

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

March 16, 2021

TO: The Honorable Representative Ryan Yamane, Chair
House Committee on Health, Human Services and Homelessness

FROM: Cathy Betts, Director

SUBJECT: **SB 1258 SD1 – RELATING TO TELEHEALTH.**

Hearing: Thursday, March 18, 2021, 10:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments with concerns.

The Senate Committee on Health amended the measure by defecting the effective date. The Senate Committee on Commerce & Consumer Protection passed the measure unamended.

PURPOSE: The purpose of the bill allows for standard telephone contacts for telehealth purposes. Effective 7/1/50.

The coronavirus pandemic has substantially altered how people access health care services. Use of telehealth has significantly expanded over the past year helping to address some gaps in care when in-person visits were not feasible.

Telehealth itself also expanded during the pandemic. Both federal and state rules and laws were suspended or changed allowing standard telephone calls for telehealth.

As noted in the pre-amble, standard telephone calls have been particularly valuable during the public health emergency (PHE) for the Medicaid population for health equity reasons given the population's lack of access to computers, smartphones, or broadband necessary for telehealth modalities such as videoconferencing. Standard telephone calls have been used in

healthcare long before the PHE and will continue as an important modality for healthcare access. In prior testimony, DHS outlined concerns regarding the federal Office of Civil Rights' rules limiting the use of audio-only tele-health visits. While this issue has been resolved, concerns remain regarding standard telephone calls to be considered the equivalent of a face-to-face visits beyond the PHE.

In Hawaii, telehealth is considered the equivalent of an in-person face-to-face visit, including financial parity. Although, highly supportive of standard telephone calls as one modality for care delivery when a physical exam is not necessary, a telephone call does not have the same costs as an in-person visit, nor always produce the same health outcomes. While telephone calls have been shown to be clinically effective for some services such as behavioral health, a standard telephone call may not produce the same health outcomes and/or be inappropriate for many other health services. Finally, nationally, telephone call medical visits have been prone to program integrity issues of misuse, over-utilization, and abuse. The Centers for Medicare and Medicaid services program integrity efforts have found increased fraud and abuse in the areas of telephone medical visits in the prescribing of high-cost durable medical equipment, high-cost drugs, and pain medications.

Nonetheless, the pandemic has demonstrated the value of standard telephone contacts for healthcare access for the Medicaid population. Thus, Med-QUEST (MQD) Division is actively engaged with community health centers and with Medicaid health insurers to develop guidelines for the continued use of expanded audio-only visits once the PHE ends that would also have appropriate safeguards in place addressing some of the issues of clinical appropriateness, program integrity, and financial parity. MQD is able to continue and implement policy changes for standard telephone calls without this bill modifying. Modifying the definition of telehealth to allow standard telephone calls, which are the equivalent of face-to-face visit, will create challenges to completing this work.

Thank you for the opportunity to offer comments.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health, Human Services, & Homelessness
Thursday, March 18, 2021 at 10:00 a.m.

By

Jerris R. Hedges, MD, Dean
Lee Ellen Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO
John A. Burns School of Medicine
University of Hawai'i at Mānoa

SB 1258 SD1 – RELATING TO TELEHEALTH

Chair Yamane, Vice Chair Tam, and members of the committee:

Thank you for this opportunity to testify in **strong support** of SB 1258 SD1, which allows for standard telephone contacts for telehealth purposes.

This bill amends language in HRS §346-59.1, §431:10A-116.3, §432:1-601.5, and §432D-23.5 to allow standard telephone contacts for telehealth services. During the onset of the Coronavirus Pandemic, it was found that this language needed to be clarified in order to align with other CMS telehealth exemptions that allowed for the use of telephone (i.e., audio only) for telehealth visits.

The COVID-19 pandemic has resulted in an increased use of telehealth services and further demonstrated the digital divide – problems with devices, internet, sufficient bandwidth or digital literacy. Telephonic only (audio only telehealth visits) have proven absolutely critical for maintaining connection and care for the elderly and many others who do not have access to smart phones, iPads or computers with webcams. The proposed amendments expand access to health care services especially for patients and families who live in rural areas and/or are otherwise unable to receive the care they need.

Many of the highest-risk patients reside in Medically Underserved Areas, are part of Medically Underserved Populations, or reside in federally-designated health professional shortage areas. Elderly, as well as medically- and socially-complex patients often face transportation barriers. These determinants of health, as well as social- or cultural-isolation can often impede seeking care or follow-up after a doctor's appointment or hospitalization.

Even as pandemic-related restrictions are reduced, telehealth is here to stay. This measure greatly improves the continuation of patient care for this most vulnerable population. Thank you for this opportunity to testify in strong support of this measure.



**Testimony to the House Committee on Health, Human Services, & Homelessness
Thursday, March 18, 2021; 10:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: SENATE BILL NO. 1258, SENATE DRAFT 1, RELATING TO TELEHEALTH.

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 1258, Senate Draft 1, RELATING TO TELEHEALTH.

