



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
Senate Committee on Health
Wednesday, February 16, 2022
1:00 p.m.
Via Videoconference**

**On the following measure:
S.B. 2073, RELATING TO TELEHEALTH**

Chair Keohokalole 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 bill.

The purpose of this bill is to allow for standard telephone contacts for telehealth purposes.

This bill would amend the definitions of "telehealth" in the State's insurance laws to remove an exclusion that currently applies to standard telephone contacts.

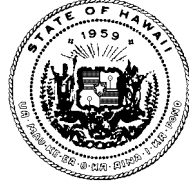
We appreciate efforts to expand access to healthcare services. However, it is unclear whether this amendment to the definition of telehealth would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a) or subject to defrayment provisions under 45 CFR § 155.170(b), which apply to benefits "in addition to the essential health benefits."

The adoption of telehealth services has reduced barriers to care during the COVID-19 public health emergency. The law on coverage for telehealth currently

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

Thank you for the opportunity to testify on this bill.

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 15, 2022

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

FROM: Cathy Betts, Director

SUBJECT: **SB 2073 – RELATING TO TELEHEALTH.**

Hearing: Wednesday, February 16, 2022, 1:00 p.m.
Via Videoconference, State Capitol

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

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

During the pandemic, the use of telehealth for many services increased. Also, during the pandemic, the Med-QUEST Division (MQD) increased flexibility to use telephonic modality to provide some health care 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 assessing the use of telehealth and the use of the telephone for healthcare services' clinical outcomes, quality, costs, and program integrity. Regarding telephonic care, there is general agreement that some guardrails are needed for the ongoing utilization of a telephonic modality. Parameters are needed to ensure

positive clinical outcomes long-term, program integrity, and so that there is no inadvertent deepening of health disparities among those whose access to care would be mainly via the phone. MQD would like to preserve the option of adding guardrails as needed should this bill move forward.

The cost of care for in-person care, audio-visual technology, and the telephone is very different. The Department respectfully suggests reimbursement equity, not the fiscal parity that currently exists for in-person care and the audio-visual telehealth modality.

Therefore, DHS appreciates the intent to allow the use of telephonic healthcare; however, has concerns regarding the parity of telephonic modality with audio-visual telehealth and in-person care.

Thank you for the opportunity to testify on this measure.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Health
Wednesday, February 16, 2022 at 1:00 p.m.

By

Jerris Hedges, MD, Dean and
Lee Buenconsejo-Lum, MD, FAAFP
Associate Dean for Academic Affairs & DIO, UH JABSOM
John A. Burns School of Medicine

And

Michael Bruno, PhD
Provost
University of Hawai'i at Mānoa

SB 2073 – RELATING TO TELEHEALTH

Chair Keohokalole, Vice Chair Baker and members of the committee:

Thank you for the opportunity to present testimony today. The John A. Burns School of Medicine (JABSOM) **supports SB 2073** which allows for standard telephone contacts for telehealth purposes.

Since 1999, the use and expansion of telehealth services and technology in Hawai'i has been recognized as a way to increase access and reduce delays to health care, particularly in rural areas of the state. 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 the opportunity to provide testimony on this bill.



February 12, 2022

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

Re: SB 2073 – Relating to Telehealth

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in opposition on SB 2073, 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, this modality does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify on SB 2073. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

Wednesday, February 16, 2022 at 1:00 PM
Via Video Conference

Senate Committee on Health

To: Senator Jarrett Keohokalole Chair
Senator Rosalyn Baker, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **SB 2073 – Testimony In Support
Relating to Telehealth**

My name is Michael Robinson, Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over seventy locations statewide with a mission of creating a healthier Hawai'i.

Hawai'i Pacific Health writes in SUPPORT of SB 2073 which allows for standard telephone contact for telehealth purposes.

Since 1999, the use and expansion of telehealth services and technology in Hawaii has been recognized as a strategy to increase patient access to healthcare by overcoming the geographic challenges across our state. Many of Hawaii's geographically access challenged patients reside in Medically Underserved Areas (MUA), are part of Medically Underserved Populations (MUP), or reside in federally designated health professional shortage areas. Elderly, as well as medically- and socially complex patients often face transportation barriers, limited broadband access and personal difficulty navigating the technological requirements of accessing traditional video telehealth care services. In these instances, telephonic communication becomes a viable alternative for many in these communities to overcome barriers enabling them to access healthcare remotely.

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.

HPH therefore supports the development of a provider reimbursement system that also incorporates reimbursement for telephonic services. Within HPH charges for telephonic services represent 12-15% of total charges for remote physician to patient acute care service charges indicating a need for telephonic services as an alternative care modality.

In the absence of telephonic services being provided or available, these at-risk individuals who confront challenges to broadband access would have need to resort to travel from their residence to clinics and emergency departments at great personal expense or choose to do without care guidance altogether.

Therefore, we support legislation that fosters a telehealth environment in Hawaii that allows both patients today the ability to access health care services remotely who face challenges accessing traditional audio/visual telehealth services. We also have no objection for telephonic services to be reimbursed at rates less than parity for similar face to face services.

Thank you for the opportunity to testify.



