERVICES, BY SPECIALTY CARE AREA, AND
COVERAGE OF THESE SERVICES BY HEALTH INSURANCE.**

Hearing: April 19, 2022, 10:00 a.m.
Via Videoconference, State Capitol

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

PURPOSE: The purpose of the resolution is to request the establishment of a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance. Requesting the Chairs of the House of Representatives Committee on Health, Human Services, & Homelessness and Senate Committee on Health, or their designees, to convene the Working Group and serve as its co-chairs and permitting the co-chairs to invite other individuals to be members of the Working Group. Workgroup members also include the Med-QUEST administrator or designee. (HD2).

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. DHS MQD agrees that the topic merits further discussion and will gladly participate in such a workgroup if convened.

Thank you for the opportunity to testify on this measure.



**Testimony to the Senate Joint Committee on Health and Commerce and Consumer
Protection
Tuesday, April 19, 2022; 10:00 a.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: HOUSE CONCURRENT RESOLUTION NO. 066, HOUSE DRAFT 2, REQUESTING THE ESTABLISHMENT OF A TELEHEALTH AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS THE COMPLEXITIES SURROUNDING THE APPROPRIATE USE OF TELEHEALTH AND TELEPHONIC SERVICES, BY SPECIALTY CARE AREA, AND COVERAGE OF THESE SERVICES BY HEALTH INSURANCE.

Chair Keohokalole, Chair Baker, 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 offers **COMMENTS** on House Concurrent Resolution No. 066, House Draft 2.

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.

As received by your Committee, this Concurrent Resolution would convene a Telehealth and Telephonic Services Working Group under the auspices of the House Committee on Health, Human Services, and Homelessness, and the Senate Committee on Health, to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance.

The HPCA does not believe this Concurrent Resolution is warranted since neither the enactment of legislation nor the adoption of a Concurrent Resolution is necessary for a Standing Committee of the Hawaii State Legislature to convene a working group to address a substantive issue within its jurisdiction.

Testimony on House Concurrent Resolution No. 066, House Draft 2
Tuesday, April 19, 2022; 10:00 a.m.
Page 2

When you examine this issue, it really is quite simple from a public policy standpoint. If a benefit is available under Medicare and Medicaid, shouldn't it also be required for private insurers? That is the question this Legislature must decide.

This Senate has taken the position on House Bill No. 1980, Senate Draft 2, that yes, indeed, private insurers should be required to reimburse for audio-only telehealth services, and for that, the HPCA commends and greatly appreciates your support.

As we see it, support for this Concurrent Resolution undermines the Senate's position on House Bill No. 1980, Senate Draft 2. It is a legislative statement that the bottom line for a single insurer, albeit the largest private insurer in the market, is more important than the accessibility of basic health care to some of the most vulnerable and isolated communities throughout the State.

Is that the statement this Legislature and this Senate want to make?

For this reason, the HPCA respectfully urges this Committee to file this measure and stay firm in its support of House Bill No. 1980, Senate Draft 2.

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.



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 Jarrett Keohokalole, Chair
The Honorable Rosalyn Baker, Vice Chair
Members, Senate Committee on Health

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

Date: April 19, 2022

Re: Support of HCR66, HD2: REQUESTING THE ESTABLISHMENT OF A
TELEHEALTH AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS
THE COMPLEXITIES SURROUNDING THE APPROPRIATE USE OF
TELEHEALTH AND TELEPHONIC SERVICES, BY SPECIALTY CARE AREA,
AND COVERAGE OF THESE SERVICES BY HEALTH INSURANCE

The Queen's Health Systems (Queen's) is a non-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,600 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 HCR66, HD2 which requests the establishment of a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance.

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 has particular interest in the deployment and utilization of telehealth services for our neighbor island patients and facilities (Molokai General Hospital and North Hawai'i Community Hospital). As such, Queen's would welcome the opportunity to be a member of the working group.

Thank you for the opportunity to testify in support of HCR66, HD2.

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.



DISABILITY AND COMMUNICATION ACCESS BOARD

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

April 19, 2022

TESTIMONY TO THE HOUSE COMMITTEES ON HEALTH AND ON CONSUMER PROTECTION AND COMMERCE

House Concurrent Resolution 66, House Draft 2 – Requesting the Director of Health to Establish a Telehealth and Telephonic Services Working Group to Address the Complexities Surrounding the Appropriate Use of Telehealth and Telephonic Services, by Specialty Care Area, and Coverage of these Services by Health Insurance

The Disability and Communication Access Board (DCAB) supports House Concurrent Resolution 66, House Draft 2.