The bill, as received by your Committee, would codify the suspension of statutes that prohibit the use of telephone services under telehealth. The bill would also take effect on July 1, 2050, to facilitate continued discussion on this issue.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

Following efforts on the federal level to relax regulations on telehealth in both Medicare and Medicaid, the Governor suspended various statutes that specifically prohibited the use of telephone services from telehealth coverage. Government agencies found that for many of the elderly -- especially in rural areas -- they do not have adequate access to computers, smart phones, and broadband connection to make traditional telehealth methods feasible. Also, because of geographic isolation, many find their land line telephone as their only link to health care providers. With the suspension of these statutes, the Department of Human Services has been able to establish procedures that allow for telephone services to be incorporated into the provision of health care services in Medicaid.

Testimony on Senate Bill No. 1258, Senate Draft 1.

Thursday, March 18, 2021; 10:00 a.m.

Page 2

For people with adequate broadband access, telehealth was intended to be a lifeline for the provision of essential primary health care services. Yet, because rural and underprivileged communities lack adequate broadband access, they are effectively cut off from primary care. Many are forced to bear their maladies until it became necessary to go to the emergency room.

The Governor's suspension of statutes that prohibit the use of standard telephonic service in telehealth has temporarily eased this inequity. For those without adequate broadband, at least for now, they are able to obtain basic primary care services over landline telephones. But that is neither adequate, tenable, nor fair to the thousands of citizens who lack broadband access.

Unless the Legislature codifies this suspension into law, health care providers will only be able to use telephonic services in telehealth as long as the Governor's Emergency Proclamation is valid. It should also be noted that *In Re Certified Questions from the United States District Court, Western District of Michigan, Southern Division (Midwest Institute of Health, PLLC v. Governor)*, Docket No. 161492 (October 2, 2020), the Michigan Supreme Court determined that dozens of Michigan executive orders issued to fight the coronavirus pandemic were unconstitutional.

The ruling invalidated orders ranging from business restrictions to mask mandates, and forced the Michigan State Legislature to return from recess early to enact many of these directives into law. Ruling in the case, the Michigan Supreme Court held, among other things, that the law authorizing the Governor to act in times of public emergency violated the constitution **because it delegated to the executive branch the legislative powers of state government indefinitely.**

Lastly, we want to emphasize that for our member FQHCs, telephonic telehealth is considered the method of last resort for engaging patients. Only when all other means are not available is telephonic telehealth utilized.

For these reasons, the HPCA urges your favorable consideration of this important measure.

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.



SB1258 SD1 Telehealth Edits

COMMITTEE ON HEALTH, HUMAN SERVICES & HOMELESSNESS,

- Rep. Ryan Yamane, Chair; Rep. Adrian Tam, Vice Chair
- Thursday Mar 18, 2021: 10:00: Videoconference

Hawaii Substance Abuse Coalition Supports SB1258 SD1:

ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

HSAC supports the edits to facilitate Telehealth. No one doubts the efficacy of face to face, yet we see the value of telehealth to reach so many more people in need, especially in rural areas and for people with less mobility.

We appreciate the opportunity to provide testimony and are available for questions.



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**The State Legislature
The House
Committee on Health, Human Services and Homelessness
Thursday, March 18, 2021
10:00 a.m.**

TO: The Honorable Ryan Yamane, Chair

RE: S.B. 1258, SD 1 Relating to Telehealth

Aloha Chair Yamane and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i.

AARP Hawai'i supports S.B. 1258, SD1 which allows standard telephone contact for the purpose of telehealth be used by medical professionals to provide necessary care to a patient at home.

During the COVID-19 pandemic, changes made to expand the use of telehealth have proven invaluable to thousands of residents. Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. In the future, greater use of telehealth services should continue to increase access to health providers, including specialists, facilitate the sharing of clinical information for evaluation, and allow more older residents to remain in their homes and communities.

Allowing audio-only telehealth (standard telephone) helps improve access to people living in areas without sufficient broadband service and those who may not be able to afford or use devices that allow video technology.

Thank you very much for the opportunity to support S.B. 1258, SD 1.

Sincerely,

A handwritten signature in black ink, appearing to read "Keali'i Lopez".

Keali'i Lopez, AARP Hawai'i

State Director

Testimony of
Jonathan Ching
Government Relations Manager

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

March 18, 2021
10:00 a.m.
Via Videoconference

Re: SB 1258 SD1, Relating to the Telehealth

Chair Yamane, Vice Chair Tam and committee members, thank you for this opportunity to provide testimony on SB 1258 SD1, which allows for standard telephone contacts for telehealth purposes.

Kaiser Permanente Hawai‘i offers the following COMMENTS on SB 1258 SD1 and requests an amendment.

Kaiser Permanente Hawai‘i is Hawai‘i’s largest integrated health system that provides care and coverage for approximately 260,000 members. Each day, more than 4,400 dedicated employees and more than 600 Hawai‘i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai‘i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

Kaiser Permanente Hawaii also provides access to high-quality care through audio-only telephone visits as part of our integrated approach to care delivery, and we believe this modality is important to offer for individuals who do not have access to, or may not be comfortable with using, video conferencing technology. Therefore, we support the inclusion of audio-only telephone as part of the definition of “telehealth.” However, while we support appropriate payment for all telehealth modalities, given that the costs associated with different types of visits/encounters can vary substantially, we would not be in favor of mandating that all telehealth modalities be reimbursed at parity with in-person visits.