HIPHI Board

Kilikina Mahi, MBA
Chair
KM Consulting LLC

JoAnn Tsark, MPH
Secretary
John A. Burns School of Medicine,
Native Hawaiian Research Office

Debbie Erskine
Treasurer

Keshia Adolpho, LCSW
Molokai Community Health Center

Camonia Graham - Tutt, PhD
University of Hawai'i - West O'ahu

Carissa Holley, MEd
Hale Makua Health Services

May Okihiro, MD, MS
John A. Burns School of Medicine,
Department of Pediatrics

Misty Pacheco, DrPH
University of Hawai'i at Hilo

Michael Robinson, MBA, MA
Hawai'i Pacific Health

Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai

Titimaea Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: February 15, 2022

To: Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Members of the Committee on Health

Re: Support for SB 2073, Relating to Telehealth

Hrg: February 16, 2022 at 1:00 PM via videoconference

The Hawai'i Public Health Institute¹ is in **support of SB 2073**, which allows for standard telephone contacts for telehealth purposes.

HIPHI supports increased access to healthcare services through telehealth services. Telehealth is especially beneficial for neighbor islands and rural areas, where access may be more limited. The COVID-19 pandemic has increased the need and use of telehealth services. Allowing standard telephone contacts for telehealth purposes pursuant to SB 2073 will increase access to care beyond the pandemic.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink, appearing to read 'Amanda Fernandes', is written over a horizontal line.

Amanda Fernandes, JD
Policy and Advocacy Director

¹ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.



**Testimony to the Senate Committee on Health
Wednesday, February 18, 2022; 1:00 p.m.
Via Videoconference**

RE: SENATE BILL NO. 2073, 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 THE INTENT** of Senate Bill No. 2073, RELATING TO TELEHEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would repeal the statutory prohibition on telehealth reimbursement for services delivered by standard telephonic contact. This bill would apply to Medicaid (Chapter 346, Hawaii Revised Statutes (HRS)), accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS).

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.

During the COVID pandemic, we learned how effective the use of standard telephone contact in telehealth was. For many in very isolated communities, the poor, and especially for our kupuna who are not as technologically advanced as their keiki, the landline telephone was a lifeline to primary health care providers.

Our member FQHCs can attest to how effective standard telephonic contact was in the provision of primary care and behavioral health to their patients, especially when the State and counties issued restrictions on the number of patients who could enter waiting areas and examination rooms. As we stated in our testimony in 2020 and 2021, telephonic telehealth has always been used as the option of last resort for primary care, and I'm sure that the MedQUEST Division can confirm this through its actuarial data of loss costs. HPCA's concern has always been and continues to be the accessibility of primary care for ALL patients.

The HPCA also notes that recent developments in Medicare might provide an alternative approach that might be less problematic from both a policy and a drafting perspective.

On November 2, 2021, the Centers for Medicare and Medicaid Services (CMS) released its 2022 Medicare Physician Fee Schedule Final Rule. This regulation added certain services to the Medicare telehealth services list through December 31, 2022. "Category 3" services that were added to the Medicare services list for the duration of the federal public health emergency (PHE), which would have otherwise been removed after the PHE ended, will remain on the telehealth service list through the end of calendar year 2023.

Beyond the expanded service list, CMS amended the definition of "interactive telecommunications system" to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients in their homes under certain circumstances. Generally, however, other services on the Medicare telehealth services list, unless specifically excepted, must still be furnished using audio and video equipment permitting two-way, real-time interaction communication.

This Committee may wish to consider the inclusion of a definition for "interactive telecommunications system" that provides the basic requirements applicable for audio-only communications, and then allow MedQUEST to amend the specifics pertaining to health care providers, as they deem it necessary, and subject to inclusion into the State Medicaid Plan and approval by CMS.

Ultimately any change to the benefits provided through Medicaid in the State of Hawaii must be approved by the federal government.

If similar language was applied to accident an health or sickness insurance contracts (Article 10A of Chapter 431:10A, HRS), benefit societies (Article 1 of Chapter 432, HRS), and health maintenance organizations (Chapter 432D, HRS), the same benefit would be applicable to ALL consumers. Specific concerns could also be addressed through rulemaking by the Insurance Commission for these chapters.

Testimony on Senate Bill No. 2073
Wednesday, February 14, 2022; 1:00 p.m.
Page 3

If it is good enough for Medicare and Medicaid why not private insurance as well?

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.

Testimony of
Jonathan Ching
Government Relations Director

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

February 16, 2022
1:00 p.m.
Via Videoconference

Re: SB 2073, Relating to Telephonic Services

Chair Keohokalole, Vice Chair Baker, and committee members, thank you for this opportunity to provide testimony on SB 2073, which allows for standard telephone contacts for telehealth purposes.

Kaiser Permanente Hawai'i provides the following COMMENTS on SB 2073.

Kaiser Permanente Hawai'i is Hawai'i's largest integrated health system that provides care and coverage for approximately 265,000 members. Each day, more than 4,400 dedicated employees and more than 650 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.

Since the COVID-19 pandemic began in 2020, the use of telehealth in Hawai'i has dramatically increased as telehealth has been critical to limit the risk of person-to-person transmission while helping to avoid overwhelming our healthcare facilities. While Kaiser Permanente Hawai'i was already providing high-quality care through telehealth modalities, we saw a dramatic increase in the use of telehealth visits between 2019 and 2020. In 2019, approximately 1,000 of our outpatient visits were done as video visits and 458,000 as telephone visits. In stark contrast, in 2020, approximately 67,000 video visits were performed and 777,000 telephone visits. In 2021, approximately 84,000 video visits were performed and 700,000 telephone visits. We expect this number to continue to increase in 2022 in response to the ongoing pandemic and surges fueled by variants such as Omicron.

Kaiser Permanente Hawaii utilizes audio-only telephone visits as a modality to provide access to high-quality care 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 using,

video conferencing technology. Therefore, we support the inclusion of audio-only telephone visits as part of the definition of “telehealth.” **However, we recognize that costs associated with different types of visits can vary substantially and we urge the legislature to take an equity approach to reimbursement rather than requiring all audio-only telephone visits to be paid at parity with in-person visits.** This approach accounts for the provider’s time and resources as well as the relative equivalency to in-person care and allows us to continue to leverage telemedicine as a strategy to make health care more affordable.