Telehealth is a valuable option for people with disabilities. Telehealth appointments assist patients with mobility disabilities who may have transportation difficulties in attending in-person appointments. Patients with disabilities who have certain underlying conditions may be at a higher risk for severe illness from COVID-19 and will have an option to schedule telehealth appointments.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KIRBY L. SHAW
Executive Director



April 14, 2022

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

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

HCR 66 HD2 – Requesting the establishment of a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance.

Dear Chair Keohokalole, Chair Baker, Vice Chair Chang, and Committee Members:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify in **support** of HCR 66 HD2. 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.

The COVID-19 pandemic has highlighted how valuable telehealth and other remote forms of care are important modalities of health care service delivery. Greater access to quality health care services is needed throughout the state and especially in rural areas where the shortages of health care providers are most severe.

Therefore, we support the establishment of a working group to further discuss and identify the appropriate use and insurance coverage levels of telehealth and telephonic services in the state.

Thank you for allowing us to testify in support of HCR 66 HD2.

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



April 19, 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 Health

To: Chair Jarrett Keohokalole
Vice Chair Rosalyn H. Baker

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

Re: Testimony in Support
HCR 66 HD 2, Requesting the establishment a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance

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.

Thank you for the opportunity to testify in **support** of this resolution, which seeks to create a better understanding of and opportunities for the use of telephonic telehealth in the state. The pandemic radically changed patient and provider use of telehealth and it is clear that this modality of care will become a permanent preference for many. However, there are remaining questions about how to best use and provide telehealth, whether that be through store and forward technology, audio-visual platforms, or through telephonic means.

Hawaii has long been at the forefront of telehealth policy and a working group that discussing the appropriate use and expansion of telephonic telehealth in the state will allow continued innovation on this issue. Thank you for your consideration of this important issue.

DAVID Y. IGE
GOVERNOR OF HAWAII



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

LATE

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
April 19, 2022

The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health
and
The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection
The Thirty-First Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Keohokalole, Senator Baker and Committee members:

SUBJECT: HCR66 HD2

The Hawaii State Council on Developmental Disabilities **SUPPORTS HCR66 HD2**, which requests the establishment of a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance.

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.

Telehealth and telephonic health are keyways to provide health care for individuals with developmental disabilities (DD). A working group to explore in more detail the nuances of implementing and maximizing the use of telehealth and telephonic services would help our DD community.

Thank you for the opportunity to submit testimony in **support of HCR66 HD2**.

Sincerely,

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

Daintry Bartoldus
Executive Administrator



1001 Bishop Street | Suite 625 | Honolulu, HI 96813-2830
1-866-295-7282 | Fax: 808-536-2882
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LATE

The State Legislature
The Senate Committee on Commerce and Consumer Protection
The Senate Committee on Health
Tuesday, April 19, 2022
10:00 a.m.

TO: The Honorable Rosalyn Baker, Chair

The Honorable Jarrett Keohokalole, Chair

RE: Comments on HCR 66, HD2 -Concurrent Resolution to Establish Telehealth-Telephonic Working Group

Aloha Chairs Baker and Keohokalole, 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 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.

Regarding HCR 66, HD2 which is requesting the establishment of a telehealth and telephonic services working group to address the complexities surrounding the appropriate use of telehealth and telephonic services, AARP respectfully wishes to make our comments.

AARP Hawai'i is concerned that this resolution, which would establish a working group on audio-only, would unnecessarily delay the adoption of and prevent access to an important method of care delivery. Our preference is to see the successful passage of HB 1980, SD2 which would ensure access to audio-only services and which AARP has been supporting this session. The Senate amended bill allows audio-only telephonic communication to be used when preferred by the patient.

During the past two years of the COVID-19 pandemic, the use of telehealth, including through audio-only delivery, has been proven to be an effective tool to improve access health care and 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. While many older adults utilize the full suite of telehealth modalities, others – particularly those in rural and underserved communities with limited internet access – have benefitted greatly from the availability of audio-only access to telehealth services.

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 computer and others lack reliable internet connection. A telephone remains the preferred mode for communication for many, especially kupuna. Therefore, it is critical that audio-only is recognized as an acceptable option for the delivery of care. Several states have already changed their policies to allow for the delivery telehealth through audio-only, which only underscores its accepted importance.

Thank you very much for the opportunity to comment on **HCR 66, HD2**.

Sincerely,

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

Keali'i S. López
State Director

LATE

HCR-66-HD-2

Submitted on: 4/18/2022 11:06:00 AM

Testimony for HTH on 4/19/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Hawaii Self Advocacy Advisory Council	Testifying for Hawaii Self Advocacy Advisory Council	Support	Written Testimony Only

Comments:

The Hawaii Self Advocacy Advisory Council Stands in strong support of HCR66 HD2

LATE

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chairs Jarrett Keohokalole and Rosalyn Baker, and Members of the Senate Committees on Health and Commerce and Consumer Protection.