We offer the following amendments to SB 1258 SD1. These amendments would have the effect of permitting health insurers and providers to negotiate appropriate reimbursement rates for audio-only telephone visits, remote monitoring services, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange.

Proposed amendments to SB 1258 SD1:**1. In Section 2: Amend HRS §346-59.1(b) to read:**

(b) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

2. In Section 3: Amend HRS §431:10A-116.3(c) to read:

(c) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

3. In Section 4: Amend HRS §432:1-601.5(c) to read:

(c) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

4. In Section 5: Amend HRS §432D-23.5(c) to read:

(c) Reimbursement for services provided through telehealth , but not audio-only telephone, remote monitoring, secure interactive, and non-interactive web-based communication, and secure asynchronous information exchange, shall be equivalent to reimbursement for the same services provided via face-to-

face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.

We ask the committee to adopt our proposed amendments for SB 1258 SD1. Mahalo for the opportunity to testify on this important measure.

SB-1258-SD-1

Submitted on: 3/16/2021 3:37:44 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

Planned Parenthood Votes Northwest and Hawaii supports SB 1258, SD1. Thank you!



March 16, 2021

To: COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS
Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

Re: Strong Support of SB 1258 SD 1

Hrg: Thursday, March 18, 2021 at 10:00 am.

The Hawai'i Public Health Association (HPHA) is a group of over 400 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy. Issues around social justice and equity in areas that extend beyond the traditional context of health (e.g., education, digital equity, cultural sensitivity), can have profound impacts on health equity and well-being. Therefore, as stewards of public health, HPHA is advocating for equity in all policies.

The purpose of this bill is to allow for the use of standard telephone contact for telehealth purposes. The use of standard telephone contacts for telehealth benefits underserved and low-income communities where cellular data plans and broadband services needed for video calls are not feasible options for many residents.

Telehealth is an important care delivery method to improve access to healthcare for underserved communities. Telehealth services should be available in an equitable fashion through easily available technologies that are accessible to everyone, especially for those with limited English proficiency and limited access to technology. Audio-only communication is especially important for those in rural and low-income populations that lack internet access.¹

HPHA supports standard telephone contact for telehealth delivery of services to ensure access to healthcare for all of our communities and to achieve health equity.

Thank you for the opportunity to submit testimony for SB 1258 SD 1.

Respectfully submitted,

A handwritten signature in black ink that reads 'Holly Kessler'.

Holly Kessler
Executive Director
Hawaii Public Health Association



March 18, 2021

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

Re: SB 1258 SD1 – Relating to Telehealth

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1258, SD1, which allows for standard telephone contacts for telehealth purposes. Effective 7/1/50.

As a strong supporter of telehealth, HMSA was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. While HMSA does support standard telephone contacts as a form of care delivery, it does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Therefore, we respectfully request that SB 1258 SD1 be amended to insert the following language:

Section 2: Section 346-59.1, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”

Section 3: Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”

Section 4: Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”



Section 5: Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”

Thank you for allowing us to testify on SB 1258 SD1. Your consideration of our comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew W. Sasaki', written in a cursive style.

Matthew W. Sasaki
Director, Government Relations

SB-1258-SD-1

Submitted on: 3/16/2021 6:45:28 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kunal Parekh MD	Oahu Kidney Care	Support	No

Comments:

I am a medical doctor in private practice and support telehealth.

Many of my patients have multiple roadblocks to care and telehealth opens access to care to those who otherwise would not receive it.



March 18, 2021

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

Re: SB 1258 SD1 – Relating to Telehealth

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1258, SD1, which allows for standard telephone contacts for telehealth purposes. Effective 7/1/50.

As a strong supporter of telehealth, HMSA was the first health plan in the nation to provide a telehealth platform: HMSA Online Care. We believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. While HMSA does support standard telephone contacts as a form of care delivery, it does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

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Section 3: Section 431:10A-116.3, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”

Section 4: Section 432:1-601.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”



Section 5: Section 432D-23.5, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows: *Reimbursement for services provided through telehealth, but not through standard phone contacts, shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient. Nothing in this section shall require a health care provider to be physically present with the patient at an originating site unless a health care provider at the distant site deems it necessary.*”

Thank you for allowing us to testify on SB 1258 SD1. Your consideration of our comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew W. Sasaki', written in a cursive style.

Matthew W. Sasaki
Director, Government Relations



HAWAII MEDICAL ASSOCIATION

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HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND HOMELESSNESS

Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

Date: March 18, 2021
From: Hawaii Medical Association
Michael Champion MD, President
Christopher Flanders DO, HMA Legislative Liaison
Stephen Kemble MD, HMA Legislative Liaison
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee
Linda Rosehill, Legislative Affairs

Re: SB 1258 SD1, Telehealth; Allows for standard telephone contacts for telehealth purposes.

Position: SUPPORT

The COVID-19 pandemic of the last year has created a substantial expansion of telehealth within physician practices. According to the American Medical Association, the use of telehealth between physicians and their patients increased an estimated 5,000% over pre-COVID levels, and Hawaii is no exception. It has been established that telehealth can provide safe, effective care when used under proper circumstances, and has been a popular modality among many patients.