While we support the inclusion of audio-only telephone as part of the definition of “telehealth” and 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 should be reimbursed at parity with in-person visits.**

We offer the following amendments to SB 2073. 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 2073:

1. 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.

2. 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.

3. 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 2073. Mahalo for the opportunity to testify on this important measure.

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

DATE: Monday, February 16, 2022
TIME: 1:00PM
PLACE: Via Videoconference

Testimony in Strong Support of SB2073 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB2073, which would authorize insurance reimbursement for telephonic services as “telehealth”.

As we pivoted to a socially distant way of life over the last few years, we’ve come to appreciate the breadth and utility of telehealth services. However, several members of our community are unable to avail themselves of these services because: they may not live in an area equipped with broadband coverage; they may lack the financial resources to purchase a smartphone, tablet, computer, or necessary bandwidth; or they may be elderly, disabled, and/or limited English proficient and cannot easily operate equipment requiring technological know-how or manual dexterity.

Allowing telephone contacts to qualify as telehealth will help immensely in meeting this gap in access to health services. Moreover, it is not new idea. In his emergency proclamation on December 16, 2020, Governor Ige suspended the restriction on the use of standard telephone contacts as telehealth; and it has shown to be profoundly successful in reaching many in need of services. This measure would merely codify a proven and critical means of improving patient access and clinical outcomes - which shouldn't go away just because the exigencies of the pandemic that drove this innovation are waning.

As social workers, we feel it's necessary to highlight the disparities that result by limiting the use of telephone contacts in administering adequate health care was. This was a major focus in a recent policy brief issued by the United States Department of Health and Human Services (DHHS) entitled [“National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services,”](#) which reported:

*“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video-enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage.** In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency.** In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.**”*

Furthermore, in a 2021 publication in JAMIA Open¹, researchers found:

*“Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. **Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases.**”*

The benefits of audio-only treatment in all healthcare contexts is clear and conclusive. Even more so in behavioral health, as talk therapy is the principal modality of through which positive patient outcomes result. Talk therapy can be just as effectively administered via telephone as it is via video. In fact, in many situations involving social anxiety and a patient’s reluctance to seek help in-person – due to structural, familial, or economic barriers (or during pandemic-imposed regulations on social gatherings) telephone contact is the only way of reaching those in dire need.

It’s also important to note the policy developments coming out of the DHHS Centers of Medicare and Medicaid Services (CMS). According to CMS’s 2022 Fee Schedule, telephone/audio-only treatment is now reimbursable for mental disorders and behavioral health treatments. If audio-only mental health treatment is allowed in taxpayer-funded health plans, it should also be allowed by private insurers.

NASW-HI believes access to quality health care should be streamlined. Allowing telephonic health visits to qualify as “telehealth” is critical to our collective recovery from the chronic stressors presented by the pandemic. There is such great demand and such a limited supply of providers, we want to enable and bolster all the methods that can be employed in addressing Hawaii’s health care needs. We thus support this proposal as it significantly improves access to quality mental healthcare – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Thank you for the opportunity to provide this testimony in strong support.

Sincerely,

 MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai’i Chapter

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8496485/>



THE QUEEN'S HEALTH SYSTEMS

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

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

Date: February 16, 2022

Re: Comments on SB 2073 – Relating to Telehealth

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comments supporting the intent of SB 2073, which would allow for standard telephone contacts for telehealth purposes. Throughout the COVID19 pandemic Queen's has relied increasingly on various modes of telehealth to deliver critical medical services to our patients – including those delivered through telephonic means.

Queen's provides a number of telemedicine specialties in areas such as, but not limited to, stroke and neurology, psychiatry, wound care, and critical care; approximately 11.5% of physician-patient acute telehealth services are classified as telephonic. Telehealth modalities assist with connecting our four hospitals statewide and allow our health care professionals to provide care to patients in their local communities who may not have access to critical health care otherwise.

While we strongly support efforts to ensure Hawai'i's telehealth statute remains nimble and able to adapt to new, diverse, and safe ways of delivering care – including telephonic service – we do not support changing the definition of telehealth to allow telephonic services to be reimbursed at the same rate as other telehealth modalities or in-person services.

Thank you for the opportunity to provide comments on SB 2073.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



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

Testimony to the Senate Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

Wednesday, February 16, 2022; 1:00pm

RE: SENATE BILL 2073: RELATING TO TELEHEALTH.

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. 2073 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 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, where there is also a question of health equity for the largest Native Hawaiian population in the world.

As the present pandemic surge subsides, as previously mentioned, there has been a change in the manner we administer healthcare in general, but especially in rural and underserved areas. Here, the ability to connect to a virtual visit remains greatly limited, while the barriers to keeping scheduled appointments, which have always resulted in an enormous number of missed appointments, remain unchanged, if not worse. Telehealth is a more valuable modality in these areas than those with good broadband coverage but a relatively healthy population. Behavioral Health has shown the most benefit over the past two years and many of these encounters have been over the telephone. This segment of the population is more likely not to have the means, technically or attitudinally, to use televideo services but satisfactory follow-up of these patients, using telephonic visits, has allowed continued care to some of our most vulnerable and was a revelation that superseded our most optimistic predictions.

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.