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

Time: 10:00 a.m., April 19, 2022

Re: HCR 66 HD2 REQUESTING THE ESTABLISHMENT OF A TELEHEALTH AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS THE COMPLEXITIES SURROUNDING THE APPROPRIATE USE OF TELEHEALTH AND TELEPHONIC SERVICES, BY SPECIALTY CARE AREA, AND COVERAGE OF THESE SERVICES BY HEALTH INSURANCE.

Position: **SUPPORT**

Dear Chairs Keohokalole and Baker and Members of the Committees:

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of HCR 66 HD2, Requesting the establishment of a telehealth and telephonic services working group to address the complexities surrounding appropriate use of telehealth and telephonic services, by specialty care area, and coverage of these services by health insurance.

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.

As Telehealth technology continues to evolve with a powerful potential to address and ameliorate rural access issues, we believe that establishing this working group is timely. HPMA is grateful to be named and interested in participating as a member of this Working Group.

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



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 HEALTH

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

DATE: April 19, 2022 10:00 A.M. - VIA VIDEO CONFERENCE – Room 225

COMMENTS on SCR 66 HD2 Regarding a TELEHEALTH AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS COMPLEXITIES, APPROPRIATE USE, AND COVERAGE BY HEALTH INSURANCE

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) appreciates the opportunity to provide these comments on SCR 66 HD2, which seeks to establish a legislatively-led working group to discuss and evaluate whether and how audio-only telephonic healthcare should be covered by Hawaii's private health insurance plans (page 2, lines 1-5).

First, HIAMFT appreciates the work of the Senate on the numerous Audio-only Telehealth bills proposed this session, and for recognizing the parity in clinical effectiveness achieved by audio-only mental health treatment through "talk therapy," frequently provided by Marriage and Family Therapists. Not only does audio-only therapy help our patients just as effectively (and sometimes more effectively) than in-person or video meetings, telephonic services increases access and utilization by marginalized populations.

The HCR66 working group is specifically tasked to consider: (1) peer-reviewed research, studies and modeling; (2) Guidelines from the Centers for Medicare and Medicaid Services (CMS); and (3) appropriate insurance coverage levels for telephonic healthcare (page 3, lines 27-41).

HIAMFT believes this working group is unnecessary because the analyses and findings the group is expected to engage have already been achieved by the federal government. Moreover, **the Senate has**

fully and conclusively addressed these questions in HB1980 HD2 SD2 RELATING TO TELEPHONIC SERVICES, which harmonizes the coverage requirements for Hawaii’s private health insurers with that of the federal Centers of Medicare and Medicaid.

There is no need to reinvent the wheel and dedicate state resources on matters already evaluated. In its amendments to HB1980, your Committees have made clear – as both a health equity and consumer protection matter - **that the insurance coverage requirements of our federal taxpayer-funded health plans should also apply to private plans.**

SCR66’s Three Considerations

As to the working group’s first consideration: (1) peer-reviewed research, studies and modeling. Robust research and evaluation have already been conducted by the Federal Department of Health and Human Services Office of Health Policy, as presented in this February 2022 policy brief, entitled “[National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services](#)”, finding significant disparities between patients who use audio-only/telephone calls vs. those engaging in the video-conferencing technologies of telehealth during the pandemic. This DHHS policy brief 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.**”

As is confirmed by this 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.** We believe audio-only treatment is sometimes the only means of reaching populations which 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.

The working group’s second consideration is to consider: (2) Guidelines from the federal Department of Health and Human Services CMS. HB1980 HD2 SD2 *fully* considers the CMS Guidelines by actually

adopting CMS’s definition of “Interactive Telecommunications System,” as amended, directly from Title 42, Code of Federal Regulations Section 410.78 so private coverage mirrors Medicare. Pinning Hawaii’s law and policy on the analyses and determinations made by our federal government is simple, clean, efficient, and promises to streamline the administration of coverage by the Hawaii-based insurance companies who also participate in Medicare/Medicaid.

Finally, regarding the working group’s third consideration, (3) appropriate insurance coverage levels. HIAMFT believes this boils down to a policy call – for which these committees already have adequate information make; and have and conclusively and competently addressed in HB1980n HD2 SD2.

As the private insurers testifying on SCR66 HD2 rightfully assert in their testimony, legislative action on this issue is indeed “timely.” In fact, it is **URGENT**. We already know from the extensive research and studies done by federal authorities that too many vulnerable populations are falling through the cracks of the digital divide . . . TODAY. Swift and impactful legislative action, like HB1980 HD2 SD2, is needed NOW.

We are still battling a pandemic. We cannot afford to wait on the findings of this working group. Further delay in taking legislative action on this question is a confirmation of the status quo: legislative deference to the business decisions of private insurers on matters relating to clinical outcomes and quality of care. After all that we’ve learned through the pandemic, we believe it’s time to shift the law and policy to afford greater deference to the clinicians who are navigating the difficult conditions within which their patients find themselves. They continue to be essential workers and deserve to be compensated fairly for that work.