This measure will positively impact access for Hawaii's elderly patients as well as those patients in rural/underserved areas and low income households, who only have standard telephonic service. We applaud the state lawmakers in these efforts to maintain this vital healthcare connection for our most vulnerable Hawaii patients who cannot afford or use the devices for video technology.

Hawaii was a relatively early adopter of telehealth and has had statutory language for well over a decade. The explosion of use during the 2020 pandemic has offered the opportunity to fine tune current regulation. The HMA feels strongly that the Hawaii Board of Medicine maintain an avenue of control over all licensed providers under its purview. We ask state leaders to exercise caution if telehealth care is rendered across state lines. The HMA will continue tracking and researching all telemedicine advances and policies, focusing on quality and safety standards for the care of our Hawaii patient ohana.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Thomas Kosasa, MD



**WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER**
www.wcchc.com

**Testimony to the House Committee on Health, Human Services, & Homelessness
Thursday, March 18, 2021; 10:00 a.m.
State Capitol Via Videoconference**

RE: SENATE BILL 1258, SD1: RELATING TO TELEHEALTH.

Chair Rep. Ryan Yamane, Vice Chair Rep. Adrian Tam, and Members of the Committee on Health, Human Services, & Homelessness

My name is Stephen Bradley, MD, and I am the Chief Medical Officer of the Waianae Coast Comprehensive Health Center. **I am testifying in support of Senate Bill No. 1258, SD1 RELATING TO TELEHEALTH to encourage time for further discussion on the importance of utilizing telehealth services via standard telephonic contact after the end of the public health emergency to address the needs of vulnerable populations, especially those served by Federally Qualified Health Centers. A telephonic option is a health lifeline for many that we serve.**

With the advent of the COVID pandemic in our islands, it drastically changed the way primary care is delivered to the most vulnerable among our population. Restrictions on mass gatherings, the necessity (and often lack of) personal protective equipment, the need to reconfigure examination and waiting area facilities has made it even more difficult for patients in rural and underprivileged communities to access health care and fear of contagion has worsened this dire situation.

Telehealth rapidly expanded as a means to assure the provision of proper continuing care to patients, allowing them to consult with their health care providers, review test and referral results or order such, perform necessary counseling, and maintain surveillance and therapy. However, not everyone has access to smart phones and broadband service to utilize telehealth as it was intended, especially in underserved areas such as ours.

In practice, a sizeable number of our adult population has no computer in the home and is limited to a land line for communication. Through the power of the Electronic Medical Record, a telephonic visit is not a mere conversation, but a gateway to the full services of the Health Center which allows a marked expansion of the capacity for care even with this modest technology. Our health center has been carefully notating the exact causes of why a televideo encounter is not possible and the results are illuminating. Of patients attempting to access a televideo encounter from September – December 2020, the reasons and percent of patients unable to have a successful encounter include the following:

- Patient does not have a camera enabled device (16%)
- Patient does not know how to use video app (7%)
- Patient has no internet access (7%)

- Patient has poor internet connectivity (42%)

Because of this, both the federal and state governments have suspended statutory prohibitions on the use of standard telephonic service in telehealth during the COVID pandemic. This has provided a lifeline for many of our most vulnerable citizens. We have found our Kupuna greatly rely on telephonic service to consult with their health care providers due to their lack of familiarity with computers and smart phones. The opportunity to use this modality has certainly prevented numerous unnecessary Emergency Department visits, and, even more importantly, hospitalizations for avoidable reasons.

While we await the day for fully universal broadband access across our State, we support this bill to ensure that these vulnerable populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency, with the myriad of advantages outlined above. It is unthinkable, and even discriminatory, to deprive our most vulnerable patients of the comfort of being able to receive care through the technology available to them.

On behalf of the staff and patients of the Waianae Coast Comprehensive Health Center, we urge your support for this important bill so that further discussions can take place towards a resolution to meet the needs of vulnerable populations.



**Testimony to the House Committee on Health, Human Services, & Homelessness
Thursday, March 18, 2021; 11:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: SENATE BILL NO. 1258, RELATING TO TELEHEALTH.

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

My name is Mary Frances Oneha and I am the Chief Executive Officer of Waimānalo Health Center (WHC). I am testifying in **support** of Senate Bill No. 1258, RELATING TO TELEHEALTH.

The pandemic has drastically changed the way primary care is delivered in this State. Restrictions on mass gatherings, the initial lack of personal protective equipment, the suspension of elective procedures, and the need to reconfigure examination and waiting facilities has made it challenging for patients in underserved communities to access health care.

WHC rapidly pivoted to implement telehealth to ensure that patients continued to have access to care. However, as we quickly experienced, not every patient has access to an electronic device, broadband service or adequate broadband service, nor the skill or experience to log in to a telehealth platform via their mobile device. Hence, telephonic services has been critical in reaching patients who may not be able to come, at that time, for an in person visit and does not have the capacity for telehealth.

Standard telephonic service has provided a lifeline for many of our most vulnerable patients. While we look forward to universal broadband access across out State, this bill will ensure that these vulnerable populations will be able to continue to utilize telehealth services via standard telephonic contact even after the end of the public health emergency.

On behalf of the staff and patients of Waimānalo Health Center I urge your support for this important bill.