It should also be noted that we support the HPCA recommendations related to qualifying telephonic visits: *to qualify for full reimbursement the visit must be of defined length and intensity, there should be a documentation of the limitation on full telephonic service, there should be a follow-up services that include care coordination and care enabling as indicated with documentation provided in the medical record.* With these provisions, a telephone encounter is much more than a casual conversation but, rather, has the essential components of a normal medical visit and, therefore, merits full reimbursement according to the prevailing standards.

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.



American Cancer Society
Cancer Action Network
2370 Nu'uau Avenue
Honolulu, HI 96817
808.460.6109
www.fightcancer.org

House Committee on Health and Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Chair

Hearing Date: February 16, 2022

ACS CAN SUPPORTS SB 2073 – RELATING TO TELEHEALTH

Cynthia Au, Government Relations Director– Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in SUPPORT of SB2073: RELATING TO TELEHEALTH.

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Research shows that while overall cancer mortality rates in the U.S. are dropping, populations that have been marginalized are bearing a disproportionate burden of preventable death and disease. And despite notable advances in cancer prevention, screening, and treatment, not all individuals benefit equitably from this important progress.

Telehealth can help to reduce these disparities and improve health outcomes for all individuals, regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status, or zip code by providing cancer patients with a means of accessing both cancer care and primary care. Advancements in telehealth have allowed for many face-to-face encounters with patients and their health care providers to be supplemented by or, in some cases, substituted with visits that enable providers to deliver clinical services from a distance using options of telehealth. The use of appropriate telehealth services for cancer patients in under-resourced communities can advance health equity.

Thank you for the opportunity to comment on this matter.



February 12, 2022

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

Senate Bill 2073 – Relating to Telehealth

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

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify in **opposition** on SB 2073, which allows for standard telephone contacts for telehealth purposes.

While we believe that the ability to provide remote face-to-face patient-provider interaction allows for increased access and quality of care, standard telephone contacts as a form of care delivery does not always provide an equitable level of clinical outcome compared to face-to-face patient-provider interaction.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify on SB 2073. Your consideration of our comments is appreciated.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

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

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
UHA Health Insurance | UnitedHealthcare



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

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

Date: February 16, 2022
From: Hawaii Medical Association
Will Scruggs MD
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB 2073: Allows for standard telephone contacts for telehealth purposes.
Position: Support**

The Hawaii Medical Association (HMA) supports SB 2073. Payment for audio only health services increases access to care, particularly for the elderly, the underserved, and patients in rural areas with limited internet access.

Physicians have rapidly adopted telemedicine technologies to better serve our population. Primary care physicians (PCPs) connect with patients via telemedicine to provide preventive and chronic disease services. Experience shows that many patients, due to limited understanding and/or access to technology and internet services, prefer audio only interaction. The time and staffing resources physicians put into telephone visits with patients is on par with video visits.

Payment parity for audio-only telemedicine care is fair and appropriate. This will increase access to care for Hawaii's most vulnerable communities, improve health, and in doing so, reduce long term costs.

Thank you for allowing Hawaii Medical Association to testify in support of this measure.

REFERENCES

Volk J et al. States' Actions to Expand Telemedicine Access During COVID-19 and Future Policy Considerations. The Commonwealth Fund. [Commonwealthfund.org. June 23 2021.](https://www.commonwealthfund.org/publications/issue-briefs/2021/june-23-2021)

O'Reilly KB. Amid pandemic, CMS should level field for phone E/M visits. [Ama-assn.org. Apr 20, 2020.](https://www.ama-assn.org/practice-management/telemedicine/2020/04/20/ama-assn-should-level-field-for-phone-em-visits)

State Telehealth Laws and Reimbursement Policies Report, Fall 2021. [CCHPCA.org. October 2021.](https://www.cchpca.org/2021/10/20/state-telehealth-laws-and-reimbursement-policies-report-fall-2021)

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Jarrett Keohokalole, Vice-Chair Rosalyn Baker
Members of the Committee on Health

From: Dr. Marva Lawson, Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association

Time: 1:00 p.m., February 16, 2022

Re: SB 2073, RELATING TO TELEHEALTH

Position: **COMMENT**

On behalf of the Hawaii Psychiatric Medical Association (HPMA) we are writing to comment on SB 2073, Relating to Telehealth. This bill allows for standard telephone contacts for telehealth purposes.

While HPMA supports the intent of this measure, the APA has worked closely with CMS on telehealth legislation. Thus, we recommend the State of Hawaii align with CMS regarding originating and distant sites and other rules. We also ask for an amendment that only licensed professionals practicing within their scope are authorized to perform telehealth.

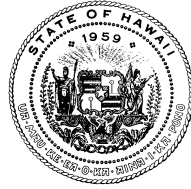
Many patients lack ready access to broadband and/or technological advancements in their homes. While services delivered through audio-only technology are not our first choice when providing care, we recognize it is a vitally important tool to ensure continuity of care to vulnerable patients. Even before the crisis, 41% of Hawai'i's adults reported having a serious mental illness that went untreated, while nearly 70% of adolescents reported having a major depressive episode that went untreated. A recent Department of Health Covid 19 Tracking study also stated, "roughly four in five (82%) respondents admit to suffering from some form of mental health issue over the course of the pandemic."

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.

DAVID Y. IGE
GOVERNOR OF HAWAII



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

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

**WRITTEN
TESTIMONY
ONLY**

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Health
in SUPPORT of S.B. 2073
RELATING TO TELEHEALTH**

Wednesday, February 16, 2022 at 1:00 p.m.

Chair Keohokalole, Vice-Chair Baker and Members of the Senate Health Committee:

CHAIRPERSON
Richard I. Ries Psy.D., M.S.Ed.

1ST VICE CHAIRPERSON
Christopher Knightsbridge,
MAIR, MACL

2ND VICE CHAIRPERSON
Katherine Aumer, Ph.D.

