



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

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

335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Tuesday, April 5, 2022
2:00 p.m.
Room 329 and Via Videoconference**

**On the following measure:
H.R. 60, H.D. 1, REQUESTING THE INSURANCE COMMISSIONER 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.**

Chair Johanson and Members of the Committee:

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

This resolution requests the Insurance Commissioner 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[.]”

We respectfully request that the Insurance Commissioner not be designated to establish and chair this working group. As discussed below, the Insurance Division lacks staff expertise regarding the issues identified in this resolution and would, therefore, not be able to provide adequate leadership to this working group.

The resolution provides that the working group is to consider:

(1) All available peer-reviewed research, studies, and models for telehealth, audio-only telephonic services, and other modalities of remote care and whether use of these remote care services can ensure quality health care patient outcomes, by specialty care area;

(2) Guidelines and requirements from the Centers for Medicare and Medicaid Services and Hawaii Med-QUEST for telehealth, audio-only telephonic services, and other modalities of remote care, by specialty care area; and

(3) Appropriate health insurance coverage levels for telehealth and audio-only telephonic services, by specialty care area[.]

First, the Insurance Division does not have staff with expertise or background in reviewing peer-reviewed publications related to delivering healthcare and does not possess staff with the scientific or medical background appropriate for overseeing a discussion of such publications and whether the use of these remote-care services can ensure quality healthcare patient outcomes.

Second, “Guidelines and requirements from the Centers for Medicare and Medicaid Services and Hawaii Med-QUEST” apply to Medicare and Med-Quest coverage that is outside the Insurance Division’s jurisdiction. As such, the Insurance Division does not have staff experience in interpreting and applying such guidelines. The Insurance Division would not be able to appropriately guide a discussion assessing these guidelines.

Third, although the Insurance Division regulates commercial health insurance, assessing “appropriate coverage levels ... by specialty area” would appear to require a comparison of the efficacy of services when delivered in-person versus via telehealth, and to conduct this comparison across multiple specialty areas. The Insurance Division staff does not have background or expertise in assessing the differences in efficacy of services delivered in-person versus via telehealth.

The Insurance Division is willing to serve as a member of the working group proposed in this resolution. However, as discussed above, it lacks the necessary staff

expertise to assess the broad set of issues covered by this resolution. Therefore, the Insurance Division would be unable to provide the oversight necessary to establish and chair this working group.

Thank you for the opportunity to testify on this resolution.



DISABILITY AND COMMUNICATION ACCESS BOARD

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

April 5, 2022

TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

House Concurrent Resolution 66, House Draft 1/House Resolution 60, House Draft 1 –
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 1 and House Resolution 60, House Draft 1.

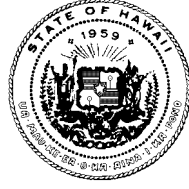
Telehealth is a valuable option for people with disabilities. Telehealth appointments
assist patients with mobility disabilities who may have transportation difficulties in
attending in-person appointments. Patients with disabilities who have certain underlying
conditions may be at a higher risk for 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

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 4, 2022

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

FROM: Cathy Betts, Director

SUBJECT: **HCR66 HD1/ HR60 HD1– REQUESTING THE INSURANCE
COMMISSIONER 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.**

Hearing: April 5, 2022, 2:00 p.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 Insurance Commissioner 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 workgroup is to include Med-QUEST administrator or designee (HD1).

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.



April 5, 2022 at 2:00 pm
Via Videoconference

House Committee on Consumer Protection and Commerce

To: Chair Aaron Ling Johanson
Vice Chair Lisa Kitagawa

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

Re: **Testimony in Support**
HCR 60 HD 1/HR 66 HD 1, 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 Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

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. We would suggest that it would be appropriate to include a representative from the Healthcare Association of Hawaii on this measure since the use of telehealth for individuals receiving post-acute care in nursing facilities or through home health and hospice should be part of this discussion.

Thank you for your consideration of this important issue.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Aaron Johanson, Vice Chair Lisa Kitagawa, and Members of the House Committee on Consumer Protection and Commerce.

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

Time: 2:00 p.m., April 5, 2022

Re: HCR 166 HD1 / HR 60 HD1 REQUESTING THE INSURANCE COMMISSIONER 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.

Position: **SUPPORT**

Dear Chair Johanson and Members of the Committee:

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of HCR 166 HD1 / HR 61 HD1, Requesting the insurance commissioner to establish 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.