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 HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

DATE: March 18, 2021 10:00 A.M. - VIA VIDEO CONFERENCE – Room 329

Testimony in **Support and Suggested Amendments to SB1258 SD1** RELATING TO TELEHEALTH

The Hawai'i Psychological Association (HPA) strongly supports SB1258 SD1, which would make permanent the provision of the Governor's December 16, 2020 proclamation which allows telephone communications to qualify as "telehealth" under relevant statutes that previously excluded them from insurance coverage and other benefits and distinctions.

Telephone contact for telehealth purposes is endorsed nationally by the American Psychological Association. Research has found telephone contact to be an effective means for providing timely mental health services to patients – and is particularly useful in reaching our elderly populations; the underserved; and rural and low-income communities.

Thus, HPA believes more can be done legislatively to ensure greater parity between services provided through telephone contacts-telehealth, and that which is made through traditional face-to-face contact. **HPA therefore respectfully requests this committee to consider adding the language of HB384 to this bill, which more comprehensively addresses: reimbursement coverage; deductible copayment requirements; annual or lifetime durational limits; lifetime maximum benefits for services; utilization reviews; electronic communications technology platforms requirements; and prescribing medications.**

HPA joins the American Psychological Association in supporting and advocating greater **access** to evidence-based health services, including mental and behavioral health services, within public and private healthcare delivery systems. Such **access requires regulation that ensures insurance reimbursement rates and scope of practice provisions are equitable** for the full range of psychologists' services - including psychotherapy, health and behavior, testing, and telehealth services.

We believe the language of HB384 will help ensure that the full range of health and behavioral health services will continue to be in place and be reimbursable by accident and health or sickness insurance plans beyond the current state of Public Health Emergencies.

Thank you for the opportunity to provide support for this important bill.

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

SB-1258-SD-1

Submitted on: 3/17/2021 9:51:29 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Derek Ching	Children's Doctors LLC	Support	No

Comments:

One thing that this pandemic has taught us is that we need to be flexible and open to change. Over this past year, we have been able to effectively use telemedicine to be available for our patients. This has shown us that telemedicine via phone call, zoom, doxy.me, facetime, etc can be effective tools in providing the services needed for our patients. We need to continue to support these changes in the way that we practice medicine moving forward!



*American College of
Obstetricians and Gynecologists
Hawai'i, Guam & American Samoa Section*

TO: House Committee on Health, Human Services, and Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

DATE: Thursday, March 18, 2021

FROM: Hawai'i Section, ACOG
Dr. Reni Soon, MD, MPH, FACOG, Chair

**Re: SB 1258_SD1 – Relating to Telehealth
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician-gynecologist physicians in our state, and we support SB 1258_SD1 which would allow standard telephone contact for the purpose of telehealth be used by healthcare professionals. Healthcare professionals, including many of our members, have been able to not only maintain, but also expand access to healthcare through telehealth during the COVID-19 pandemic. Despite statewide lockdowns, concerns about person-to-person transmission, and travel restrictions, OB/GYNs across our state have been able to continue to provide quality, patient-centered care through telehealth.

Not all of our patients, however, have access to broadband internet service or smart phones. This is not practical or feasible for some of our patients, and equity calls for allowing telephone contact to be able to deliver healthcare to all of Hawaii's residents.

Research has shown the benefits of telehealth in obstetric and gynecologic care.^{1,2} In many cases, these visits are deemed to be as effective as, or without statistically significant differences in outcomes from, in-person visits. For certain conditions, telehealth helps address barriers to access, reduces the number of unscheduled office visits, decreases ER visits and readmissions to the hospital, and improves rates of adherence to treatment guidelines. Patients often prefer telehealth visits in place of some in-person visits.

HI ACOG supports SB 1258_SD1 which would increase access to healthcare.

Mahalo for the opportunity to testify.

¹ Pflugeisen BM, McCarren C, Poore S, Carlile M, Schroeder R. Virtual visits: managing prenatal care with modern technology. *MCN Am J Matern Child Nurs* 2016;41:24-30.

² DeNicola N, Grossman D, Marko K, Somalkar S, Butler Tobah YS, Ganju N, et al. Telehealth interventions to improve obstetric and gynecologic health outcomes: a systematic review. *Obstet Gynecol* 2020;135:371-82.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Ryan Yamane, and members of the House Committee on Health, Human Services and Homelessness:

From: Megan Araujo, MD, Chair, Legislative Committee, Hawaii Psychiatric Medical Association

Date: Thursday March 18, 2021

Time: 10:00 a.m.

Re: S.B. 1258 SD1, Relating to Telehealth

Position: **SUPPORT**

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

As our state begins to reopen, many patients lack ready access to broadband and/or technological advancements in their homes. While services delivered through audio-only technology are not our first choice when providing care, we recognize it is a vitally important tool to ensure continuity of care to vulnerable patients.

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

changes have also allowed many clinics and practices to stay open when they may have otherwise been forced to close down.

HPMA supports several telehealth measures currently moving through the Hawaii Legislature, with the focus being on best practices in ensuring patient safety. It is important to maintain quality and safety standards while expanding access through telehealth services. Thank you for consideration of our testimony, we are available to provide additional information or answer any questions the committee may have.