SECRETARY
Eileen Lau-James, DVM

MEMBERS:

Antonino Beninato

Charlene "Naomi" Crozier

Jon Fujii

Heidi Ilyavi

Beatrice "Kau'i" Martinez

Kathleen Rhoads Merriam, LCSW,
CSAC

Tara Reed, BSW

Jennifer Renfro

EX-OFFICIO:

Marian Tsuji,
Deputy Director, Behavioral
Health Administration

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, collectively representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The majority of SCMH members **SUPPORT** the intent of this measure. Generally, we are supportive of using telehealth as an additional tool to communicate with people seeking health care services. Expanding coverage to allow standard telephone contacts for telehealth purposes related to behavioral health services is a step in the right direction for creating a health care system that is accessible to all people who live with and are challenged by mental health issues.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

Who We Are

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The mission of the SCMH is to advocate for a Hawaii where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice. Should you want to contact us in the future, please e-mail DOH.SCMHChairperson@doh.hawaii.gov.

For more information about the State Council on Mental Health, please visit: www.scmh.hawaii.gov



HAWAII SUBSTANCE ABUSE COALITION

SB2073 Use Telephone for Telehealth

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Tuesday, Feb 16 2022: 1:00 pm : Videoconference

Hawaii Substance Abuse Coalition supports SB2073:

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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

While telehealth doesn't replace the efficacy of face to face, especially for those who have more chronic conditions, it certainly allows us to treat more people who are in need of services that otherwise would not have access to services, especially for rural areas.

In many cases, it's a more efficient use of time for those care givers and patients who could benefit well from the use of Telehealth.

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



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

Re: **SB 2073 – RELATING TO TELEHEALTH**

Hearing: Wednesday, February 16, 2022, 1:00 p.m., Via Videoconference

Position: **Strong Support.**

Aloha Chair Keohokalole, Vice Chair Baker, and Members of the Committee on Health:

The Health Committee of the Democratic Party of Hawai'i strongly supports SB 2073. This measure would allow for standard telephone contacts for telehealth purposes. Standard telephone contacts have been used by medical professionals for decades to provide necessary access to primary care where a patient is home-bound or otherwise unable to access face-to-face care. Standard telephone contact for the purpose of telehealth has been endorsed by the Hawaii Primary Care Association.

Common telehealth care options include: (1) Lab test or x-ray results; (2) Therapy and online counseling; (3) Skin conditions; (4) Prescription management; (5) Urgent care issues like colds, coughs, and stomach aches; and (6) post-surgical follow-up. There are many benefits of telehealth care such as: (1) Limited physical contact reduces everyone's exposure to COVID-19; (2) Virtual visits ensure you get health care wherever you are located – at home, at work or even in your car; (3) Virtual visits cut down on travel, time off from work, and the need for child care; (4) Virtual health care tools can shorten the wait for an appointment; and (5) Increased access to specialists who are located far away from your hometown.

Mahalo for the opportunity to testify. Please support and pass this bill.

Respectfully submitted,

Melodie Aduja, Chair, Health Committee of the Democratic Party of Hawaii

Email: legislativepriorities@gmail.com

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

DATE: Monday, February 16, 2022
TIME: 1:00PM
PLACE: Via Videoconference

Testimony in Strong Support of SB2073 RELATING TO TELEHEALTH

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB2073, which would authorize insurance reimbursement for telephonic services as “telehealth”.

As we pivoted to a socially distant way of life over the last few years, we’ve come to appreciate the breadth and utility of telehealth services. However, several members of our community are unable to avail themselves of these services because: they may not live in an area equipped with broadband coverage; they may lack the financial resources to purchase a smartphone, tablet, computer, or necessary bandwidth; or they may be elderly, disabled, and/or limited English proficient and cannot easily operate equipment requiring technological know-how or manual dexterity.

Allowing telephone contacts to qualify as telehealth will help immensely in meeting this gap in access to health services. Moreover, it is not new idea. In his emergency proclamation on December 16, 2020, Governor Ige suspended the restriction on the use of standard telephone contacts as telehealth; and it has shown to be profoundly successful in reaching many in need of services. This measure would merely codify a proven and critical means of improving patient access and clinical outcomes - which shouldn’t go away just because the exigencies of the pandemic that drove this innovation are waning.

As social workers, we feel it’s necessary to highlight the disparities that result by limiting the use of telephone contacts in administering adequate health care was. This was a major focus in a recent policy brief issued by the United States Department of Health and Human Services (DHHS) entitled [“National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services,”](#) which reported:

*“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video-enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage.** In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency.** In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.**”*

Furthermore, in a 2021 publication in JAMIA Open¹, researchers found:

*“Amongst telehealth users, adjusted odds of video participation were significantly lower for those who were Black, American Indian, male, prefer a non-English language, have Medicaid or Medicare, or older. **Seniors, non-English speakers, and Black patients were more reliant on telephone than video for care. The differences in telehealth adoption by vulnerable populations demonstrate the tendency toward disparities that can occur in the expansion of telehealth and suggest structural biases.**”*

The benefits of audio-only treatment in all healthcare contexts is clear and conclusive. Even more so in behavioral health, as talk therapy is the principal modality of through which positive patient outcomes result. Talk therapy can be just as effectively administered via telephone as it is via video. In fact, in many situations involving social anxiety and a patient’s reluctance to seek help in-person – due to structural, familial, or economic barriers (or during pandemic-imposed regulations on social gatherings) telephone contact is the only way of reaching those in dire need.