Thank you for the opportunity to provide these comments.

Sincerely,

A handwritten signature in black ink that reads "John Souza, Jr., LMFT, DMFT". The signature is written in a cursive style.

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



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiiipscychology.org

Phone: (808) 521 -8995

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

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

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

LATE

DATE: April 19, 2022 10:00 A.M. - VIA VIDEO CONFERENCE – Room 225

Comments on HCR66 -REQUESTING THE ESTABLISHMENT OF A TELEHEALTH AND TELEPHONIC SERVICES WORKING GROUP TO ADDRESS THE COMPLEXITIES SURROUNDING THE APPROPRIATE USE OF TELEHEALTH AND TELEPHONIC SERVICES, BY SPECIALTY CARE AREA, AND COVERAGE OF THESE SERVICES BY HEALTH INSURANCE.

The Hawai'i Psychological Association (HPA) believes this resolution is unnecessary as the matters this working group is tasked to analyze are fully addressed in HB1980 HD2 SD2.

The working group proposed by this measure would create a forum to consider factors that have already been well-researched, and for which our federal government has made very clear policy calls. HB1980 HD2 SD2 adopts the federal position and creates consistency, predictability, and stability across the gamut of publicly-funded and private health insurance plans alike.

The federal approach adopted in HB1980 HD2 SD2 is grounded in recent and continuing research indicating strong disparities between those who use audio versus video healthcare 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*

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

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 thank these Committees for recognizing these disparities in the amendments it has made to HB1980 HD2 SD2, and specifically for adopting the the Centers for Medicare and Medicaid Services (CMS) definition of “interactive telecommunications system” directly from Title 42, Code of Federal Regulations Section 410.78. Since SCR66’s Working Group is asked to consider CMS Guidelines, we expect the working group to also see the value in CMS’s approach. Thus, there is no reason for delay.

As a matter of health equity and consumer protection, HPA firmly believes that benefits covered under Medicaid and Medicare should also be covered by private insurance. Because that is the only true policy question that HCR66’s working group would address, we encourage these committees to instead focus its efforts on black-letter legislation through HB1980 HD2 SD2 - which reduces barriers to healthcare for those in need **immediately**.

Moreover, there is significant research concluding that behavioral health services administered over the telephone is just as **effective as face-to-face therapy**. In fact, in one study published in *Clinical Psychology: Science and Practice* (v15 n3, September 2008), researchers concluded that: “**telephone-administered 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 through the amendments it has made to HB1980 HD2 SD2. We believe that bill is a better approach that competently and swiftly balances access, care, equity, utilization, and costs. An approach that errs on the side of assuring access to vulnerable populations who don’t have time to wait for a working group to recognize their needs.

Thank you for the opportunity to provide comments on HCR66.

Sincerely,



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 HEALTH

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

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HCR 66 HD2 – COMMENTS on Audio-only Telehealth Working Group

The National Association of Social Workers – Hawai'i (NASW- HI) provides these comments on HCR66, which establishes a working group to address the complexities associated with the appropriate use of telehealth and telephonic services by specialty care area, and coverage of these services by health insurance. We believe HB1980 HD2 SD2 is the more appropriate, effective, and ethical approach.

First, the federal government has already grappled with the “complexities” presented to this potential working group. Expending state resources on a working group to do such analysis is unnecessary.

What the Federal Department of Health and Human Services - Office of Health Policy already determined¹ is that several members of our community are unable to avail themselves of telehealth services because they do 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.

HB1980 HD2 SD2 bridges the digital divide now; solving the questions presented to HCR 66's working group by adopting federal law through the Centers of Medicare and Medicaid Services definition of an “interactive telecommunications system;” as “defined in title 42, Code of Federal Regulations section 410.78, as amended.”

If the federal government determined that audio-only telehealth is good enough for Medicare/Medicaid, it should be good enough for Hawaii's Private Insurance Plans. HCR66 only delays much needed access to care provided through private health insurance; when our taxpayer-funded health plans already provide coverage. We can't afford to delay access to care we already know to be effective through the pandemic. HB1980 HD2 SD2 is effective almost immediately – when we need it.

There is such great demand and such a limited supply of providers, we must enable and bolster all means to address Hawaii's mental health needs. If patients prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Sincerely,

 , MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai'i Chapter

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

HCR-66-HD-2

Submitted on: 4/18/2022 11:10:08 AM

Testimony for HTH on 4/19/2022 10:00:00 AM

LATE

Submitted By	Organization	Testifier Position	Testify
Kaili SWAN	Individual	Support	In Person

Comments:

I Stand and support of HCR66 HD2