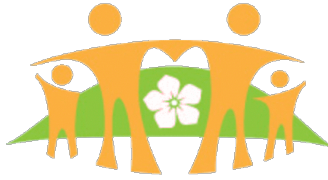
Mahalo,

Megan Araujo, MD

Chair, Legislative Committee, Hawaii Psychiatric Medical Association

Hawaiian Islands Association for Marriage and Family Therapy
(HIAMFT)

We know FAMILY MATTERS.



Testimony in **Support and Suggested Amendments to SB1258 SD1 RELATING TO TELEHEALTH**

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB1258 SD1, which would make permanent the provision of the Governor's December 16, 2020 proclamation allowing telephone communications to qualify as "telehealth" under relevant statutes that previously excluded them from insurance coverage and other benefits and distinctions.

Research has found telephone contact to be an effective means for providing timely mental health services to clients who are:

- Part of the elderly community;
- Historically underserved;
- In rural communities; and
- In low-income communities.

Thus, legislatively, HIAFMT believes more can be done to promote greater parity between services provided through telehealth (audio and/or video) and face-to-face contact.

HIAFMT respectfully requests you to consider adding the language of HB384 to this bill, which more comprehensively addresses:

- Reimbursement coverage;
- Deductible copayment requirements;
- Annual or lifetime durational limits;
- Lifetime maximum benefits for services;
- Utilization reviews; and
- Electronic communications technology platforms requirements.

HIAMFT joins the American Association for Marriage and Family Therapy in supporting and advocating for greater **access** services, particularly for underserved/underprivileged populations, including mental and behavioral health services, within public and private healthcare delivery systems. Such **access requires regulation that ensures insurance reimbursement rates and scope of practice provisions are equitable** for the full range of mental health professionals' services - including family therapy, couples therapy, individual psychotherapy, and telehealth services.

We believe the language of HB384 will help ensure that the full range of health and behavioral health services will continue to be in place and be reimbursable by accident and health or sickness insurance plans beyond the current state of Public Health Emergencies.

Thank you for the opportunity to provide support for this important bill. Sincerely,

Dr. John Souza, Jr., LMFT, DMFT
President, HIAMFT

SB-1258-SD-1

Submitted on: 3/16/2021 3:05:36 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Azuma Chrupalyk	Individual	Support	No

Comments:

Health is mandatory to life.

TO THE HOUSE OF REPRESENTATIVES
THE THIRTY-FIRST LEGISLATURE
REGULAR SESSION OF 2021
COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS
Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

DATE: Thursday, March 18, 2021

TIME: 10:00 am

PLACE: VIA VIDEOCONFERENCE

Conference Room 329

State Capitol

415 South Beretania Street

POSITION: **STRONG SUPPORT SB 1258 SD1**

The ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care. During this pandemic, we have seen how traditional methods of face-to-face methods of providing care in the typical sense could create a dangerous environment for health care providers.

Telehealth has brought care to patients, rather than having patients travel and put themselves and others at risk for possible exposure. The COVID-19 pandemic has resulted in increased use of telehealth services and further demonstrated the digital divide, it is not uncommon for problems to happen such as faulty devices or insufficient internet bandwidth to name a few. Digital literacy is also a concern, how can someone be provided with care especially in the senior population who might have been accustomed to using teleconferencing services or how to enter a digital meeting.

SB 1258 will positively impact access for Hawaii's elderly patients as well as those patients in rural, underserved areas and low-income households, who only have standard telephonic service. I am certain that even when pandemic-related restrictions are reduced, telehealth is here to stay. This measure greatly improves the continuation of patient care for this most vulnerable population. Thank you for this opportunity to testify in strong support of this measure

However, it is important to maintain quality and safety standards while expanding access through telehealth services. This means to please to consider the needs of those who cannot engage in video formats at this time especially as mental health impacts of COVID are surging and the need for more telehealth services grow as we have more persons in the population that will be in need for medical care for both

health and pandemic related health services. This bill should be passed out of this committee as an indication of the legislature's recognition that telehealth is and will be in future generations a standard part of providing mental and healthcare services. Thank you for taking the time to read my testimony.

Mahalo,

Ken Farm

SB-1258-SD-1

Submitted on: 3/16/2021 6:37:14 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julienne Aulwes, M.D.	Individual	Support	No

Comments:

Support

SB-1258-SD-1

Submitted on: 3/16/2021 7:02:10 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Lee	Individual	Support	No

Comments:

I strongly support this bill, which will positively impact access for Hawaii's elderly patients as well as those patients in rural/ underserved areas and low income households, who only have standard telephonic service. I work in a Federally Qualified Health Center and many of my patients barely have regular telephonic access, much less the smart phone and/or wifi access that would allow for telehealth with both audio and video. Allowing for telephonic, audio-only telehealth services will reduce the access disparities to underserved populations and help increase health equity and access to care for all the people of Hawaii nei, especially those who need the care the most. I implore you to support this bill.

SB-1258-SD-1

Submitted on: 3/16/2021 8:32:45 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Akaka, MD	Individual	Support	No

Comments:

Many folks only have a telephone, no zoom. This would help them.