It’s also important to note the policy developments coming out of the DHHS Centers of Medicare and Medicaid Services (CMS). According to CMS’s 2022 Fee Schedule, telephone/audio-only treatment is now reimbursable for mental disorders and behavioral health treatments. If audio-only mental health treatment is allowed in taxpayer-funded health plans, it should also be allowed by private insurers.

NASW-HI believes access to quality health care should be streamlined. Allowing telephonic health visits to qualify as “telehealth” is critical to our collective recovery from the chronic stressors presented by the pandemic. There is such great demand and such a limited supply of providers, we want to enable and bolster all the methods that can be employed in addressing Hawaii’s health care needs. We thus support this proposal as it significantly improves access to quality mental healthcare – especially to our vulnerable populations. If they prefer and respond most favorably to treatment administered via the telephone, we should be removing barriers to such care.

Thank you for the opportunity to provide this testimony in strong support.

Sincerely,

 , MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai’i Chapter

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8496485/>

SB-2073

Submitted on: 2/14/2022 10:28:34 AM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
edmund morse	Testifying for Pacific Medical Supply and Healthcare	Support	No

Comments:

I am a licensed Registered Respiratory Therapist practicing in home medical equipment supply and direct patient care. We have many patients that are using life sustaining medical equipment such as home oxygen, home ventilators, medicated nebulizers, cpap and bipap, oxygen pulse oximetry just to name a few. Without the support of home medical respiratory therapy there are many patients that cannot be discharged from tertiary medical facilities or even long term care medical facilities to the convenience and comfort of their own homes and with their supportive families and professional care givers. Direct patient care has been the primary and necessary means of communicating the goals of the physician/nurse practitioner to their patients. We are not only recording the benefits of the ordered medical equipment but we are also liaisons that bridge the patient to their physician/nurse practitioner in a timely manner so that both the medical orders and goals of patient care are followed and updated to the medical plan managers that care for their patients.

Since Covid, direct patient care has been severely limited. The patients and families that once were easily accessible to via home visits that are necessary and required by Medicare and other insurance plans are now difficult to manage and difficult to update. The breath of concern is that patients fear exposure to Covid and licensed practitioners have to supply themselves with needed protection that otherwise was not necessary before Covid. Patients that at one time could be visited during an emergency or concern about their breathing status or concerning changes to their health could quickly be assessed by a respiratory therapist and these concerns could be quickly communicated to their medical plan managers such as their physician/nurse practitioner. We need a viable option to direct patient care and we need to connect to our patients. This telehealth bill will allow licensed practitioners back into our patient's homes and it will allow companies to maintain ordered therapy and to keep communication bridges open for both patient and the ordering practitioner. It will allow home medical care providers the ability to be visible once again especially with patients that may be hampered by Covid or Covid concerns. And another benefit will be the ability to see patients on neighbor islands that are in need of visual assessments about their care and have the licensed therapist be able to assess and help medical plan managers keep abreast of their patients' care.

There is so much technology that can be utilized for our patients via Zoom, Skype, or Face Time that many patients currently use to keep for their own personal use. Being able to apply this technology for patient care and to be able to bill for needed services will help

the patient, the medical provider, the licensed practitioners, and the medical plan managers maintain a successful care plan; it is a very important choice. With telehealth technology we can assess emergency concerns and quickly provide feedback to the medical plan managers in moments which otherwise would take a phone call, voicemail messages, and waiting. When you depend on medical equipment that helps you breath, helps you sleep, and helps you with daily activities of living waiting hours or even days is a very long time. Please approve Bill 2073 our patients are waiting.

DAVID Y. IGE
GOVERNOR OF HAWAII



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

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 16, 2022

The Honorable Jarrett Keohokalole, Chair
Senate Committee Health
The Thirty-First Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Keohokalole, and Committee Members:

SUBJECT: SB2073 Relating to Telehealth

The Hawaii State Council on Developmental Disabilities **SUPPORTS SB2073**, which Allows for standard telephone contacts for telehealth purposes.

COVID has shown that our intellectual and or developmental disability (I/DD) community members must turn more and more to internet based supports. Some of these supports come in the form of telehealth appointments and Zoom based communication. COVID proved that many individuals within our I/DD community are part of a high-risk group that needed to rely on staying at home and using telehealth services more so than the average citizen. Many of our I/DD community members live in rural areas of our state and do not have easy access to highspeed broadband. These individuals found themselves without internet and many times without any form of support during the pandemic.

Permitting telephonic services as an option would help increase the capacity to take care of our I/DD community via telephonic health appointments. Telehealth is the preferred option; however, our community members can find themselves at times unable to connect via telehealth as it requires a high speed internet connection to access video. There are instances in which our individuals only have access to their cell phone and would not be able to access video capability. Having telephonic services as an option could help alleviate these issues and increase the coverage of care for our individuals.

Thank you for the opportunity to submit testimony in **support of SB2073**.

Sincerely,

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

Daintry Bartoldus
Executive Administrator



The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)

We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON HEALTH

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

DATE: February 16, 2022 1:00 P.M. - VIA VIDEO CONFERENCE

Testimony in Strong Support of SB2073 RELATING TO TELEHEALTH

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB2073 which would allow the costs of treatment administered via telephone to be reimbursed by health insurance plans as “telehealth”. Mental health treatment through talk therapy, such as provided by Marriage and Family Therapists, fits squarely into the type of service covered by this proposal.

While devastating to public health and our economy, the COVID 19 Pandemic has spurred revolutionary developments in telehealth. It is estimated that telehealth utilization had increased by over 300% to comply with social distancing protocols. The United States Department of Health and Human Services (DHHS) Assistant Secretary of Planning and Evaluation issued a policy brief¹ on February 2, 2022 highlighting the increased use of telehealth from 1% of visits to 80% in some high-prevalence areas during the initial outbreak peak from March – April 2020; and that Medicare telehealth utilization increased 63-fold between 2019 and 2020.

