



February 8, 2021

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

Re: SB 1258 – Relating to Telehealth

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

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

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.

Additionally, there is concern regarding the State's ability to determine telephone contact as a form of telehealth given the existing Federal rule set forth regarding Medicare and Medicaid.

Therefore, we respectfully request that SB 1258 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. 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



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**The State Legislature
The Senate
Committee on Health
Monday, February 8, 2021
1:00 p.m.**

TO: The Honorable Jarrett Keohokalole, Chair

RE: S.B. 1258 Relating to Telehealth

Aloha Chair 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 membership organization of people age fifty and over, with nearly 145,000 members in Hawai'i.

AARP Hawai'i supports S.B. 1258 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.

Sincerely,

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

Keali'i Lopez, AARP Hawai'i
State Director



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

**Testimony to the Senate Committee on Health
Monday, February 8, 2021; 1:00 p.m.
State Capitol Via Videoconference**

RE: SENATE BILL 1258: RELATING TO TELEHEALTH.

Chair Senator Jarrett Keohokalohe, Vice Chair Senator Rosalyn Baker, and Members of the Committee on Health

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, RELATING TO TELEHEALTH.

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, I urge your support for this important bill.



Hawai'i Psychological Association

For a Healthy Hawai'i

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Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

SENATE COMMITTEE ON HEALTH

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

DATE: February 8, 2021 1:00 P.M. - VIA VIDEO CONFERENCE

Testimony in **Strong Support of SB1258** RELATING TO HEALTH

The Hawai'i Psychological Association (HPA) strongly supports SB1258, 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 telephone sessions from insurance coverage and other benefits and distinctions.

The COVID-19 pandemic has created a public health emergency, generating an increased need for mental and behavioral health services for all of Hawai'i's communities. However, due to the geographical features of our archipelago, and the remoteness of so many of our residential communities, access to healthcare has always been a challenge in this state.

Our healthcare system has been forced to balance the need to protect the populace by reducing in-person meetings on one hand; and also ensuring access to a burgeoning need for healthcare created by the pandemic. With the advent of telehealth over recent years, we're better able to meet this challenge. We can all see so much more potential.

Traditionally, well before the internet, standard telephone contacts were used by healthcare professionals to provide necessary access to primary care where a patient is home-bound or otherwise unable to access face-to-face care – calling into question the need to exclude this treatment medium in the first place. Telephone contact has always been an effective and acceptable means for providing mental health services to patients.

Moreover, telephone contact is particularly useful in reaching the underserved, rural and low-income communities where cellular data plans and the broadband services needed for video calls are not feasible options. Some of our clients do not have computers.

Furthermore, our vulnerable elderly populations are oftentimes not familiar or comfortable using computers and video conferencing software, isolating them further from needed access to behavioral health services.

Finally, and most importantly, telephone contact for telehealth purposes is endorsed nationally by the American Psychological Association.

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

Sincerely,

Raymond A. Folen, Ph.D., ABPP
Executive Director



**Testimony to the Senate Committee on Health
Monday, February 8, 2021; 1:00 p.m.
Via Videoconference**

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

Chair Keohokalole, Vice Chair Baker, 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, 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.

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.

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.

Testimony on Senate Bill No. 1258
Monday, February 8, 2021; 1:00 p.m.
Page 2

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.**

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 Telehealth Edits

COMMITTEE ON HEALTH,

- Sen. Jarrett Keohokalole, Chair; Sen. Rosalyn Baker, Vice Chair
- Monday Feb 8, 2021: 1:00: Videoconference

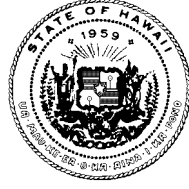
Hawaii Substance Abuse Coalition Supports SB1258:

GOOD MORNING 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.

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

February 7, 2021

LATE

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

FROM: Cathy Betts, Director

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

Hearing: Monday, February 8, 2021, 1:00 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments and a proposed amendment.

PURPOSE: The purpose of the bill is to allow for the use of standard telephone contact for telehealth purposes.

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 to be considered a telehealth modality.

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 internet 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.

However, audio-only patient/provider interactions are prohibited by the federal Office of Civil Rights (OCR) as a telehealth modality. During the national PHE, OCR has exercised "enforcement discretion," which allows audio-only to be used during the PHE without concern of being prosecuted for violating these rules. Defining standard telephone contact as telehealth would not comply with this federal rule.

Additionally, in Hawaii, telehealth is considered the equivalent of an in-person face-to-face visit. Although, supportive of standard telephone calls as one modality for care delivery, it may not always produce the equivalent clinical outcomes when compared to a face-to-face visit.

Nonetheless, given the value of standard telephone contacts for healthcare access for the Medicaid population, Med-QUEST (MQD) Division is actively exploring ways to support its continued use once the PHE ends that would not violate the OCR rules, nor define it as the exact equivalent of face-to-face visits. In that spirit, we offer a proposed amendment to one aspect relating to telehealth, by amending section 346-59.1(b), Hawaii Revised Statutes, as follows:

"(b) Reimbursement for services provided through telehealth, but not through standard telephone 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 the opportunity to provide testimony in support of this measure.

Aloha, my name is Jessica Yuen and I am a primary care physician working in Waianae.

I strongly support the passage of this bill to allow for the use of standard telephone contact for telehealth purposes, which will increase overall accessibility to health care, especially for underserved populations like those in Waianae and other rural communities.

Telehealth currently makes up at least 60% of my adult practice and a significant proportion of my pediatric practice. Although the goal is for all of these visits to be conducted via televideo (which is currently the baseline telehealth standard), there are several barriers to this playing out in reality. A large proportion of my patients do not have access to all of the necessary components required for a successful and seamless televideo encounter: a reliable, high-speed internet connection; a camera-enabled device; and knowledge of how to use the technology. There is a subset of my patients who cannot afford to take time off from work and thus are conducting their appointments while driving home, for which a telephone visit with their primary care provider allows them to address their health concerns without needing to sacrifice precious time and income. And yet another subset of my patients who, for whatever reason, are unable to secure transportation to the clinic for their scheduled in-person appointments, they have the option of converting their visits to telehealth instead of canceling or rescheduling them.

After the pandemic subsides, telehealth will likely be incorporated into standard medical practice as a valuable way to provide health care to those who may not otherwise have the knowledge or capability to access it in the traditional sense. Increasing the available options to receive primary and preventive health care will probably reduce the frequency of ED visits and hospitalizations, which have been shown in multiple studies to ease economic burdens as well as reduce overall morbidity and mortality.

It is my intention and passion to continue to serve in underserved populations, so I hope that the health care reimbursement system can recognize the value of telephone contact in telehealth and provide the necessary support to sustain these options.

LATE

SB-1258

Submitted on: 2/8/2021 7:32:44 AM

Testimony for HTH on 2/8/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ray Ogai	Individual	Support	No

Comments:

Aloha,

The proposed edit is appropriate. The relationship between a patient and professional is most important. Telehealth, even if only through phone contact, keeps both connected and engaged through communication when all other options e.g face to face or video/audio are not available.

Thank you for allowing me the opportunity to support this change.