Mahalo,

Jeffrey Akaka, MD

SB-1258-SD-1

Submitted on: 3/16/2021 8:33:12 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bernard Sr Robinson	Individual	Support	No

Comments:

As an island state with a significant shortage of healthcare providers and the COVID pandemic still plaguing Hawaii, the use of telemedicine is essential to providing safe healthcare in our state. I highly support passage of this bill..

Bernard Robinson, MD

SB-1258-SD-1

Submitted on: 3/16/2021 9:51:46 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Racquel Smith Bueno	Individual	Support	No

Comments:

Support

SB-1258-SD-1

Submitted on: 3/16/2021 11:46:28 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rika suzuki	Individual	Support	No

Comments:

Telephone access has been critical in continuity of health care for my pts, many who cannot manage video means or have poor wifi access and limited data.

SB-1258-SD-1

Submitted on: 3/16/2021 11:50:44 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Christenson, MD	Individual	Support	No

Comments:

Teleconferencing has been effective for talking care of my patients during this pandemic time. Thank you for making this technology available for us.

Elizabeth Christenson, MD

SB-1258-SD-1

Submitted on: 3/17/2021 5:44:14 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Lee	Individual	Support	No

Comments:

I support this proposal, as it improves patient care, and encourages patients and physician to communicate, especially at times, when traveling to the doctor's office may be difficult..

SB-1258-SD-1

Submitted on: 3/17/2021 6:59:04 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ethan Pien	Individual	Support	No

Comments:

I am a physician. This would make health care more accessible for patients and facilitate better and more timely medical care.

SB-1258-SD-1

Submitted on: 3/17/2021 7:04:37 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Inouye	Individual	Support	No

Comments:

Being a physician on an Outer Island, Maui, having elderly patients, and caring for patients that are in areas with no computer access, I SUPPORT this bill.

SB-1258-SD-1

Submitted on: 3/17/2021 7:26:29 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Iqbal Ahmed	Individual	Support	No

Comments:

I strongly support the availability of telehealth services by phone. There is a digital divide in Hawaii, as well as the rest of the US, due to lack of access to broadband access, access to methods of access to telehealth platform, or lack of ability to use these. This is a particular problem in the among the elderly, especially with cognitive difficulties and among those living in rural areas. This has led to disparities in access to care. It essential that we maintain and fund telephone or audio access to care.

SB-1258-SD-1

Submitted on: 3/17/2021 7:27:07 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tad Iwanuma	Individual	Support	No

Comments:

Telehealth significantly improves medical care by allowing access to physicians without having to travel. It is suitable for medical contact which does not require physical examination. Many in our elderly population do not have access or the knowledge to use smartphones or computers. The recent Covid-10 immunization program demonstrated many of our kupuna depended on children or grandchildren to secure appointments via telecommunication. Without these channels the telephone was their only lifeline. Physician compensation for these services to replace office visits that don't require time and travel by patients adds up financially to decreased overall health care costs.

SB-1258-SD-1

Submitted on: 3/17/2021 7:58:24 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Randall Suzuka	Individual	Support	No

Comments:

Standard telephone contacts helps social equity for the many elderly and those with low computer literacy or lack of access to devices or internet access to have access to their health care provider.

SB-1258-SD-1

Submitted on: 3/17/2021 9:58:20 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
luz medina	Individual	Support	No

Comments:

Honorable Comittee Members,

I am in strong support of standard telephone contacts for telehealth purposes.

There are numerous indigent people who can only communicate via standard telephone.

We need to care for all.

Sincerely,

Luz Patricia Medina, M.D.

Community Physician in Maui

SB-1258-SD-1

Submitted on: 3/17/2021 12:29:21 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shandhini Raidoo	Individual	Support	No

Comments:

Aloha,

I am writing this testimony in strong support of SB1258, to include telephone calls within the definition of telehealth visits. I am an obstetrician-gynecologist and I have provided medical care via telehealth since 2016. Similar to many of my medical colleagues, there has been a significant increase in the number of patients that I am seeing in my practice via telehealth since the COVID-19 pandemic began a year ago, including many patients in more rural areas of our state. Some of our patients have difficulty accessing a device with video capabilities and other face challenges with limited internet connectivity. Telephone visits are a crucial part of care for patients who cannot otherwise access in-person or video telehealth care. I urge you to support this bill to allow myself and my medical colleagues to provide care to patients via telephone-only visits and to include this necessary mode of communication as part of telehealth.

Mahalo for your consideration,

Shandhini Raidoo, MD, MPH

SB-1258-SD-1

Submitted on: 3/17/2021 12:54:33 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laeton J Pang	Individual	Support	No

Comments:

I'm writing as a practicing physician here in Hawaii for the past 27 years in support of SB1258 SD1 and to express my concern that failure to pass this legislation may negatively affect patient access to care. This important legislation is essential to allow the option of patient follow up via phone which traditionally was unreimbursed but has become essential during the pandemic. Speaking from personal experience, many patients who decline an in-person evaluation or who lack transportation/means to come to the physician's office are unable to use videoconferencing either due to lack of access or inability to use the software. Many physicians' offices are already strapped financially and need the revenue to continue paying for staff, overhead expenses and taxes. Thank you for your consideration of this matter.