The wisdom of “necessity is the mother of invention” couldn’t be truer than with telehealth services. The efficiencies and improvements in patient health outcomes credited to remote treatment are unprecedented – and likely here to stay. Across the country multiple jurisdictions are making permanent many of the pandemic-prompted changes to the way health care is provided. However, certain measures have been necessary to assure access and connection to those who are otherwise out-of-reach from this quickly-advancing technology.

As is confirmed by recent research, telephonic service is critical to improving access to several vulnerable groups of patients: (1) the elderly; (2) low-income; (3) mobility- challenged; (4) limited English proficient; and (5) rural residents. The disparities evident between the patients who use audio-only/telephone calls vs. the video-conferencing technologies of telehealth – during the pandemic - has been thoroughly researched and recognized by DHHS. The DHHS policy brief (entitled “[National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services](#)” reported:

“[O]ur study findings are consistent with research studies that show **disparities in audio-only vs. video-enabled telehealth modalities by race/ethnicity, age, education, income, and health insurance coverage**. In a recent survey study, patients with a household income of \$50,000 or more were 34 percent more likely

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

to choose a telehealth visit than those making less than \$50,000. . . . Although research shows that video visits offer some additional benefits compared with telephone visits, they require more complex setup, video-enabled devices, and broadband internet access, which may present **barriers for older adults, lower income households, and those with limited English proficiency**. In addition to these factors, patients with lower incomes may be more likely to use audio-only services because they are at work during appointments or lack privacy at home. Consistent with these concerns, **we also found lower use of video-enabled telehealth services among adults with low-incomes and those without a high school degree.**”

We believe audio-only treatment is a critical measure in reaching vulnerable groups who do not have access to digital telehealth, either because they: lack of the financial means to obtain the necessary equipment or broad band service; live in rural and remote areas; do not have an adequate command of the English language to navigate the online platforms; or maybe because they are unfamiliar or uncomfortable using telehealth technologies.

From a personal standpoint, my entire practice is based on remote telehealth; and far too often, my connections are lost, my patients have difficulty with the technology, or they simply prefer to use the telephone. Thus, use of audio-only contact is a common fallback measure in dire times for my clients. The lack of insurance reimbursement for such visits will push the costs for telephonic treatment – which is wholly on par with in-person and video modalities – to the patient. This becomes an unnecessary barrier to those needing to connect to their providers; and sadly, threatens to create a chilling effect because it is a digital barrier to receiving needed care.

Furthermore, it’s our understanding that the Centers for Medicare and Medicaid Services (CMS) **2022 Fee Schedule now allows telephone/audio-only treatment for mental disorders and behavioral health treatments as “telehealth”**. If audio-only treatment is acceptable for Medicare, it should also be allowed in private insurance – especially when the research indicates tremendous disparity for vulnerable groups. We recommend our laws follow the lead of CMS and the pioneering work they are doing in this area to assure there are no gaps in access and coverage due to economics, age, disability, residence, and/or patient and provider preference.

We believe ensuring audio-only treatment, as telehealth or otherwise, as a covered expense in the administration of health care is crucial to improving patient outcomes, expediting timely service, and ultimately reducing costs and unnecessary administrative functions.

HIAMFT supports legislative action to ensure that time-tested modalities, like standard telephone conversations – equal in content, duration, and clinical outcomes as in-person or telehealth treatments, are available to patients; and not precluded from insurance reimbursement. HIAMFT also supports efforts to ensure that insurance laws and regulations do not create unnecessary barriers to the provision of appropriate treatment within the clinical judgment of providers.

This measure will go far in increasing access and utilization - as a consumer *and* health equity matter.

Thank you for the opportunity to provide this testimony in strong support.

Sincerely,



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

SB-2073

Submitted on: 2/12/2022 11:32:02 AM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Ailea Apana, MD	Individual	Support	No

Comments:

I endorse this bill as it would allow greater access to psychiatric care, especially for patients that come from disadvantaged backgrounds without affecting their limited financial resources. Furthermore, most times in psychiatry we do not need to visually/physically make contact with the patient to uphold the same standard of care across any type of encounter (face to face vs video conference vs phone visit).

SB-2073

Submitted on: 2/15/2022 10:50:30 AM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Dr. Caroline Ritson, MD	Individual	Support	No

Comments:

I am a psychiatry resident practicing in Hawaii. During the pandemic I have worked with countless patients who were not able to come in to clinic to receive their care and did not have access to a video device for standard telehealth visits. Telephone calls became a crucial part of continuity of care to maintain mental health support for these vulnerable individuals. In addition, some of my patients in populations such as the elderly and seriously mentally ill had great difficulty setting up video applications for appointments or did not feel comfortable using them, so telephone appointments were used instead and became a valuable tool for continuing care in these challenging times. I support SB2073 to allow standard telephone contacts for telehealth purposes.

SB-2073

Submitted on: 2/15/2022 11:53:30 AM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Nancy & Zeb Jones	Individual	Support	No

Comments:

Aloha Senator Keohokalole, Senator Baker and Senate Committee Members:

We submit this testimony in SUPPORT of SB2073, which allows for standard telephone contact – among other options – for medical appointments. We fully support the four (4) modalities of communication outlined in this bill for healthcare purposes. Indeed, we would have been completely lost but for the lifelines provided by the Dept. of Veterans Affairs and the Wai`anae Coast Comprehensive Health Center offered during this COVID pandemic in the form of either: 1) telephone calls; and/or 2) Zoom/videoconferencing/FaceTime visits with our nurse practitioners and/or doctors. Since SO many medical professionals have left Hawai`i as a result of this COVID pandemic, we believe that incorporating this “telehealth” component makes complete sense to try and continue providing as many patients as possible with much needed care in a timely manner.