Laeton J Pang, MD, MPH, FACR, FACRO

SB-1258-SD-1

Submitted on: 3/17/2021 1:22:53 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Megan Stevenson	Individual	Support	No

Comments:

I am an ob/gyn physician in Honolulu and many of my patients come from lower socio-economic tiers. Telehealth has been an incredible lifesaver for my patients during the pandemic; however, frequently video conferencing capabilities are not possible for them. Many lack reliable internet connectivity. Recognizing telephone contact as a mode of telehealth would go a long way in ensuring that my underserved and at-risk patients can continue to access needed health care.

Megan Stevenson, MD

OB/GYN Resident

SB-1258-SD-1

Submitted on: 3/17/2021 2:04:27 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sid Hermosura	Individual	Support	No

Comments:

The COVID-19 pandemic of the last year has created a substantial expansion of telehealth within physician practices. According to the American Medical Association, the use of telehealth between physicians and their patients increased an estimated 5,000% over pre-COVID levels, and Hawaii is no exception. It has been established that telehealth can provide safe, effective care when used under proper circumstances, and has been a popular modality among many patients.

several telehealth measures currently moving through the Hawaii Legislature, especially as this will positively impact access for Hawaii's elderly patients as well as those patients in rural/ underserved areas and low income households, who only have standard telephonic service.

As a psychologist serving a rural community in Waimanalo, where access to care can be difficult due to transportation issues, poverty, or lack of having a Wi-Fi or video capable phone, covering telephonic services was key in being able to provide needed mental health services to my patients and community.

SB-1258-SD-1

Submitted on: 3/17/2021 2:11:55 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
C Eric Lindborg MD	Individual	Support	No

Comments:

I am semi-retired physician who has worked with both Kaiser Hawaii and West Hawaii Community Health Center clinics. I regularly consulted wiht patients by phone at Kaiser and have also done videoconsults at WHCHC. I would guess that at least 50% of the time the video component of telemedicine does not offer benefit over a phone call and the videoconsult requirement introduces barriers to access for many of my patients. I support reimbursement of phone consults at comparable rate to videoconsults with the understanding that if additional visual info is needed the physician and/or patient can schedule office visit or videoconsult.

Eric Lindborg MD

808-756-8008

SB-1258-SD-1

Submitted on: 3/17/2021 4:27:56 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Evans	Individual	Support	No

Comments:

As a family medicine doctor who practices at a FQHC that predominately treats underserved populations, I strongly support this bill as most of the vulnerable populations do not have easy access to broadband internet, nor in many cases computers or smartphones to be able to access video based telehealth services.

SB-1258-SD-1

Submitted on: 3/17/2021 4:37:30 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leslie Hartley Gise MD	Individual	Support	No

Comments:

To: Chair Yamane, Vice Chair Tam, and Members of the House Committee on Health, Human Services and Homelessness (HHH)

From: Leslie Hartley Gise MD, Community Psychiatrist

Hearing Date: March 18, 2021

Hearing Time: 10:00 am

House Conference Room 329 by video

Re: SB 1258 SD1

Telehealth

Position: SUPPORT

Please vote YES on SB 1258 SD1 Telehealth

I am a medical doctor specializing in Psychiatry, Community Psychiatry, Disaster Psychiatry, and Women's Mental Health including Substance Use Disorders in Women. I worked at the DOH, AMHD, Maui Community Mental Health Center for 20 years including Molokai and Lanai.

Especially during our COVID-19 pandemic disaster and health crisis, with stay-at-home orders, avoidance of inessential travel, economic crisis affecting access to transportation, household/childcare responsibilities, etc, the telephone is the only way many of our patients can communicate with us.

We need audio only telephone contact with our patients and reimbursement for same in order to treat them and maintain continuity of care.

Many patients do not have access to computers or adequate internet, especially on Molokai.

Please vote YES on SB 1258 SD1 Telehealth

Thank you in advance for your attention.

Aloha,

Leslie Hartley Gise MD

Clinical Professor, Psychiatry

Department of Psychiatry

John A Burns School of Medicine

University of Hawaii

SB-1258-SD-1

Submitted on: 3/17/2021 6:52:39 PM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Yang	Individual	Support	No

Comments:

I am an obgyn resident with the University of Hawai'i, and I strongly support this bill. I see numerous patients every week who would benefit from this bill. Many of my patients have difficulty getting transportation to our facilities or arranging child care to make time for their appointments. They also are often patients who have high risk pregnancies that require regular medical appointments. These patients are not unwilling to seek care--the current billing system is an unjust barrier for these patients. Just this week, one of my patients could not come to clinic for her scheduled antepartum visit because her child had flu-like symptoms and she was instructed to stay home due to current covid-related policies. We attempted to set up a video conference visit but the software malfunctioned multiple times and we could not connect to her. Finally after half an hour of attempts, we switched to a telephone visit. As our current system stands, she may have to pay out of pocket for this visit due to systemic barriers beyond her and our control. SB1258 is important and necessary to create more health equity.

Nancy Yang, MD, OBGYN

University of Hawai'i

SB-1258-SD-1

Submitted on: 3/18/2021 8:01:48 AM

Testimony for HHH on 3/18/2021 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marva Lawson	Individual	Support	No

Comments:

I support SB1258