For all of the above reasons, we urge your honorable committee to please pass SB2073 out of your committee. Mahalo again for this opportunity to present this testimony supporting SB2073.

With warm aloha,

Nancy & Zeb Jones

Cell: 808-228-3450

SB-2073

Submitted on: 2/15/2022 12:13:35 PM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Evie Yanagida	Individual	Support	No

Comments:

I support this bill which recognizes the use of audio phone calls as telehealth and reimburseable by insurance plans. Restricting telehealth to only video services presumes that most people have access to and the knowledge of how to use computers. This is not the case for seniors and the indigent. There are so many health disparities that exist and this bill will help to lessen such differences in access to needed mental health care. As a practicing psychologist I urge you to support this bill. Mahalo.



1001 Bishop Street | Suite 625 | Honolulu, HI 96813-2830
1-866-295-7282 | Fax: 808-536-2882
aarp.org/hi | aarphi@aarp.org | twitter.com/AARPHawaii
facebook.com/AARPHawaii

The State Legislature
The Senate Committee on Health
Wednesday, Feb 16, 2022
1:00 p.m.



TO: The Honorable Jarrett Keohokalole, Chair
RE: S.B. 2073 Relating to Telehealth

Aloha Chair Keohokalole and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and over 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. **AARP supports S.B. 2073** which allows the use of standard telephone contact for telehealth purposes.

AARP believes that telehealth is a promising tool that can help people access health care in new ways and can make it easier for family caregivers to care for their loved ones. The use of telehealth technologies has the potential to result in better access to care, reduced transportation barriers, and improved outcomes for the care recipient.

However, we recognize that not everyone is comfortable with digital technology and/or know how to use video calls for their telehealth visit with their health care provider. Some people prefer to use the standard telephone especially if a face-to-face visit is not necessary. With inconsistent wi-fi connectivity in many areas, and limited access and knowledge in using video technology, a telephone remains the preferred mode for communication for many especially kupuna. This measure provides the residents with this option.

Thank you very much for the opportunity to testify in support on **S.B. 2073**.

Sincerely,

A handwritten signature in black ink that reads "Keali'i S. Lopez".

Keali'i S. López
State Director



DISABILITY AND COMMUNICATION ACCESS BOARD

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

February 16, 2022

LATE

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH

Senate Bill 2073 – Relating to Telehealth

The Disability and Communication Access Board (DCAB) supports Senate Bill 2073 Relating to Telehealth. This bill allows for standard telephone contacts for telehealth purposes.

Telehealth is a valuable option for people with disabilities. Telehealth appointments assist patients with mobility disabilities who may have transportation difficulties to attend in-person. 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.

Telecommunication services including standard telephone contacts is still a feasible telehealth option for many residents in underserved and low-income communities. In addition, there are individuals with disabilities who prefer standard telephone calls to receive medical information instead of using a virtual platform.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

Kristine Pagano

for KIRBY L. SHAW
Executive Director



February 16, 2022 at 1:00 pm
Via Videoconference

Senate Committee on Health

LATE

To: Chair Jarrett Keohokalole
Vice Chair Rosalyn H. Baker

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

Re: **Testimony Supporting Intent**
SB 2073, Relating to Telehealth

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 **support the intent** of this measure. Telehealth was a critical way for many patients to receive needed care during the pandemic, and it is clear that this modality of care will become a permanent part of the care options available to patients and providers. There are many benefits to telehealth, including providing more specialized services to rural areas, making appointments easier for some patients to get to, and allowing many to seek care in the privacy of their own homes.

Many payors, providers, and researchers are still grappling with some questions regarding whether telehealth is clinically appropriate in all settings and for all causes. Further, as we expand our use of telehealth, we must consider what modalities can and should be used in certain cases, and how they should be paid. **We appreciate the intent of this measure and would suggest that the committee consider make telephonic telehealth services available permanently, but at a different rate of reimbursement than for face-to-face or audio-visual services.**

Thank you for your consideration of our comments.

LATE

SB-2073

Submitted on: 2/16/2022 9:34:42 AM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
T. Noelani Perreira	Individual	Support	No

Comments:

Aloha, Chair Keohokalole and Members of the Senate Health Committee:

I am testifying in strong support of SB2073.

As a Hawaiian psychologist (who was born and raised in rural Hawaii communities) currently serving our rural Hawaii, I have experienced first hand the utility and importance of telephone only visits in primary and behavior health care.

The COVID emergency proclamations which allowed the use of standard telephone contacts to qualify as "telehealth" has enabled health care providers and patients to connect in necessary and life-saving ways. Moreover, the availability of insurance reimbursement for telehealth provided through standard telephone contacts has greatly increased access to care for vulnerable populations, including the elderly, low-income, medically- and socially-complex patients, limited English proficient, and those in rural areas who do not have the broadband capabilities, electronic equipment, financial means, transportation options, or technological proficiency to operate sophisticated digital video conferencing software. This bill also avoids problems with devices, internet, sufficient bandwidth, power and battery charging capabilities, and digital literacy.

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.

Please pass SB2703 as an important measure to improve access and utilization to much needed health care services - particularly to groups out of reach of quickly advancing technologies.

Thank you for this opportunity to provide this testimony.

Aloha,

T. Noelani Perreira, Psy.D.